

Vol. 33, No. 3

MARCH 1955

Price FOUR Annas

156

# HEALTH

ESTD. 1923

156  
2-37  
A JOURNAL DEVOTED TO HEALTHFUL LIVING

11-11-1955

MADRAS

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

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

The Campaign Against Leprosy  
— Editorial

Physiological Aspects of  
Child birth

Tuberculosis and Pregnancy

What is Nervousness Due to?

How to Keep Fit in Old Age

Prevention of Abortion

What is Cancer?

Happiness Linked with Health

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

## What's New in the News?

### The Cockroach

Beware of the cockroach. It is a great spreader of disease.

There are many species in existence to-day varying in colour and dimension. Of these, five prefer to stay indoors and are familiar to many a housewife. There are the large Oriental, Australian and American types, and the smaller German cockroach and brown-banded roach.

Because they are found in kitchens and near food, scientists have long suspected that they play a key part in spreading disease. But evidence of this was difficult to find. Recent experiments however, have shown that they are capable of harbouring and disseminating Salmonella germs—responsible for common food poisoning and typhoid fever. In children, particularly, Salmonella infections have caused much suffering, long periods of disability, and often death.

The cockroach spreads infection because of its filthy habits. It is a glutton. When faced with food, it will overeat, then regurgitate and start stuffing itself again. The resulting deposits, plus droppings which it is in the habit of leaving on food it has passed over, can serve as nests for swarms of virulent germs.

The most important step in eliminating cockroaches is sanitation. For this insect thrives in filth. Certain insecticides also help.—(ISPS).

### Roses

Floriculturists report that roses should be picked as late in the day as possible. Picked as late as 4-30 in the afternoon, they have 10 more hours of life than those picked with the morning dew on them. The experiment was conducted at Cornell with 1000 roses.—(Irene Barclay).

### Statistics

Mathematics, the Queen of the Sciences, has a child—statistics. Though this child has been reviled as a royal liar and a venal accomplice to any corruption that may be afoot, it is the misuse of statistics that brings to it, its unfair and undeserved reputation. It is at times used illegitimately to support a conclusion decided beforehand—that does not, however, impugn its legitimacy. Two sets of statistics on the same problems will often differ widely. The objective inquirer in quest of truth feels often baffled and loses confidence in them. Considerable care and circumspection are required in interpreting statistics.—(Vital Statistics).

## LONGEVITY AND YOUTH

### World Scientists on New Therapy

Speaking at the Third International Congress of Old Age held in London in July 1951, 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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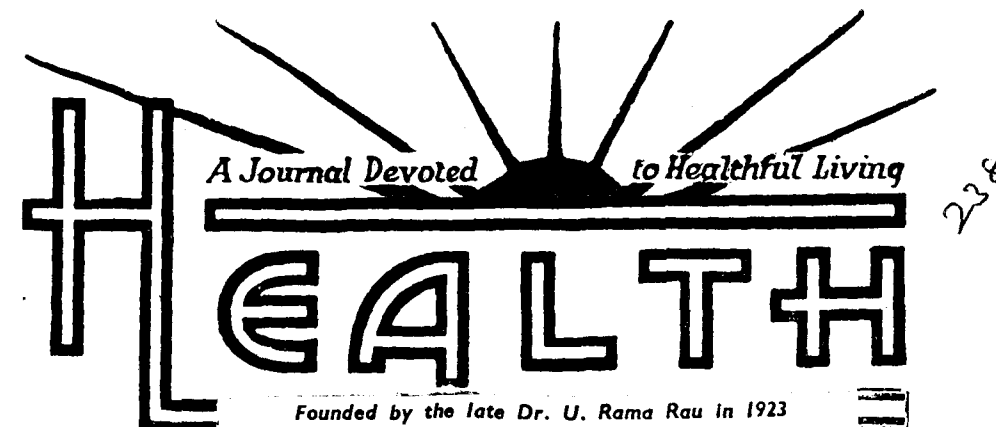
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Editor: U. KRISHNA RAU, M.B., B.S., M.D.A.

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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.

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## THE CAMPAIGN AGAINST LEPROSY

THE Mission to Lepers in India completed in September last 80 years of devoted service and hard work in India. The Mission's latest report for 1953-54 records marked advances in the prevention of deformities of patients and in restoring the use of diseased limbs by means of surgery, electrical treatment, remedial exercises and other special devices. More patients are therefore, enabled to take the training in crafts and occupations which help them to support themselves instead of being a burden on the community.

Notwithstanding the strenuous work by this Mission, and the concerted efforts by the Union and States' Governments and other institutions, the number of lepers in India seems to be on the increase, as we find larger numbers begging for their living in the streets of almost all towns and villages in all the States.

The Union Health Minister RAJKUMARI AMRIT KAUR stated recently that she has provided an additional sum of Rs. 14 lakhs in the 5-year plan for extending the leprosy control scheme. This brings the total provision to 30 lakhs and an increase in the number of centres from 10 to 25. The Pilot Projects will seek control of leprosy by the application of mass treatment-methods in certain areas and health education on the infectivity of the disease and its prevention. There will be two types of centres—study cum treatment centres and subsidiary centres. Ten centres have already been sanctioned. Four of these are 'study cum treatment centres' one each in Madras, Madhya Pradesh, West Bengal and the Uttar Pradesh respectively. The rest are subsidiary centres to be located in Bihar, Bombay, Assam, Orissa, Vindhya Pradesh and Saurashtra.

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So far we understand only four States, viz., M.P., U.P., Orissa and Bombay have opened centres. A Rs. 40 lakhs grant-in-aid scheme has also been drawn up, we understand, by the Health Ministry and grants would be made to T.B., Leprosy and other institutions.

These pilot projects are indeed very welcome for the cure and control of leprosy. The Mission to Lepers treated 8,465 in-patients and 339,000 out-patients during the year 1953-54. The Mission also maintains clinics in distant villages. A large number of unknown cases were brought to light and a steady stream of cases are coming in from the clinics for operation, who are able afterwards to be returned to the clinics again to continue their treatment, considerably renewed in body. The Christian Medical College Hospital at Vellore gives special training to doctors in the treatment of leprosy and Dr. Gass says "doctors in general practice as well as general hospitals are in an increasing measure undertaking the treatment of this disease" and he considers that this will help more than anything else to rid people of the notion that leprosy is to be dealt with only in leprosy sheds.

The Union Government assisted by the WHO and other bodies has also been concentrating their attention on the eradication of leprosy from our country. The Lady Willingdon Leper Settlement at Tirumani in Chingleput district has been upgraded and constituted into a Central Institute for research and training of personnel in Leprosy work.

Several leprosy centres have been functioning well in the rural areas of certain districts in this State where the incidence of leprosy has been significantly high thanks to the efforts of the Organising Secretary Sri JAGADISAN.

The increase of lepers who live by begging in the cities, towns and villages, must be stopped by concerted action on the part of the Public Health, Medical and Police departments by *persuading* in the first instance, these unfortunates to resort to the rural centres for treatment and should persuasion fail, by taking stringent measures and sending them compulsorily to special centres where they can colonize and obtain adequate treatment to enable them to become honest and useful citizens without having to beg in the streets.

#### SMOKING AND ILL-HEALTH

The influence of smoking on respiratory allergy is discussed by Petit who contends that all tobacco smoke is irritating. This is because it contains either glycerine or diethylene glycol as a moistening agent, nicotine carbon monoxide, ammonia and other volatile alkaline materials containing tar. "All these substances chemically irritate the membranes. In addition, smoking dries the membranes of the respiratory tract excessively, and the actual heat engendered from smoking irritates and disturbs the normal function of the respiratory membranes. Petit claimed that physicians are not emphatic enough in advising patients to stop their smoking, especially "in many patients who have a chain of symptoms simulating bronchial asthma and chronic nasal allergy." He held also that smoking is the major additive factor in production of symptoms in many patients who have minor troubles, and that smoking is an additive factor in a huge group of patients exhibiting signs of a major allergy.—(*South M. Jour.*, 47: '54).

## SOME IMPORTANT ASPECTS OF PHYSIOLOGICAL CHILD-BIRTH

IN a lecture delivered to the London Hospital Medical Society, Dr. Grantly Dick Read, M.A., M.D. gave a short review of certain aspects of the physiological approach to childbirth.

Said he "We must ask ourselves two simple questions and answer them as best as we can. Have the civilized races undergone a psychological change? Has our mode of living started a mutation in the human body which renders this essentially physiological function of childbirth inadequate?"

In order to find any reply to these questions we must first be quite sure that we are familiar with the psychological provision of the human body for the reproduction of the species."

It was generally believed that a woman must suffer in labour and that she was therefore, justly afraid of the event. Dr. Read felt that the attitude which emerges from these beliefs must be wrong. It was accepted that the human female had become abnormal, not physiologically fit. A closer examination of the neuromuscular mechanism of normal labour had to be made.

There seemed to be no doubt that the sympathetic nervous system played a large part in childbirth. Experiments and demonstrations in the laboratories at Cambridge had already shown that its stimulation caused the circular fibres of the uterus, which are disposed in the lower uterine segment, to contract. It became apparent that the great protective

nervous system came into action in order to fortify the reactions of flight or fight in the presence or threat of danger.

But nine out of ten women were afraid when they commenced labour or even pregnancy. Fear is an emotional state for which there is no physiological provision in the body in relation to childbirth.

A short study of the history of midwifery during the last three hundred years shows how justified women were in this anxiety and this fear of pain and memory transmitted through the years have persisted.

The first principle of modern obstetrics is that we should avoid or relieve the pain of women in labour. It is not only the humane aspect that is important; prolonged suffering frequently injures the delicate tissue of the brain, leaving scars which result in impaired mental faculty. Childbirth and the mother's attitude towards it may affect her approach to and acceptance of marital, parental and social life.

A high percentage of mental illnesses is associated with the fear, or the miserable experience, of painful childbirth. Dr. Read therefore argues that, if the causes of fear, could be eliminated, the course of labour would be favourably influenced. He says:

"During the First World War, I was taught in India by my Subadar Major the value of physical relaxation during periods of

anxiety, stress or bodily exhaustion. In 1921, this teaching was applied to childbirth and a definite improvement was observed in the behaviour of women in labour. But many of them were in a state of almost paralysing fear, and relaxation was either impossible or only partially acquired. It transpired that they had no idea what happened during pregnancy and labour, and their anxiety was largely based upon ignorance or, even worse, untrue information."

"So we started to attack fear by telling them about pregnancy and labour: how the woman's body is made and how the wonderful machine or mechanism which is provided for the reproduction of a child works."

"They were told about the growth of the baby and the muscles of the womb and the way in which the passage gradually opens during labour to permit the child to leave its mother. In simple terms, the manner in which fear and tension created resistance to the progress of labour, and how it resulted in pain was described to them. This simple education assisted by relaxation and exercises for the control of respiration and improvement of the general health, was rewarded by an almost unbelievable change in the behaviour of women during the course of labour. "We found it prompted women to take care of their bodies and it pleased them to know that such care and attention enabled them to retain presentable figures and personal charm during pregnancy. With good posture and carriage of the body they acquired a dignity and care-free elegance which

enhanced the husband's pride and admiration for his wife. It must be clearly understood that ninety-six per cent of women can have their children without unbearable discomfort, without anaesthesia and without instrumentation. They do not want to be unconscious, but wish to be present when the moment arrives, for which they have been waiting so long, when they will hold their minute-old baby in their arms. Every natural function is attended by normal emotional manifestations which are serviceable and purposeful. The fundamental processes of a healthy woman in labour must be clearly understood by her attendant who, in turn should endeavour to preserve the integrity of her emotional reactions.

Labour conducted by this approach to childbirth is shortened by as much as four hours. The second stage in the primipara decreases to about thirty-five minutes, whereas in multiparae it may be only a few contractions. In the last six hundred cases I attended personally, only four women voluntarily demanded the use of the analgesia that is always within reach at their bedside, should they wish to employ it, because they feel more pain than they desire to bear.

When discussing normal labour conducted with these procedures, we must appreciate that the babies do not suffer from a deficiency of oxygen. They breathe as soon as the head and shoulders are born and soon establish a full respiratory-circulatory relationship.

Severe tears of the perineum rarely occur in uncomplicated pre-

sentations, and as the mother touches or holds her baby, almost with its first cry, and puts it to her breast, we notice that stimuli by sound, sight and touch initiate a reflex action on the pelvic viscera. Strong contractions of the womb are observed which produce spontaneous expulsion of the placenta, without excessive bleeding after delivery.

"The African tribes have great respect for the placenta. They do not assist in its birth and the cord is not cut until the after-birth has delivered itself. With few exceptions their description of labour was that it is a \*natural function similar to passing a motion and not likely to cause distress or danger."

Surely it is an ideal to which we should aspire amongst the white races.

[NOTE:—\*The same view prevailed amongst the older generations of Hindu ladies. It is only among modern College educated girls that fear of pregnancy and labour looms large; this is due largely to an unwillingness to shoulder the responsibilities of motherhood and to the sex disturbances caused by the use of contraceptives.—Ed. HEALTH].

Our objective must be to prepare women for childbirth so that their fears no longer exist. We must not overlook the fact that it is not only the resistance of the two muscle groups working against each other that gives rise to pain. There is a definite inhibition of circulatory efficiency—the uterus cannot be supplied through constricted arteries with the amount of blood that pours through relaxed and open vessels. It is so often forgotten that another concomitant to fear is a considerable increase

in the adrenalin output. This we know to be an inhibitor of uterine activity. In fact, it must be fully realized that the *presence of fear is a serious complicating factor of childbirth as well as the direct cause of severe pain.*

There is ample reason to believe that children who are born naturally compared with the children who have been born by instrumentation under deep anaesthesia, demonstrate a high standard of unimpaired mental and physical development. There is no tendency to frustration of the infant-mind and they adjust themselves to extra-uterine life without the troubles and irritation that have been observed so frequently in the unnaturally born child.

Therefore, we must appreciate that ninety six per cent of women who know the truth and are enabled by their attendants to have their babies naturally will, in two generations, alter the whole picture of childbirth.

Educating and instructing women in the facts of pregnancy and labour so that their fears may be destroyed, teaching women how to prepare themselves for the birth of their child, the art of relaxation, the control of respiration and to be physically fit for the muscular exertions that will be required of them is a small programme to organize for the lasting happiness and health of the women of our time and the children of tomorrow.

(Condensed from the *London Hospital Gazette* for Dec. 1954).

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*Social success is the infinite capacity for being bored.*

## THE CARE OF THE CHILD

THE foundations for a healthy adult life should be laid in infancy and childhood. The child's mental and bodily traits develop during childhood. So every parent should know how they could improve the health of their children and enable them to develop into robust adults.

Here are some useful hints to which the parents should devote their attention:—

**Medical checkup.**—The child should be examined by a doctor soon after its birth, in order to obtain an idea of its health-status. It should preferably be examined by the same doctor after four weeks, and again once every month during the first six months of its life. Each time the child is taken for the check-up detailed information as to the events that took place since the previous examination should be furnished to the doctor and advice obtained for further guidance. It is always best to note down these events instead of trusting to memory, as it will help both the doctor and the parent. The child should receive vaccination and inoculation against certain communicable diseases, as advised by the doctor. This will be arranged free of charge, by the local health department on request.

**Food of the child.**—Breast-feeding is the best feeding for the child, as breast milk furnishes all the essential food factors to the child. Further, breast-feeding makes the child and mother emotionally happy and intense mutual love is created. This is as impor-

Dr. S. K. SUSHEELA BAI,  
Mysore Health Service,  
50, Colootula St., Calcutta-7

tant to the child as the feed itself. In case of difficulties in breast-feeding the doctor should be consulted before changing to any other food. When a change is indicated, cow's milk would be the best and it should be either pasteurized or boiled before use.

As the child grows, it would need other strengthening items like cod liver oil and fruit juice along with the milk. The child should be given boiled and cooled water twice or thrice a day, as a routine measure.

The child may receive some solid food from the sixth month of its life and this change should be introduced very gradually. At the beginning a small quantity of solid food, well-boiled rice and dhal with ghee should be given and the quantity gradually increased only when the child has taken to it kindly. There should be no force applied to make the child eat.

Children widely differ in their food habits, some may need more feedings than others. So it is necessary to know when the child is hungry and then adjust the frequency of feeds during the day. Many children require feeding once in four hours.

Changes occur, as the child grows in its daily habits, e.g., regularity in taking food and sleeping. These should be keenly watched by the parents if they

wish to make and keep the child happy.

A child usually cries for two reasons; one when it needs some thing to eat or drink and the other when it is being unnecessarily troubled. The underlying cause should be found out and remedied immediately. If the child cries too frequently, the necessity for making some alterations in its food should be considered in consultation with the doctor.

The child should be made to feel happy if it is to be healthy. The easiest way to do this is to be attentive to its needs and this will also make the mother happy.

It is always wise not to entrust the care of the child to a nurse or *ayah* because it creates a gap in the mutual love between the mother and child. The mother should play for a while with the child as soon as it gets up from sleep or before giving a bath. Lullabies, ditties and fondling keep it happy, healthy and amused. More than these, it is necessary to rear the child in a calm atmosphere, devoid of squabbles and irritative talks. The child always copies from its environment and will learn vicious ways and bad temper in such an atmosphere.

### Reverence for Life (Words to Live By)

Dr. Albert Schweitzer has been called by many "the greatest man in the world" in recent times. Mr. B. S. Redmont of "This Week" during an exclusive interview asked him what the ordinary man could do in his daily life to carry out Dr. Schweitzer's famous principle of "Reverence for Life"—and to help in some way to cure the ills that beset the world.

This was his answer: "Just do what you can. It's not enough merely to exist. It's not enough to say, 'I'm earning enough to live and to support my family. I do my work well. I'm a good father. I'm a good husband.'

"That's all very well. BUT YOU MUST DO SOMETHING MORE. Seek always to do some good, somewhere. Every man has to seek in his own way to make his own self more noble and to realize his own true worth. "You must give some time to your fellowmen. Even if it's a little thing, do something for those who have need of help, something for which you get no pay but the privilege of doing it. For remember, you don't live in a world all your own. YOUR BROTHERS ARE HERE TOO."—(This Week via Reader's Digest, Nov. '54).

### What's the Medicine?

There is no good reason to conceal the contents of a bottle of medicine from patients. Druggists should spell out the name of the drug and the dosage. It would be an important step in public education and accident prevention. It would facilitate treatment in the event of over-dosage by the patient. It also would remove a great deal of mystery, which tends to create needless anxiety.—(Dr. J. L. Wilson, Head of the Michigan University).

### Happy Marriage

A truly happy marriage is one in which a woman gives the best years of her life to the man who made them the best.—(Anon.)

## TUBERCULOSIS AND PREGNANCY

FROM the days of Hippocrates until about a hundred years ago, pregnancy was believed to have a favourable effect upon tuberculosis and some even advanced the view that pregnancy was the best cure for consumption. In the middle of the last century, commencing perhaps with a paper by Grisolle in 1850, the tide began to turn and there was a steady stream of publications emphasizing the deleterious effect of pregnancy and exhorting the carrying out of therapeutic abortion on a large scale, or even universally as advocated by Pankow in 1923. Then there began to be a reversal of the tide and important contributions made by Ferssner in Scandinavia, and, in this country by P. C. Cohen in 1943 and C. J. Stewart and F. A. H. Simmonds in 1947, began to show that perhaps, after all, pregnancy resulted in little alteration in the progress of the disease. A hundred years after Grisolle's paper, fellow-countrymen wrote that with the advent of streptomycin there was no longer any indication for therapeutic abortion in pulmonary tuberculosis. A recent extensive review by E. Hedvall from Scandinavia led him to state that the prognosis of tuberculosis in pregnant patients seems to be approximately the same as in non-pregnant patients. The wheel had come full circle.

The passions and prejudices of physicians in the past seem on the whole to have been based on experience which may have been extensive, but was at the same time limited perhaps in its spectrum,

N. W. HORNE, F.R.C.P.E.,  
Consultant Tuberculosis Physician,  
Royal Victoria and Associated  
Hospitals, Edinburgh

confined to either sanatorium or dispensary practice, and neglectful of the behaviour of the disease in a similar age-group of the population who did not undergo pregnancy. This aspect is well illustrated by the work of Stewart and Simmonds who, comparing pregnant and non-pregnant females of similar age-distribution, social class and duration of disease, found no significant change between the groups in the state of persons having either active or quiescent pulmonary tuberculosis.

Now that we have effective chemotherapy and skilful thoracic surgery, therapeutic abortion in pulmonary tuberculosis is practically never warranted on medical grounds.

There is some evidence to show that some pregnant women improve during the later months of pregnancy and that some show a distinct tendency to deteriorate during the puerperium. Two hypotheses are suggested to account for these phenomena—the one mechanical, the other hormonal. It is suggested that the elevation of the diaphragm during the later months of pregnancy allows of relaxation of lung tissue sufficient to promote healing and that the rapid fall of the diaphragm after delivery predisposes to break-down of the disease. It must be remembered, however, that the elevation of the

diaphragm during pregnancy averages about one inch and may be negligible, and that compensatory increase in the antero-posterior diameter of the chest occurs.

Clinical aspects.—I believe that great importance must be given to the first interview of any patient who is found to have tuberculosis during pregnancy. It is at this time that the all-important decision regarding the termination of pregnancy must be taken as well as the decision regarding the necessity for treatment, and it is at this interview that the patient's confidence must be won. Meticulous clinical examination and careful assessment of the radiograph, bacteriological examination of sputum or laryngeal swabs, further investigation by means of special X-ray examinations of particular spots must all be made according to the requirements of the patient. The social background of the patient must be assessed. Lastly—and it should be primarily—the patient's desire for a child is probed. It is in my experience very rare for the child to be unwanted unless it is illegitimate, and it is salutary to remember that, for a variety of reasons, a woman may conceive only once in her life. As I have said, I advise therapeutic abortion exceedingly rarely. I think that the only absolute medical indication is severe dyspnoea (shortness of breath) consequent upon gross lung destruction. That there may be socio-economic grounds for therapeutic abortion, I do not deny, but if abortion is advised on these grounds, it seems to me that sterilisation is an inescapable corollary.

In my own practice I treat pregnancy as an incident in tuberculosis, but I would not do so unless I were able to give absolute priority of hospital admission to tuberculous patients who are pregnant and if I did not have access to skilled thoracic surgery.

It must not, however, be forgotten that there is more to the problem than merely care during pregnancy itself. The management of delivery, the question of breast feeding, the management of the puerperium and subsequent follow up, and by no means least important, the care and protection of the child born to the tuberculous mother—these are all questions which demand careful attention.

Management of delivery.—There is general agreement that hospital care is advisable in all cases of pulmonary tuberculosis except those in which the physician is reasonably confident that the disease is healed. The advantages of this are several. Skilled anaesthesia is of special importance should anaesthesia be necessary for delivery; most people agree that is of special importance in such cases to avoid maternal exhaustion and keep blood loss to a minimum or restore it with the minimum delay; further, it ensures that the mother has many days more rest away from the household chores. Some people have stressed the importance of special methods of obstetrical delivery such as high forceps delivery or caesarean section. I have no doubt that there is a place for these—but on the recommendation of the obstetrician and not of the chest physician.

Breast feeding.—There is no convincing evidence that tubercle bacilli circulate in breast milk except in rare cases. I see no grounds, therefore, for countermanding breast-feeding on these grounds. It is reasonable to say that breast-feeding is or may become exhausting to the mother, especially the anxious one. On the other hand, one cannot overlook the maternal satisfaction frequently associated with the suckling child. It seems reasonable to adopt the view that, as a general rule, there is no doubt that healed cases may be allowed to breast-feed, and that such should be avoided in quiescent cases and forbidden in cases where the disease is active.

The puerperium and subsequent follow-up.—The care and supervision of the pregnant tuberculous patient does not end with the delivery of the child. It is important to exercise close scrutiny of such cases in the follow-up programme.

The child.—Congenital tuberculosis is so rare that it is reasonable to assure the mother that the child will be born healthy in so far as tuberculosis is concerned; and I am convinced that this is important to stress at the initial interview. Despite modern methods of public health education, the way in which tuberculosis is commonly contracted is still ill-understood by many.

The major decision which has to be made is whether the child should be separated from the mother for protection by BCG vaccination or not. This decision is easy where evidence is available

that the mother is infectious. It is less easy when dealing with lesions of doubtful activity and when no positive bacteriological evidence has been obtained. If the decision to separate the child from the mother is made—and it must be remembered that this is a very big decision, to separate a newly-born child from the mother—adequate facilities for the care of such children in a properly equipped, properly-staffed institution is necessary.

If the patient is to have the best possible care, close cooperation is required between the chest physician and the obstetrician.

(Condensed by T. N. S. Raghavachari from a paper read at the NAPT Refresher Course held at the University of Glasgow in September 1954).

#### *The Problems of an Aging Community*

The percentage of old people in the community is gradually increasing. Two reasons for the increase are the decline in birth rate from 1870 onwards which has caused the classical bulge in the population pyramid, and the steady decline in mortality rates, which allows an increasing number of survivors from the earlier age period to join the "old age cohorts." The success of modern therapeutics has itself caused the whole problem by a process of "medicated survival." There has been a great increase in the expectation of life in the modern world applicable to all ages.

Clearly, it should be possible to make some contribution to the common effort of the community and also to maintain their domestic independence for as long as possible. Many men who are forced to retire on reaching the age of 60 or 65 years are still capable of doing useful work. They may not, perhaps be able to work with their previous vim and vigour; a certain slowing up may take place, but they are still able and very often anxious to do some kind of work.—(IMAR, Calcutta, 1st Jan. 1955).

## ANÆMIA IN PREGNANCY

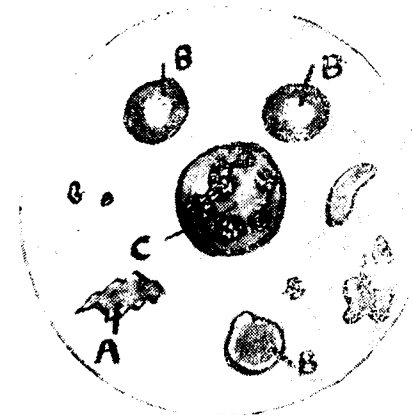
By REVATHI

HER husband was a carpenter. It was with great difficulty that they could make both ends meet. Devaki was having her first child. The couple wished to have a boy who would help the father with his work. "Would it be a boy or girl?", they were asking themselves. Devaki did not go to the ante-natal welfare clinic, which was very near their home, where milk was distributed free to pregnant mothers. She felt too proud to get free milk and thought lightly of pregnancy and childbirth.

Devaki had married her husband only a year ago. Times had been difficult, and often they had to go without food. With difficulty they managed to provide shelter over their heads and buy clothes to wear. By no nutritional standards could the food she took be considered adequate. As the pregnancy advanced, she felt weak and even trivial household work often put her out of breath. She had difficulty in seeing properly. She was not able to recognise people at a distance. She now felt faint and had frequent attacks of headache. Soon she lost her appetite. Her mouth and tongue felt very sore. She could not swallow. Her lips were cracked.

Her friend Lakshmi who found that Devaki's health was deteriorating, forced her to go to the clinic along with her to get advice. At the clinic Devaki was found to

be suffering from severe anæmia, which is an impoverished condition of the blood due to malnutrition and deficiency of iron-containing food and vitamins in the diet.



When Devaki's blood was examined through the microscope it showed:

- A. Dying red cells unable to carry oxygen to the different parts of the body.
- B. Unhealthy red cells lacking pigment.
- C. White defence cells protecting the body against harmful influences like germs.

Devaki was given a complete check-up which included an examination of her urine, recording of her blood-pressure, and a careful examination of her heart and lungs with the stethoscope. They also examined her abdomen and the condition of the child within, by special methods.

Devaki was advised to go to the City Lying-in-Hospital, as otherwise she may lose her life and her unborn child. Though she was not very particular about her own life, she did not want anything to happen to her child. So the husband took her promptly in a rickshaw to the ante-natal department of the Lying-in-Hospital. The doctor said that she should

receive treatment as an in-patient during the 4 weeks that remained before she would deliver. Though she was not inclined to do so, her husband insisted and so she stayed. She was given suitable treatment and all necessary comforts, and within a week she was feeling better. In three weeks she felt so well that she wanted and decided to leave for home the next day. Her resolve was thwarted when labour pains began the same afternoon, and increased in frequency. She had an easy delivery late at night, and the midwife, and doctor paid great attention to her. She felt comfortable and safe. She was seized with fearful powerful pains as the womb and abodmen kept up their incessant action to propel the

child out of the birth canal. She could hear people speak to her but could not make out what they said. The pains ceased and she could hear the lusty cry of an infant. The staff nurse bent over her and said "It is a *boy*." Her eyes beamed with joy: "Please tell my husband, who must be outside" said she. The after-birth (placenta) was soon expelled after a few pains; she was cleaned up and given something warm to drink. She then slept soundly. A week later she returned home, a proud and happy mother with a bonnie baby. Devaki now advises her friends when pregnant to go to the Ante-natal clinic and get checked-up at intervals. *Ante-natal care is preventive medicine at its best.*

## HAPPINESS IN LIFE IS LINKED WITH HEALTH

A. HUSE, M.D.

THE human goal has always been directed towards the attainment of happiness or pleasure. Just what happiness or pleasure is, and in which direction this ideal is best achieved, have been the subjects of many debates. There are two aspects of happiness which need to be separated.

- (1) The temporary, transient, and easily attainable aspect, and
- (2) The more lasting, which is often dependent upon effort.

Many people attempt to get their satisfaction here and now, by their physical, material, mental, social, or moral attainments. Others believe that the stress, strain, rush, difficulties, and com-

petition in the world are so great, that the only course to pursue is either isolation from the world, or else acceptance of some theory, philosophy, or religion to guarantee peace or happiness in some other realm. Thus there are many interpretations of life's ideals, and many measures of success striving for these ideals.

Happiness linked with health.—Happiness, is very closely linked with health. Both are positive, and demand effort. Freedom from mental turmoil, and deliverance from physical aches and handicaps, are very important; but they serve only as stepping stones to higher ideals of vitality, strength and power.

The word health is derived from the Anglo-Saxon word 'health-hal,' meaning whole. Thus health is the coordination of all of man's aspects: his physical, mental, moral and social natures united as one complete whole, instead of remaining isolated, separated, or disjointed. When our different parts are fully developed and work together in unison as one complete whole, then and only then, is the path paved for health and happiness.

Health and emotions.—You have probably heard of a man who got out of bed the wrong side, or who had a headache in the morning, and that trouble "ruined" his whole day and made him cross with everyone he met. A nagging pain, like toothache, can make you irritable. A long illness, or an attack of influenza can make you "feel blue" and believe that you will never be able to do your work again. You have heard of many similar experiences where a person's illness or pain affects the disposition and emotions.

It must be realised that the reverse is also true—that our emotions and dispositions do affect and can even control our health and well-being. This is a very important principle. A still more important principle or law is that the emotions can be controlled or altered. Our disposition can be changed and our attitude can be altered. Information and help regarding these changes will be given, and the technique will be explained.

If we would desire that soundness or completeness which the word "health" embraces, then we

must learn the organization and control of the mind, body, and emotions, so that instead of these conflicting and striving within ourselves, they will work together as one whole in the pursuit of happiness. The response of our bodies and emotions to the various demands of society is complex, yet very often such responses are a matter of habit and custom, with very little thought. In fact a very common saying which illustrates this thoughtlessness is: "Why didn't I think?" or, "I did not think." Why should we react automatically without thought, when all of us have the power of thought which should work with our faculties, and not lie dormant?

Automatic and co-ordinated actions.—Much has been studied on action and reaction, on the importance of habit, and the value of education and wisdom. Until people's actions are controlled by wisdom or intelligence, they are not really acting like intelligent people. Rather, they are merely acting from habit or automatically, and the results will not be satisfactory as co-ordinated action. Advice is freely given on what must be done, but seldom is advice given on how best to do it. Attention will have to be directed to the importance of improved actions.

Unsatisfactory responses.—In reference to our desires and emotions, a constant call for help is made on our bodies. The organs respond automatically as a matter of routine. In many cases the response of the body is cut short or sharply inhibited, without being re-directed or altered

into appropriate responses. There is no need for this abrupt change. Either our demands made on ourselves should be more reasonable, or else our response should be altered to give satisfaction.

People's unsatisfactory response to life's problems can produce many physical and emotional symptoms, as insomnia, peptic ulcers, asthma, headache, debility, and heart symptoms.

Our happiness and health will be greatly improved by following the advice given in the following poem: *The Way to Happiness*, by S. W. Graffin:—

*I met a man the other day  
Whose sunny manner seemed to say*

*That he had found the happy way.  
I asked the secret of his smile,  
He gave a thoughtful look the while  
And answered somewhat in this style;  
"Six things have I that spell content,  
Six things that mean a life well spent,  
That make for real accomplishment.*

*A peaceful mind. A grateful heart,  
A love for all that's true, A helping hand  
Real tolerance, and lots of things to do."*

*I took my way with courage new,  
With kindlier feelings, broader view,  
Trying to think his answer through.*

*That man had found the secret key  
Of how to live and what to be,  
And passed it on to you and me.*

*Then let us try his simple plan  
OF FAITH IN GOD AND LOVE FOR  
And imitate him if we can. [MAN,*

*(Condensed from Good Health by Mrs. S. Krishnan, Bangalore).*

## SOME BASIC FACTORS IN THE PRODUCTION OF NERVOUSNESS

TODAY we hear the term "psychosomatic medicine" used very freely by doctors and lay people. What do we mean by psychosomatic disorders and how are we going to go about to understand these disorders? In the first place, a psychosomatic disorder is one in which the individual apparently has no structural disease or biochemical disorders of a prolonged nature, but where he has various subjective complaints that have been projected into various parts of his body by a disturbance in his emotions either on a conscious or a subconscious level.

Pavlov, the famous Russian physiologist carried out a series of experiments on the salivary glands and the gastric glands of dogs. It is natural for all the functions of the body to adjust to critical situations. If you watch

a dog under X-ray, you can see him swallow a bismuth meal and see his stomach and his intestines fill up. You can see the normal slow movements of the intestines as he digests the food. If you bring a cat upon the scene, the dog will become tense, the hair of his neck bristles, and all the movements of his stomach and intestines come to a dead stop. In anger or in any other emotions, such as fear or jealousy, the dog reacts with his entire body.

The experimental neuroses produced in dogs by conditioning and conflicting responses is just what happens by accident to us humans also.

A father will slap his child for no good reason, and the next day he will give him candy for the same reason. The child never knows where he stands. One day

the father stands for a piece of candy and next day for a sock on the jaw. When we cannot distinguish between stimuli we become confused. The conflict occurs within ourselves.

The conflict involves our glands, our stomach, intestines, blood vessels, heart, etc. All we know is that we feel nervous, that we have abdominal cramps, or that our feet are cold and clammy. If our digestion is affected, we take soda and find fault with the cook.

In order to get down to the root of the problem, and in order to understand it more fully, I would like to divide our personality make-up into four major parts.

1. The first part has to do with the physical structure of the individual. We have the skeleton, the muscles, the gastro intestinal system, the circulatory system, the central and peripheral nervous systems and the excretory system.

2. The second great system is the biochemical system. We take in chemicals in the form of foods and oxygen, and we either store this food for future use or we burn it to create energy which operates our machine.

We have an excretory system in the nature of respiration, perspiration, the large bowel, and the genito-urinary system.

3. The third great part of our personality deals with the field of our emotions, which I have just briefly called your attention to in the dog experiment.

4. The fourth part has to do with what lay people term our minds which is based upon that part of our mind known as our intelligence. Our behaviour, or how

we act, or what we do, comes about through the relationships between the emotions and our intellect.

Emotions.—There are three great groups of our emotions. The first emotional group is called the fear group and is made up of anxiety and fear.

The second group consists of hate, anger, jealousy, envy, greed, hostility and resentment.

The third group of emotions is the so-called love-group and this is made up of love, faith, hope, courage, kindness, charity and sex.

From very early life there is a conflict going on between the fear and the love group. There is also a conflict existing at all times between the rage group and the third group or the love group. In other words, there is a constant battle between these various groupings throughout almost our entire life.

On the other side of the fence, our intelligence is attempting to act as a governor to help control the fight between our emotions. Because we have intelligence, we also have attention, perception, comprehension, memory, judgement, insight, stream of thought, etc.

Our minds and our bodies are taught many behaviour patterns, many of which are in complete conflict with each other. In almost every family, situations arise to produce friction, jealousy, and strain. Situations also arise which produce loyalty, security, affection and love. The result is that children love, fear and hate their parents at one and the same time

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and they are only vaguely aware of their conflicting emotions.

Many examples have been given of automatic condition-reflexes in one's life. The story is told about an architect who could not enter a church without excessive salivation. Sometimes when he went into a church he felt nauseated and had to vomit. As a boy in France, where religious hatred was in good taste, he was taught to spit every time he passed a certain kind of church.

Another example is a beautiful rose which would become the trigger which released the mechanism of the conditioned reflex. Take, for instance, the story of the *asthmatic patient*. When he was in college he fell in love with a girl, to whom on certain mornings he used to send a bouquet of lovely roses.

He was poor, ambitious, and thought he could never marry. She thought he was trying to let her down slowly. The clandestine nature of their love made them both feel guilty. Each projected his guilty feeling of distrust to the other, and this distrust led to jealousy, quarrels and fights. He left the college and enrolled in another university. She became engaged to another man. He had a nervous breakdown. Finally he decided to forget her entirely; in fact, he had forgotten her completely when he first consulted his doctor. But his bronchial tubes had not forgotten; for, at first after the two had separated, he would gasp and become rigid whenever he saw a rose. Later this habit became an unconscious reflex, something

that he did without being aware of the cause. When it became very severe he had asthma. Difficulty in breathing meant many things to him. It was his way of chastising himself. It meant penance for the mistake he had made in yielding to his cowardice. He did not like to admit these things. He liked to explain his troubles by saying 'allergy'—it sounded better than hysterical difficulty in breathing.

One morning he called his doctor because of an attack of asthma. The doctor told him to take some adrenalin. He said there were some roses in the house and that his wife had bought them the day before. The doctor asked him to come to his office in the afternoon. When he came in to see the doctor he found there a bunch of roses on the doctor's table. In a very few moments he began to have another attack of asthma. He was angry with the doctor because he had roses in his office. The doctor asked him to come over and examine the roses. He found that the roses were not real ones but were made out of paper. The story then concludes that his asthma disappeared at that time. It was on the basis of this experiment that the doctor was able to find out the hidden subconscious conflicts in this man's past life.—(*South Dakota Jour.*)

(To be continued)

#### Weekly Precept

*It takes a live fish to swim upstream but any log can float down. Or don't expect others to share your trouble. They have their own. Or, Life isn't all you want, it's all you have; so have it.*—Coronet, May, '54.

## HOW TO KEEP FIT IN OLD AGE

How old is old? No doctor can say. A middle-aged man may have a 40-year-old heart, 60 year-old-kidneys, and 90 year-old eyes. A woman may start to age in her 30's, or she may be hearty and lively at 85. Even young children may have a disease of premature senility called progeria, with adult precocity, wrinkled skins, and loss of hair.

But exactly *how* does old age strike the human body?

In the last seven years, Dr. Shock, a 47-year-old physiologist has traced the effects of advancing years on some 2,000 patients at the Baltimore City Hospital: most of them indigent oldsters, 20 to 30 per cent of whom have disabling diseases. Another 30 to 40 per cent suffer some partial health-impairment and about 30 per cent are in good health. Dr. Shock has employed a battery of tests to check all body functions. He has rocked the patients on exercise machines, walked them on treadmills, fed them assorted diets in the metabolic ward, and put them through extended psychological and mental tests.

Dr. Shock recently summed up his latest findings on why we grow old and what we can do about it. These specific changes, according to Dr. Shock, may be expected in most cases:

**Lungs.**—Breathing becomes progressively more difficult. From the age of 30 to 90, the volume of the lungs diminishes about 30 per cent. "The ribs grow more rigid and and cut down on the amount of breathing a person can do under stress."

**Kidneys.**—"The kidneys do not work so well in the older person. The old kidneys do not respond as fast as those of younger people. The 80-year-old kidney is only half as efficient as the 30-year-old one."

**Heart.**—The old heart can pump less blood than the young. Further, there is less water in the old person's body. The amount of water is usually an index of how many functioning cells are still present. So there is some truth to the idea that old people just dry up with age.

**Nerves.**—The speed of the nerve impulse diminishes significantly after the age of 40. There is at least a 20 per cent reduction between the ages of 30 and 90. This reduction limits the aging person's activity when a quick reaction is required.

**Skin and bones.**—With age, the skin loses its elasticity. Physiologically, this is a good measuring stick as to how old a person is. In the aged, there is a tendency for the bones to lose calcium (more often in women than in men). This can develop into a disease called osteoporosis. Bones break and wounds take longer to heal.

**Teeth.**—Among Dr. Shock's subjects, a good set of teeth was very rare. At the age of 60, at least half of the subjects had inadequate teeth.

**Eyes and ears.**—After 50, nearly everyone suffers eye changes which interfere with good vision. At 60, there is a definite drop in colour discrimination. Deafness increases from 1% at the

age of 20, to 5.9% at 65. After 50, people lose the ability to hear tones of higher frequencies. This makes it difficult for oldsters to follow conversations where several people are speaking.

**Intelligence.**—Dr. Shock, as well as other researchers, have found that *old people with high intelligence actually grow more intelligent with age*; whereas, the dumb ones just get dumber. Lower intelligence groups suffer a loss of vocabulary and the ability to learn.

What the Baltimore study has shown so far is that "aging is not something that just starts Bang" Age apparently sets in as soon as we stop growing. Although we have searched hard, we haven't any evidence that any one thing triggers the process.

Dr. Shock and his team have ample evidence as to what men and women can do, in a practical way, to adjust to advancing age.

Here are some good rules:—  
Eat plenty of protein. Nutritional studies show that old people are able to form new tissues when enough protein is eaten. To make up for loss of calcium, take large amounts of milk and cheese. Avoid carbohydrates. Keep the weight down.

Although Dr. Shock's tests show loss of function in many of the old body's organs, the gerontologist (*Gerontology is the Science dealing with old age*) believes that "much of this loss comes in the person's reserve strength. He still is left with enough to take care of his needs, if he will tailor his activities to fit his physical strength. While some body organs age faster than others, he still can count on the fact that others will

continue to work well and to give good service, providing he does not try to run the engine too fast." The most important factor is one's mental attitude.

"One should begin to think constructively at a fairly early age about definite plans on what to do after one is finally tossed out of a job." The average oldster will not be able to find another job, nor will he have enough money to launch himself in business. He should concentrate on developing friendships, particularly among younger people, and to train himself in taking part in the community and giving service to it. It will help to keep him happy and in good mental health, despite his worry over his physical ailments, if he will get training, while still young, in doing something for others.—(*Newsweek thro' Sci. Dig.*, July 1954).

#### IMPROVED FERTILITY AND PREVENTION OF ABORTION

Clinical examination and liver function tests were made on 22 men and 50 women attending a fertility clinic. All were given a diet providing optimum energy intake (designed to reduce weight when necessary), protein content of 1.5 to 2 g. per kg. body weight, 25,000 to 50,000 units vitamin A, foods rich in vitamin B complex, and 30 to 60 g. wheat germ daily. After 30 to 60 days on this diet, treatment with sex hormones was begun. Fertility with resulting pregnancy was restored to 19 of 34 nulliparous women and to four of six multiparae; but 4 of these 23 aborted. Of women who had had 2 or more abortions, 8 had normal babies. Of the 22 sterile men, 15 had improved spermatogenesis and 10 of their wives became pregnant; one aborted. These results were achieved in from 4 to 22 months. Most of the patients showed improvement in general health. Results were much better than those obtained from hormonal treatment alone.—(*Nutr. Abst. Rev.*, October 1954).

## WHAT IS CANCER?

**WHAT** is Cancer? Cancer is a serious disease that arises from the body itself. It may attack any tissue, it is no respecter of age, or sex, or race. Cancer may develop in anybody, but it is more likely to occur when one is thirty-five years of age or over.

Cancer has many different forms. It may appear like hard white rubber when it is seen in the breast, penetrating through the tissues. In the stomach and the bowel it may appear red and soft and friable. It may bleed rather easily. Cancer sometimes attacks the bones which become weak, and sometimes break. Cancer may even attack the central nervous system but this is fortunately rare. When we study cancer under the microscope, we find that it consists of a disorderly mass of uncontrolled cells, that seem to be growing wild. We don't know what makes these cells do this, but of one thing we can be sure, that unless properly treated, cancer means certain death. Unfortunately, two million people every year in the whole wide world die of cancer. But the tragic part about it is that more than half of these need not have died if they had had proper treatment early enough. Unfortunately too many people wait until it is too late. Often they do not know that they have the disease. That's why it is so important for every one of us to have a good check-up on our health frequently. The time to prevent this disease is *now*, not when it is too late. It is not a woman's disease as some think.

Many *men* develop cancer, and if we exclude the female reproductive organs we find that men are even more prone to develop cancer. This is especially so in the lungs, the stomach, the rectum, and the skin.

Some inherit the tendency toward cancer from parents, just as some people develop ulcers and other people inherit the tendency to high blood-pressure. But if one or both parents have had cancer at any time, we should become even more alert to this disease.

The great majority of tumours (abnormal swellings) are not cancerous, but all tumours should be carefully examined by a well-trained doctor. If anybody has a tumour it is well to seek competent medical advice at once, for delay may be dangerous. They develop most frequently in the skin, or the mucous membranes, or the internal organs. Wherever chronic inflammation may occur, cancer is more likely to develop.

White spots or other dislocations may occur on the skin or the mucous membranes of the mouth, the throat, or even the genital areas. Various kinds of sores may develop in the mouth from badly fitting dentures, or from jagged teeth. Then there are many people who have dark coloured moles on the skin. If one of these should start growing rapidly, it should be removed at once, and studied under the microscope; because it too, might be cancer.

Then there are other abnormal conditions, such as injuries that

may have occurred during childbirth. Sometimes these become the starting point for cancer of the cervix. All such childbirth injuries should be repaired at the time that the baby is born, or soon after. Then again, some folk suffer from chronic sores on the face. Any sore that does not heal within a week or two should be carefully examined by a well-trained doctor.

Cancer spreads in three ways: It may grow directly from one tissue to another. That, of course, is a slow growth. A more rapid means is when cancer cells enter the lymphatic channels. They may be carried to the nearest lymph glands, causing swelling in the neck or in the groin or may be under the arms. But the most rapid spread of cancer comes when the cancer cells eat their way through the walls of the blood vessels and from there they are carried to the distant parts of the body. Cancer is not contagious.

First of all, the doctor examines the entire body, including the external and internal organs. And, of course, he has to use appropriate instruments for this purpose. If he is not satisfied, he may then take X-ray pictures of the chest or the gastro-intestinal organs, or the bladder, or other areas. If he finds anything unusual, he will take a biopsy, that is, he removes a small piece of the suspected tissue, so that it may be carefully examined under a microscope by a trained pathologist. This is the only way that cancer can be diagnosed with certainty in the earlier

stages. Biopsy is not very painful or risky.

It is not wise for any of us to wait. Delay may be dangerous for the earlier a cancer is discovered and treated the greater the chance of a cure.

There are seven danger signals viz., any sore that does not heal, or any lump or thickening in the breast or elsewhere in the body, any unusual bleeding or discharge, or any change in a wart or a mole. Then if a person has persistent indigestion or difficulty in swallowing, that may be due to cancer. Or if he has persistent hoarseness or a chronic cough. And finally any change in normal bowel habits. If any of these conditions occur, it is wise to seek competent medical advice without delay.

There are only three standard types of treatment that are considered safe today, and they are first of all: *Surgery*, that means the removal of the cancerous tissue; second: *X-ray*; and third, *radium therapy*. Both of these tend to kill the cancer cells. But no truly competent doctor ever claims that a patient has been cured until at least five years have gone by and the disease has not recurred. That's why he wants you to come in for medical examinations at regular intervals. Only those who are specially trained for treating cancer should administer these treatments, because in the hands of any inexperienced person they may do great harm.

There are no home remedies that are worth while. Even for persistent indigestion it is better to see a doctor. There are no

salves, or pastes, or serums, or pills, or injections, that are known at present to cure cancer. So don't take any chance by using home remedies. Your life might be at stake, if you fool about with such remedies. Pain is not an early symptom of cancer. That is why it is so dangerous. A person may have a fairly large cancer growing in the stomach and not be aware of anything unusual, except that he may have what he may call "chronic dyspepsia." But in the last stages,

of course, we often do have pain.

There are seven or eight simple things that should be avoided, such as chronic irritation and the removal of any suspicious tissues. One should take good care of his teeth and his mouth. Avoid inhaling irritating fumes, and if one has a persistent cough it should be investigated at once. Avoid any tight clothing, and be sure to keep the skin clean. These will all help.—(*Good Health*, London, Jan. 1955).

## FOOD POISONING

THE administration of poison by food has a long history in detective thrillers. That sinister person who puts strychnine or aconite into a hero's porridge is a convincing figure. When we read in the newspapers of outbreaks of "food poisoning," following a guild supper, we tend to think of specific poisons—arsenic, vitriol, cyanide, and so on.

The truth is very different. Food poisoning (in 99 cases out of a hundred) is caused not by chemicals, but by the growth of live bacteria. They find entrance into the human body—through the mouth—and either grow inside the alimentary canal, causing temperature and other symptoms; or they produce toxins—organic poisons—which develop either in the food itself before it is eaten, or in the body later, causing toxic symptoms—severe vomiting, diarrhoea, etc.

Thus bacterial food poisoning is of two kinds: one due to the

action of live organisms actively growing in the body; the other caused by the toxin which the germ has itself produced.

Where do these germs (and their poisons) come from? Germs and toxins come from the human skin—from the hands of the person who picks, prepares, or handles the food.

What of the cooks handling the cakes, and the server serving cakes? Or think of all the many other hands that food goes through, from its source, to our mouth! Count up (if you can) the number of separate times it has touched human skin. Those contacts are the real source of "food poisoning."

But how do germs get on to the skin? Some common germs—like the *Staphylococci*—are there all the time, probably on my hands and yours, clean though we are! They lurk in the folds of the skin and sweat glands. Some can resist heat, others will resist cold. When we wash our hands, the germs are

temporarily removed, or most of them are. But those that are left grow again and sometimes find their way into food. It happens that the Staphylococcus, although fairly harmless on the unbroken skin, can produce a very nasty and persistent toxin.

Other germs come from the throat or the human intestine. Washing hands with soap and water after the toilet is one obvious precaution. No one ought to dream of touching food, whether to sell, cook, or eat it, unless germs have thus been removed from the hands effectively.

Food poisoning outbreaks are not always serious. But they can and do easily cause deaths. At the very least, they are responsible for minor upsets and illnesses. All this could be prevented by

washing the hands well. We should put away out of our minds the thriller notion of "poisons," and substitute the idea of germs.

Our cafes, bars, hotels, eating houses, are very much below the hygienic level that is insisted upon in the U.S.A. and many European countries.

We often hear of an outbreak of "food poisoning" after a wedding breakfast; don't search for a criminal working with arsenic. Think of the careless cook, the negligent catering manager—and most of all, the non-complaining customer—perhaps yourself!—(*Health Horizon*, Autumn, 1954).

[NOTES:—Cooking and storing of acid foods in a brass or copper vessel which is not tinned properly will produce gastric upsets as a result of Verdigris or other metallic poisons forming.—Ed. HEALTH].

## OVERWEIGHT—A PRIMARY HEALTH PROBLEM

HOWARD A. RUSK, M.D.

SCIENTIFIC studies have shown that most of the many millions who are overweight will probably forget it as soon as they sit down to their next meal.

The health of these overweight persons is a primary public-health problem. While great advances have been made in reducing mortality in infancy, childhood and early adult life, relatively little progress has been made in reducing mortality in the middle and later years. Overweight is a major underlying factor in many of the diseases that cause death after 45.

A study of 50,000 overweight policyholders of the Metropolitan

Life Insurance Company showed that they had a mortality rate 50 per cent higher than among standard insurance risks. The death rates were particularly high for cardiovascular renal diseases, diabetes and diseases of the liver and gall bladder.

Another study, of Army officers, showed that sustained high blood pressure developed among overweights at an annual rate of 46 per thousand as compared with only 1.8 per thousand among those of normal weight. Heart disease, whatever its specific cause, is always aggravated by obesity.

It is true that some individuals are overweight because of physical

organic or functional deviations that need medical treatment. But for the great majority of overweight people, the problem is simply one of eating more than the body needs. Studies have shown that for such people diet can be so adjusted to nutritional needs that weight can be brought to and maintained at normal. Only a physician has the necessary knowledge and skill to consider and evaluate both the physical and emotional status of the individual, as well as his degree of overweight, to determine how much, how fast and with what programme weight can be reduced. The principle underlying a diet is to cut the daily intake of food to a point below the needs of the body without unbalancing the diet by omitting essential food-stuffs or so decreasing calories that the weight-loss is too rapid and strength and well-being are impaired. The human body nor-

mally contains about 15 per cent fat. This much is essential to good health and nutrition, but anything above is excessive.

The person who is reducing need not have any special cooking nor need he waste his money on any of the so-called 'health' foods. In fact, the unbalanced diets recommended by food fad-dists are seriously lacking in basic nutritional essentials and may seriously harm health. Nor are drugs the answer. Any drug that can increase the body's rate of burning calories enough to effect weight-reduction without dieting is potentially dangerous. No easy way to reduce is safe—no safe way to reduce is easy. The overweight person must learn that only a permanent change in his eating habits will produce results of abiding value.

(Condensed from the *New York Times*).

## QUACKS AND QUACKERY

The word "quack" is an abbreviation of the old Dutch word "quacksalver," literally a man who boasts of his healing salve, now come to mean "an ignorant pretender to knowledge or skill of any sort." When a physician speaks of a quack he visualizes an individual who pretends to be a doctor of medicine, forgetting perhaps that there are legally qualified members of the profession, small in number it is true, who use quackish methods. Within the past two years the writer had a friend and neighbour with cancer of the stomach who put herself into the hands of a licensed physician who claimed to have a cure for cancer, and after her husband had paid exorbitant fees to the charlatan, died of the disease. Pre-umably reputable new-papers and magazines still sometimes carry advertisements of obvious quacks. It is also true that no hard and fast line can be drawn between cultism and quackery, for cultists advertise and make unfounded and extravagant claims regarding the results of their particular techniques. The quack always makes extravagant claims for his remedy; he advertises, sometimes openly in the press, sometimes obliquely by driving showy equipages or by offering well known diagnostic procedures at a ridiculously low price in order to get suckers into his net. Naturally he claims successful cures, and usually emphasizes that his methods are painless and unattended by risk.

There seems to be a vein of credulity in most human beings, though some who have been examined carefully by competent doctors and have learned that they are victims of some incurable disease, resort to quacks in despair.—(*IMAR*, Calcutta 1-2-1955 from *Conn. S.M.J.*, Nov. 1954.)

## Pleasant Topics from Periodicals

### Patient's Dilemma

ve rows of half-full bottles  
Of potions and of pills  
For curing husky thoughtless  
And other hum an ills.

Their contents, mostly bitter,  
I never wholly drained,  
For, somehow, I felt fitter  
While yet a half remained.

They slowly grew in number  
As seasons hurried by,  
Until they now encumber  
The shelf they occupy.

And now I am unable  
Their purpose to recall  
Or read the faded label  
That bears a chemist's scrawl.

Though certain one or other  
Contains the very stuff  
My present ills to smother,  
Provided there's enough.

I reckoned that to dial  
For my medico was best,  
So another half-full phial  
Will be joining, soon, the rest.

(AUG in Times of India, 6-2-1955).

There is no kind of praise which has not been bestowed on prudence; nevertheless, however great it may be, it cannot assure us of the least event, because its subject is man—the most changeable in the world —(La Rouchefoucauld).

A man morally small resembles a statue in this respect: the higher he is elevated, the more he dwindles. There are men that do well enough on the ground; but, if they are set on a lofty pedestal, we cannot for the life of us determine whether they are men or monkeys. —(O'Malley).

The Veteran Bellhop was briefing a new man on the routine of his job. "Above all, always be polite and use tact," instructed the older man.

"I get the polite stuff, but explain the 'tact,'" said the younger.

"Well, now, I'll give you an example. One day I happened to open a door and there was a lady sitting in the bathtub. I shut the door quickly and said, 'Beg your pardon, sir.' The 'beg your pardon' was just politeness, but the 'sir'—that was tact." —(Coronet).

The Sultan fell in love at first sight with the tourist's daughter.

"If you'll let me marry her", said the Sultan, "I'll give you her weight in diamonds".

"Give me a few days", answered the tourist.

"To think it over?"

"No, to fatten her up." —(Wood Wind, USA).

Wives, like children, need to be loved most when they least deserve it.

Judge (angrily): "Silence in the court! The next person to make a noise will be thrown out."

Prisoner (thumping loudly on the rail): "Hip, hip, hooray!" —(Grit, USA).

John was the son of parents who were sufficiently popular to receive more invitations than they could conveniently accept. In the course of a general knowledge lesson, the master said, "Can any boy tell me the meaning of the letters RSVP?"

John's hand shot up. "Well?" said the master.

"They mean", explained John, "Rush in, Shake hands, and Vanish Pleasantly." —(Sevenska Dagsbladet, Sweden).

The Judge looked down from his bench and intoned to the prisoner before him: "Crime does not pay."

Prisoner: "Perish the thought, Your Honour, but how else could I get to mingle with brilliant jurists, astute lawyers, smart prosecutors, and shrewd crafty policemen?" —(Spotlight, South Africa).

### Common Sense

The mind of man has no defence  
To equal plain, old common sense.  
This homely virtue don't despise,  
If you would be happy as well as wise.  
—(Coronet).

### Deft Definitions

Secret: Something you tell one person at a time. —(Irish Echo).

Street Car: Where a man will stand for anything but a woman. —(Anthony J. Pettito).

Proverb: A short sentence based on long experience. —(Cervantes).

Old Age: Something others reach long before you do. —(Paul Steiner).

Snob: A person who wants to know only those individuals who don't want to know him. —(Monthly Mocker).

Censor: A man who knows more than he thinks you ought to. —(The Optimist Magazine).

Gossip: A person who suffers constantly from acute indiscretion. —(Catholic Digest).

The trouble with being a leader today is that you can't be sure whether the people are following you or chasing you. —(Walt Street, Via Cor).

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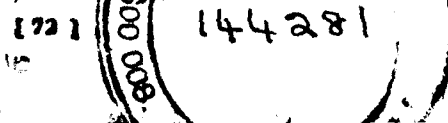
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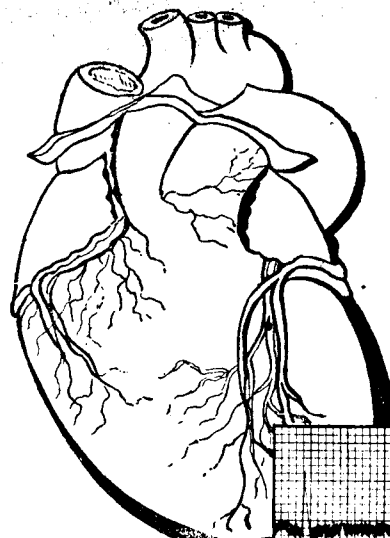
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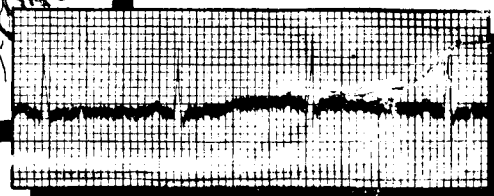
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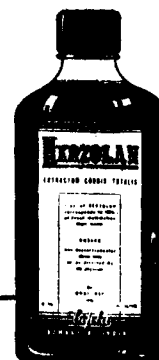


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