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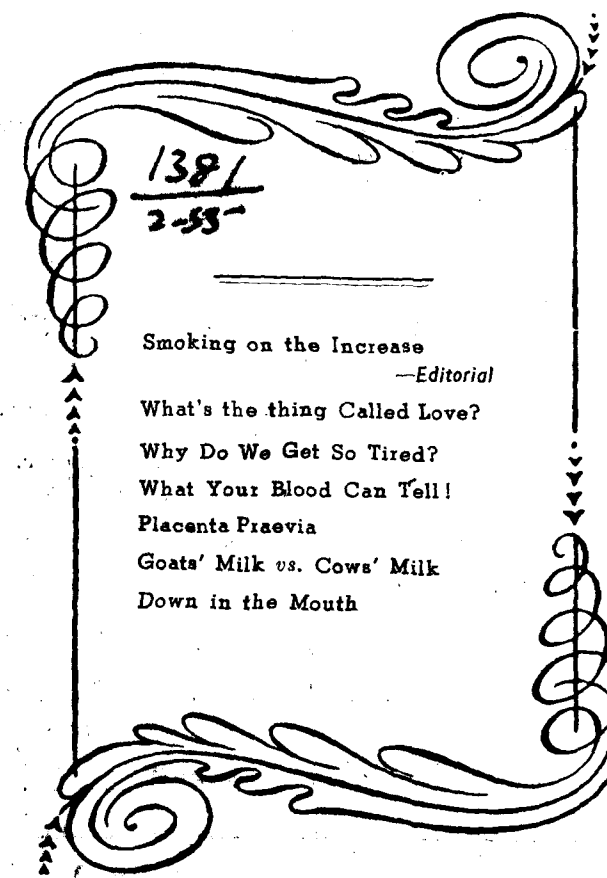
HEALTH²³⁹

ESTD. 1923

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.



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What's New in the News?

The Marvel Broom-Bed

According to *Newsweek*, a new mechanical bed has been invented which enables the bedridden hospital patient to attend to his own immediate needs instead of ringing for the harassed floor nurse.

The mechanical bed, which it took a Los Angeles surgeon ten years to perfect, is equipped with a series of buttons on its metal edge.

By pressing the "toilet" button, a wash-basin, complete with h. & c. running water, drainage system, etc., springs to the patient's side. Other buttons and switches provide him with a built-in toilet and a trapeze which he can grasp in order to shift his position. Further machinery lowers or raises the bed at will, or sets it swinging gently to and fro so as to lessen the danger of clots of blood forming—that post-operational bugbear. Also, the patient can be wheeled into the X-ray room without being transferred to a stretcher.

The bed, which has recently been installed at San Francisco's Stanford University Hospital, is known as the "Broom Bed," after its inventor, Dr. Marvel Broom.

The "Marvel Bed" would, perhaps, have been a more appropriate designation, since it has been revealed by a time-study of the wonder bed, that it saves 46 per cent. of a busy nurse's labour, i.e., 11 hours out of a 24 hour schedule!—(*World Digest*, March 1955).

Unbreakable Spectacle Lenses

Spectacles are a hazard in certain industries—but one that is decreasing with the wide adoption of unbreakable lenses manufactured by a British firm.

The lenses, made of normal optical glass but toughened by heat treatment, will withstand repeated blows, any one of which would shatter a conventional lens. Each is submitted to rigorous tests that are in excess of official requirements and include the dropping of a steel ball on to the lens from a height of 4½ ft. The ball is 7/8 in. in diameter and weighs 1½ oz.

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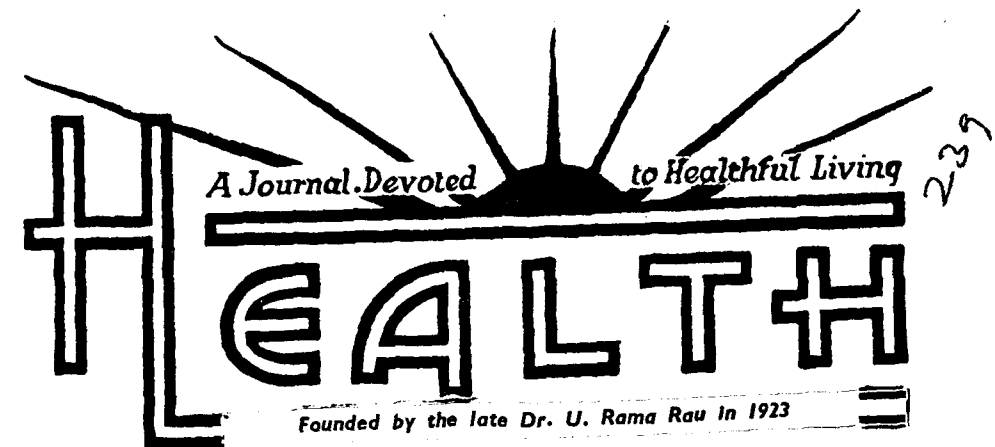
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Vol. 33

MAY, 1955

No. 5

SMOKING ON THE INCREASE IN INDIA

(Not A Happy Augury)

The following press report from Union Head Quarters published in the daily press dated the 19th April 1955 is indeed disquieting.

"Smoking is on the increase in India. The consumption of Indian cigarettes went up from 18,527,000,000 in 1953 to 19,776,000,000 in 1954, while that of imported cigarettes went up from 34,000,000 in 1953 to 54,000,000 in 1954.

Cigars seem to be going out of fashion, the consumption of cigars and cheroots, indigenous and imported having declined; while 6,319,655,000 indigenous cigarettes and cheroots were consumed in 1953, the 1954 figures were only 4,718,631,000. Imported cigars also declined from 4,108,000 in 1953 to 4,010,000 in 1954.

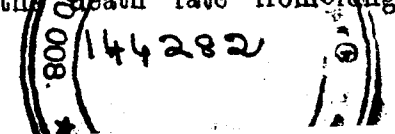
In rural areas, beedi smoking has gone up. From a total of 114,838,000 lbs in 1952, the consumption of beedi-tobacco went up to 117,641,000 lbs. in 1954. The same is the case with the consumption of chewing and hookah tobacco. From 260,457,000 lbs. in 1952, the consumption went up to 264,634,000 lbs. in 1954."

The fact that smoking is on the increase in India is not a matter for elation and complacency. During the last five years we have had several authentic reports on the relationship between smoking habits and human death-rates. Doctors Hammond and Horn, Statisticians of the American

Commencing from the next issue for June 1955, HEALTH will be published on the 15th of every month, instead of on the 1st as at present.

Ed. 'HEALTH.'

Cancer Society recently presented a preliminary report covering about 20 months of a follow-up study of 183,766 men between the ages of 50 and 69 in which they found that the overall death rate, the death rate from diseases of the coronary arteries and the death rate from lung



cancer, are all much higher among men with a history of regular cigarette-smoking than among men who did not smoke at all. The British report recently published in the *British Medical Journal* was based on a canvass of 40,000 physicians by Drs. Doll and Bradford Hill. Among doctors over 35, non-smokers had an annual death rate of 3.8 per thousand, while those who smoked 25 or more cigarettes per day showed a death rate of 5.2 per thousand. Of 789 doctors who died in a 29 month period, 36 had cancer of the lung and all of them were smokers. Doll and Hill noted an increase in coronary thrombosis among the smokers. Their findings show a definite association between smoking habits and the death rates from lung cancer and coronary artery disease, thus reflecting a cause and effect relationship.

The economic aspect of tobacco smoking involves an industry whose total business runs into crores of rupees. Small wonder then, that the Tobacco Industry is willing to spend unlimited sums of money to ascertain the facts.

The innovation of filter-tipped cigarettes is merely a renewal of an old product which never gained popularity. Some smokers believe that ample protection is afforded by the filter-tips but

these have been proved to have no specific property in eliminating the deleterious compounds in tobacco.

The harmful effects of tobacco used either for smoking or chewing is no new discovery. The damage which results will no doubt depend to some extent on the depth or the extent of the habit and on individual tolerance.

We do not wish to indulge in speculative conclusions or scare-psychology. But it is imperative that the medical profession and the public should be enlightened on the potential and grave risks involved in the excessive use of tobacco.

If the extensive and intensive researches now being carried out in Europe and America conclusively establish the 'cause and effect relationship' of smoking to cancer and other dangerous diseases, the Union and State Governments will have to prohibit smoking and chewing—the use of tobacco generally—by suitable legislative enactments, on the same lines adopted in the case of intoxicating drinks. Loss of revenue to the State Exchequer, there is bound to be if such a step has to be taken, but in view of the need for the preservation of national health, Governments should not hesitate to prohibit the use of tobacco as they have done in regard to the use of spirituous liquors.

Hospital Records are Like Wills

A hospital record is like a will in that, many times, it will be read and an attempt made to interpret the statements therein, when the original writer is not present. Each statement in the record, therefore should be written with the thought can someone else, not familiar with this case, read this statement and know exactly what the writer meant to say in mind—(Robert P. Macfate, Ph.D. in *Illinois Medical Journal*, p. 149, Aug. 1954).

INFANT WELFARE

2. CARE OF THE NEW - BORN

U. SRIPATHI RAU, M.B., B.S.,
Madras-17.

Baby's clothing and bed.—Even before the arrival of the baby the pregnant mother should have the baby's clothing, bed and cradle or crib ready. Those who can afford, can have a well-ventilated room if available set apart for the nursery. The baby's clothing should include a good supply of napkins or diapers (about three dozen), and also suitable baby dress (light cotton for summer and warm soft wollen for the colder months). The use of napkins for infants is a necessity and not a luxury. Even the poorest should be taught to provide napkins for the infants as they help to keep the babies clean and healthy. In the absence of napkins the infant would pass urine or faeces in its dress, or bed-clothes or on the clothes of the mother. Napkins can be made out of any soft cloth available (even torn dhoties or sarees) but they should be well washed and kept clean and ready for use. They must be cleaned and washed properly every time the child soils them.

Baby's bed must be a firm, small mattress with soft non-irritating bed clothes spread over it. A rubber sheet must be placed immediately below the top bed sheet so as to prevent direct contact with the rubber. Some children prefer cribs but most like to be gently rocked in cradles. The cradle mounted on a stand is the best as it requires very little exertion to rock it. Mosquito curtains or mosquito net umbrellas are essential to prevent mosquito-

bites and consequent ill-health.

A nurse maid or knowledgeable helper would be a great asset during atleast the first month when the child requires constant care and attention as the mother may not be quite fit and strong to stand the strain of looking after the child, after the strenuous time she had had. In most houses the grandmother usually plays this role and plays it well too—but it would be to the further benefit of the child if the old lady understands the perennial need for cleanliness and more than that, the necessity for refraining from administering quack nostrums *ad nauseam* to the baby.

Neonatal care (infant care at birth).—Mothers would like to know what the midwife or the doctor does to her baby as soon as it is born. The umbilical cord which was supplying the child with nutrition from the mother through the blood stream will be tied and cut after ensuring that the baby has received its full supply of blood from the mother. After the child is thus separated the air passages (the nose and throat) are cleared of any mucus secretions. Normal respiration starts with a gasp and a cry which is sometimes feeble. The doctor or the midwife next examines the child thoroughly from head to foot for any abnormality or congenital

defect. The skin of the infant at birth is covered with a white, moist cheesy material; this is cleaned with warm water and a non-irritating soft soap. The eyes are then cleaned with wet cotton wool and two drops of an 1% silver nitrate solution are instilled into each eye to ward off any serious infection which might endanger the baby's vision. The baby's body is wiped dry and a piece of gauze with some sterile powder is wound round the cut end of the cord and a binder applied. The baby's skin is powdered with talcum powder, particularly in the flexures of the arms, thighs and legs. It is important to have separate soap, talcum powder, towels and other toilet accessories exclusively for the newborn's use, thereby excluding all chances of infection from toilet articles used by other children or adults.

Development and growth during this period.—*Weight*:—The average weight at birth of normal Indian babies is about 6 pounds. There is a loss of weight usually in the first two or three days (about half a pound) due to loss of body-water, and so there may also be a slight rise of temperature. The normal birth weight is regained by the baby at the end of ten to twelve days. The weight of the child increases by 1 to 1½ pounds by the end of the first month.

Head:—The normal circumference of the head is about 13.6 inches at birth; a head with irregular swellings due to oedema occurs in children if the labour has been difficult and prolonged. The soft portion on the head in front (ante-

rior fontanelle) does not close and can be felt. The posterior, at the back of the head closes at birth.

Breasts:—Some children of both sexes show an enlargement of the breasts during the neonatal period; the breast might even secrete a little milk. This is due to the maternal hormones circulating in the infant's blood. There is no need to be alarmed over or seek treatment for this condition; the breasts should *not* be fomented. In female infants due to the same cause, there may be a slight blood-stained discharge from the genitalia; this will disappear of itself after some time and so does not require treatment.

Umbilical cord:—The cut portion of the cord becomes white and shrunk. It must be cleaned daily with warm water, dried, dusted with some antiseptic powder and a binder applied. It shrivels and drops off in 5 to 10 days, leaving a dry navel. If it is found to develop pus or if blood oozes out the doctor must be consulted.

Hair and skin:—The skin is soft with downy hairs which fall off in a few days. In some babies, the skin becomes slightly yellow and the eyes get a little jaundiced. This condition persists for a week, but subsequently passes off.

Daily care of the infant:—During this neonatal period which occupies about a fortnight, the baby requires to be tended very carefully. On the first day of birth the infant may not suckle the breast, but the mother should make every effort to nurse the child from the very first day. Breast milk is the best milk for

baby and is the greatest boon, the mother can bestow on her newborn. If the mother is unable to breast-feed the baby for any reason, artificial feeding with cow's milk or milk powders should be resorted to.

Sleep:—The infant sleeps nearly all the time on the first day, about 22 hours. By the end of a fortnight the hours of sleep are reduced to about 18 hours. The child should not be disturbed except for feeds or for changing of clothes. Visitors should not be allowed to handle the child during the first 10 days lest they may contract some infection. The child should be kept in a crib a little distance away from the mother's bed, so that maximum rest may be had by both mother and child. The mother must devote some considerable time everyday in fondling the child, and get to know the child better. The bed is made in the crib and the child is tucked in and covered well with light but fairly warm clothes. The crib must be placed in a quiet airy

room free from draughts so that it may sleep soundly. During summer baby's room must be made cool and comfortable.

As our country is usually hot during most of the year, a daily bath affords great relief to the infant. Either a tub-bath or the ordinary kind of bathing in which the infant is placed flat over the legs of the mother or nurse may be given. For small infants the tub-bath is preferable. A little oil is smeared over the body and the head. Warm water (*water must not be hot*) is poured on the body slowly and the body cleaned with a non-irritating soap, care being taken to clean the buttocks, folds of the arm and the neck. Later the head is carefully washed, taking particular care about the eyes and ears. It is better to clean the eyes with cotton dipped in warm water. The body is then wiped dry with a soft towel and powdered with talcum. After a bath the head must be covered and the infant allowed to sleep undisturbed in the crib; it will then feel quite happy and refreshed on waking.

Accent on Scent

If you love the scent of flowers, plant those which smell the sweetest near the house. Border the path to the entrance with lavender or old-fashioned pinks; plant clumps of phlox, climbing roses, sweet alyssum, mignonette, stock and sweet William, narcissus and hyacinth, near the living-room windows. Nicotiana, which smells sweetest at night, belongs under the bedroom windows, as do lilacs. Briar and other old fashioned roses and flowering currant blooming near the dining-room will waft their delicate perfume into the room. For your garden walks, try Francis Bacon's plan, and plant them with "Burnet, wild thyme and water mints, which perfume the air most delightfully when trodden upon and crushed, so that you may have pleasure when you walk."—(*World Digest*, March 1955).

The Power of Praise

There is nothing like undeserved praise for putting human beings in a good temper. Praise not only pretends that we are better than we are; it may help to make us actually better than we are.—(*The Statesman*).

PLACENTA PRÆVIA*

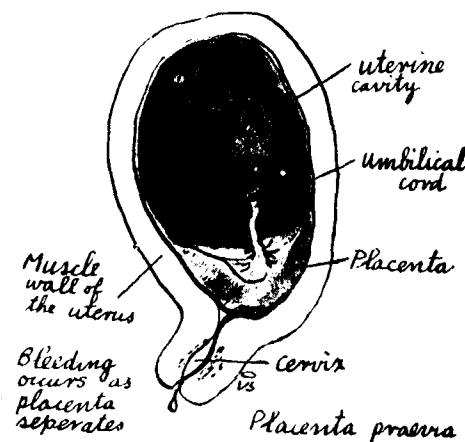
REVATHI

DANIELS felt the heat in the cabin of his locomotive as it sped swiftly past several small stations on the run between Arkonam and Madras. The heat in no way diminished the pride which he took in keeping his engine spotlessly clean with its brass gleaming. He had special cause for joy because Katherine, his wife was soon expecting her third baby. She had vague aches and pains, which she knew were not labour pains. Had they been significant, Fred Daniels might have remained in Madras. Katherine was not sure how far her pregnancy had advanced, but thought it might be just beyond the 9th month. The day following her husband's departure, Katherine noticed that her clothes were blood-stained. She had two or three slight bleedings from her birth canal (vagina) which were however persistent, intermittent and painless. Nevertheless she sought advice from her sister-in-law, living near-by. The sister-in-law had however, never heard of bleeding, except early in pregnancy. She advised her to take things easy and asked her to buy her favourite brand of laxative. Katherine did as she was told but had three further episodes of bleeding on the following day and two more again on the next, the last of which weakened her a lot. A niece of hers promptly

* This is one of a new series of articles for the benefit of the pregnant mother. We welcome the opinion of readers as to the suitability of such articles. Do the readers feel that this is too technical or have they understood the moral it points at?—ED. HEALTH.

took her in a taxi to the City Lying-in Hospital.

Doctors take a serious view of bleeding that occurs before the expected month of delivery (i.e. 10th month). They call it ante-partum hæmorrhage, the most serious cause of which is an abnormally situated placenta. At the end of pregnancy the womb becomes differentiated into two parts (segments), the upper part which contracts and tries to push



the child out and the lower part which dilates passively and allows the baby simply to pass through. If the placenta (after-birth) becomes, for some inexplicable reason attached to the lower uterine segment, it would lie in the child's path of descent and obstruct the passage. When labour pains begin, the lower segment stretches and tears away from the placenta which is attached to it, giving rise to bleeding (hæmorrhage). Generally these hæmorrhages are recurrent but may be profuse. They are always painless. When the obstruction

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PLACENTA PRÆVIA—REVATHI

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is severe the separation of the placenta impairs its function of absorbing nutrition and oxygen for the child; this may result in the death of the child. The bleeding may kill the mother. If the placenta is not completely blocking the way but is somewhat to one side, it may be possible by skilled obstetric measures to secure a speedy delivery of the child past the placenta without severe bleeding that might jeopardise the mother's life. On the other hand, if the placenta is absolutely in the way (central) of the child, it may be imperative to deliver the child by the abdominal route by the operation known as Cæsarean section. This may be life-saving both to the mother and baby.

Katherine reached the Lying-in Hospital in a state of severe shock arising from blood loss. The doctors examined her. The baby was alive inside. After the necessary transfusions of glucose-saline, followed by blood, they made an internal examination and discovered that she had the worst type of placenta prævia (placenta right in the child's pathway). Though Cæsarean section is not an operation to be undertaken light heartedly in such cases, the alternative in Katherine's case was to let her bleed to death. So it was a desperate step and was taken late that night. Special anti-shock synthetic fluid and several bottles of suitably matched blood (obtained previously from donors and stored under sterile conditions) did not prove very helpful. The surgeons were however, able

to deliver a healthy baby girl, which was slightly blue (asphyxia) but speedily responded to medical care. She cried lustily. When the operation was over, Katherine was transferred to the ward, the blood still steadily flowing into her veins.

In Medicine, both successes and failures are met with. It is only in films and story books that things always turn out well. Katherine was unfortunate. She could not be saved from the effects of an operation in her already shocked condition, resulting from severe blood-loss. Three doctors battled in vain for her life through the night but in the early hours of the morning Katherine died. The last desperate chance which they took in the best interests of the poor woman did not avail.

Could this tragedy have been averted? Yes. If only Katherine had visited an ante-natal welfare clinic where they look after pregnant women! Even at the time the bleedings started she could have taken notice of the danger signal and reported at a hospital or consulted an obstetrician/gynaecologist. Nature had played a trick on her but the doctors might have saved her, if she had come earlier before the bleeding became profuse.

Frederick Daniels, who was working a train got news on the way that his wife was seriously ill and had been removed to hospital, but by the time he could reach the hospital Katherine had died. With grief in his heart and tears in his eyes he lifted his little baby girl from the cot and kissed her.

The moral of the story is clear. Play safe by using the facilities provided by an antenatal clinic. When anything untoward is discovered during the child-bearing period seek prompt medical aid. Give the doctors a chance to help you.

ASSISTING AT THE BIRTH OF A BABY (WHEN A DOCTOR IS REQUIRED)

IF one or more of the following signs are present, it is absolutely necessary that the mother be taken to the nearest aid station or hospital and the condition reported to the doctor or nurse in charge.

1. If the mother has been told by her doctor that she has a serious condition which will require medical care during labour and delivery such as:—severe heart disease, diabetes, or too narrow a passage through which the baby is to be born.

2. Convulsions (violent muscular spasms, commonly called fits, spells, or seizures).

3. Excessive bleeding before delivery—sudden gush, flow, or continuous trickle of *fluid blood* or of *blood which has clotted* (thickened). Normally, during labour, there is a flow or trickle of *mucus* streaked with blood which does not clot.

4. Severe, continuous abdominal pain in addition to labour pains. Do not confuse with low back pain felt between contractions.

5. Labour pains which continue for more than eighteen hours.

6. Excessive continuing bleeding after delivery. Normally there may be a gush of about 2 measuring cups (1 pint) of blood after delivery of the placenta.

7. Symptoms of shock:—weak pulse, pale, cold clammy skin.

8. Unconsciousness.

9. "Shaking" chills and fever.

10. Afterbirth (placenta) has not been delivered after one hour following the delivery of the baby.

11. If any part of the baby, other than the head, appears first at the opening to the vagina (birth-canal)

(N. Y. State Department of Health—Training Course Leaflet. From N.Y.S.J. Med., Jan. 1955).

View Points on Music

Asians enjoy music for reasons quite different from ours. The music of the West is intended to break the silence. The music of the East is intended to prepare the listener for the pause that follows; sound is used only in order to emphasize silence. For it is during the silence that the listener is revealed to himself. The Asian appreciates the value of emptiness; he endeavours to raise to a subtle art the enjoyment of a pause.—(Richardson Wright in *Another Gardner's Red-Book*).

The ideal wife is one who knows when her husband wants to be forced to do something against his will.—(S. J. Harris.)

DAILY MORNING - WALKS

(IDEAL FOR HEALTH)

WALKING is one of the health-giving exercises, imparts tone to the system and energises circulation. Digestion, respiration, excretion are all greatly improved and the muscles get strong and active.

Pure air is essential to health and can be had free and in abundance for the mere asking. During brisk morning walks we inhale fresh air which on reaching the lungs purifies our blood, gives us good health and, incidentally, confers longevity. The mind gets refreshed and the body feels light. Brisk walks, will keep diseases away. Every one of us can and must take a brisk long walk every morning, even before the sun rises. It is good for all and particularly to be recommended for the weak who cannot take more vigorous physical exercises.

Worries surround us in our daily lives and insidiously eat into our very vitals. The heart and mind get excited and we are emotionally upset. Exhilarating walks in the open air enable us to forget our worries while enjoying Nature's beauties.

In the wake of civilization, we have taken to eating processed foods and suffer from constipation, indigestion and other ills. Drugs are only palliatives. Walking and other brisk exercises alone offer permanent cures.

Systematic and regular daily morning walks should therefore, form the first item in our daily routine, and for this purpose choose open spaces with pure

KRISHNA KUMAR GUPTA, M.A., LL.B.,
B-154, Vinay Nagar, New Delhi

air and prefer smooth ground and grassy land for your walks. Gradually increase the pace and distance of your walks till you can do 3 to 4 miles a day without effort. Wear light clothes and don't have them tight-fitting. Keep erect and your body upright while walking, the shoulders pointing backward and the chest forward, the head reclined and the eyes set in front. Take deep breaths through the nostrils. Forget all worries and thoughts of office or business or even domestic matters. Prefer to walk with a pleasant companion of your choice. Do not talk shop with him nor talk sex. Let your conversation revolve on noble themes, current topics etc. Rise early in the morning, wash your face and start your walk by 5 in summer and 5-30 or 6 in winter. Return home refreshed in about an hour and a half and you will enjoy your *chota* infinitely better.

Of regular walkers we have numerous instances in literature. Thoreau was a perfect walker. Emerson, lean and thin walked by day and kept fit for heavy work. The novelist Dickens walked twenty miles a day before breakfast. Tolstoy at 60 made a pedestrian round of 130 miles in three days! Carlyle walked five miles daily even at 80. Samuel Johnson could easily walk 30 miles. Charles Lamb though lame, never missed his daily long walks.

Who does not know of the tremendous energy and powers of

walking of Mahatmaji, the father of our nation? He walked regularly rain or shine, thunder or lightning. Even after a hard day's work, he took long walks and felt refreshed. Writing of Mahatmaji, Louis Fischer says that Gandhiji stopped conversing when his fixed hour for walking arrived. Gandhiji, in his last days, took his walks from 7 to 8-30 every morning.

The habit of taking daily morning walks should be formed

while we are yet young. We should learn to enjoy Nature at her sweetest during the early morning hours, when the birds chirp and twitter about on tree tops, when the dew drops glisten like pearls on blades of grass, and when Nature offers to everyone her charming beauties in all their freshness and radiance. Mental and physical development leading to robust health and cheerfulness of disposition will then be ours.

GOATS' MILK

THE facts that have a bearing on the special place of goats' milk in the promotion of better health are summarised below:—

The digestibility of goats' milk is probably due to the small size of the fat-globules and the fine, easily broken up curds, formed in the first stage of digestion, which present a relatively large surface to the digestive juices and are therefore, quickly dissolved and so settle in the stomach.

These fine curds are in striking contrast to the hard leathery masses of curd which are sometimes formed in the digestion of cows' milk.

The real difference lies in the smaller size of the globules of fat in goats' milk, the nature of the skin or *pellicle* which covers each of these globules. This skin is more easily broken down by the digestive fluids, which have a far greater surface on which to act in these relatively small units, about one-eighth the size of those in cows' milk. The cream is there-

fore much more digestible, while richness implies the opposite.

In other respects, goats' milk is closely comparable with that of cows'. Both contain minerals such as calcium (lime) and phosphorus and Vitamin D which are essential to bone-building and also the protective Vitamin A. Goats' milk, like human milk, is deficient in iron, but this defect can very easily be remedied.

Opinions differ about the taste of goats' milk. Some people find it indistinguishable from cows' milk; others say it has a characteristic, not unpleasant taste of its own or that it is sweeter than cows' milk, and some definitely prefer it. Many people who have taken it regularly for a time, would not go back to cows' milk if they could help it. The rapid digestibility of goats' milk is especially valuable in all kinds of indigestion. Patients with troubles of long duration who have failed to progress on ordinary cows' milk diet and the usual

medicines and powders, have improved in every way once they have changed over to goats' milk instead.

Such cases include chronic peptic (gastric or duodenal) ulcers, those unable to digest fatty foods, old people with weak digestions, infants at the time of weaning from the breast or in trouble with bottle feeding with dried or modified cows' milk, and many cases of persistent vomiting. "Liverish subjects" who find that they cannot take cows' cream, can enjoy goats' cream with impunity.

The most obvious advantage is in the improved sleep of nearly all these patients, with tempers getting better as a direct result of better nights.

Another remarkable benefit claimed by many, is the freedom from the constipation usually associated with a milk diet, and goats' milk is often found to cure many cases of difficulty in keeping the bowels open.

Goats' milk seems to possess extraordinary properties when it comes to growth and weight-building. Perhaps this is because it can be safely consumed in the raw, untreated state; it is also believed to have the property of promoting the absorption of other foods, such as was discovered in the case of the vitamins not many decades ago.

Children, failing to thrive, put on weight of the firm rather than the flabby type, and become lively and eat better; many of them take it with great relish, so at least a part of it should be taken at night for best results.

Tuberculous cases likewise do well on goats' milk, as also cases of early chest trouble.

It is well known that goats are *not liable to tuberculosis* in normal conditions, and in confirmation of this, no cases have been detected by the tuberculin test, on which the authorities have insisted in recent years in all cases of cattle sold for export. There may be a tuberculosis-resisting factor in the milk, though it would be hard to prove specifically.

For the sake of completeness, perhaps it should be mentioned that a few cases of asthma, hay fever, and certain skin troubles of the nettlerash type proved to be allergic (sensitive) to proteins (beef, beef extracts, cows' milk), are recorded as being cured through keeping strictly to goats' milk. Perhaps the series of cases of infantile eczema recently published, as cured by goats' milk, are examples of the same kind of allergy, and their treatment is a ray of hope for the desperate parents of babies suffering from this disease.

In normal conditions goats are, in fact, dainty feeders, preferring to browse on shrubs, and refusing all food that has fallen on to dirty ground, or been soiled in any way.

Briefly, the only *disadvantages* of goats' milk are the difficulties in arranging the commercial supply of this specialised product. The shortage of iron is negligible. The principal *advantage* of goats' milk is its ready digestibility owing to its small curds, and small permeable cream globules.

It is especially valuable in giving a good night's rest to dyspeptics of all ages, and so causing a marked improvement in mood, and better tempers. It has been proved to be a deciding factor in many cases of infantile eczema; and to have exceptional growth and weight building properties in tuberculous and other cases failing to thrive.

Unlike cows' milk, badly produced goats' milk is at once betrayed by an obvious taint, a fact which ensures proper hygiene. Taint-free goats' milk requires neither boiling nor pasteurisation to render it safe.

SCIENTIFIC FACTS ABOUT FATIGUE

WHY DO WE GET SO TIRED?

A VITTAM

What causes that tired feeling?—Most experts agree that fatigue is a protective reaction against stress, a warning that strains upon our bodies, our minds or our emotions are approaching a dangerous level.

Nature uses the same red light whether our weariness is caused by physical exertion, mental work or emotional frustration. Brain-fag, for example, may bring on the physical reactions—sweating, heart-palpitations, shortness of breath—that come with hard physical labour. Emotional frustration frequently masquerades as fatigue. Mental performance falls off sharply as physical exhaustion sets in.

How does hard work make us tired?—It was long believed that our muscles threw off some sort of "tiredness toxin." Then scientists began studying the body's fuel supply. They found surprisingly small reserves of oxygen and blood sugar. As these become depleted, muscles starve and stall, the way a car engine

falters when you cut down its air supply or dilute its petrol.

At rest, we require barely a cupful of oxygen a minute. But as soon as we do any work, oxygen consumption soars. It may mount as high as six and a half gallons a minute. Yet our lungs can step-up the supply of new oxygen to barely one gallon a minute. We must "borrow" the rest of the oxygen we burn, from the reserves stored in our red-blood-corpuscles. These amount to only four or five gallons.

Our oxygen reserve enables us to spend our energies at an enormous rate—for a short time. When we run to catch a train or play a fast game of tennis, we may drain off nearly one-third of this reserve. However, it is almost impossible to drive ourselves to the point of utter exhaustion. All sorts of life-saving discomforts force us to slow down: Muscles ache; we get a "stitch" around our heart; the lungs beg painfully for a chance to catch up with their work.

In moderate physical work, the supply and demand of oxygen are more nearly in balance. But here another limiting factor comes into play. Our reserves of energy-giving blood sugar are small. Ordinary walking doubles the rate at which we burn up blood-sugar. Heavy physical labour uses it up five to fifteen times as fast.

Why does mental work make us physically tired?—The brain comprises only two per cent of the body's weight. But even though it performs no mechanical work, it requires 14 per cent of the total blood-flow and consumes 23 per cent of our entire oxygen intake. Its sugar consumption is also large.

It is not clear why the brain needs so much fuel. We do know that it converts the chemical energy of oxygen and sugar into electrical brain waves and nerve impulses. Having no oxygen or sugar reserves of its own, it must get a constant supply from the circulating blood. Cut that supply for a few minutes and the brain goes into a state of coma. In barely eight minutes, irreparable damage occurs and the brain cells die.

Since life and death hang so delicately in the balance, the brain must protect itself against even a slight decrease in oxygen or sugar. It flashes on the red lights of physical fatigue to slow down our other organs so that fuel can be diverted quickly to the endangered brain. Thus brain-fag and the physical feeling of tiredness go together.

How do emotions affect fatigue?—Primitive man often had to mobilize all his strength to fight or flee from his enemies. His adrenal glands provided a device to tap energy reserves. Emotions like rage or fear sent a charge of adrenaline coursing through his blood to deepen his breathing and make his heart, work faster. Blood was diverted towards the heart, the muscles and the brain, bringing them extra oxygen. Sugar was freed from the reserve in the liver. After the struggle was over and the adrenaline stopped flowing, he felt all in.

We have all inherited this vital protective mechanism, which helps us to survive sharp, short-term crises. But unlike primitive man, we often face situations that cannot be solved by energetic action. We may dislike our work, but we fear the economic penalty of giving it up. We may be irritated by a nagging wife or a noisy neighbour, but few of us express our anger physically. As long as conflicting emotions oppose each other, our energy-mobilizing machinery is jammed and we may suffer chronic fatigue.

Is chronic tiredness often a sign of physical disease?—When we are ill, the fatigue mechanism discourages unnecessary exertion and canalizes all our energies into fighting the disease. Thus tiredness is a common symptom of most illnesses.

Can frequent snacks ward off fatigue?—Yes. At Yale University, two eminent physiologists Drs. Howard Haggard and Leon Greenberg studied workers who

ate three meals a day. Their blood sugar and muscular efficiency rose to a peak one hour after each meal, then waned rapidly. But when the workers switched to four and five smaller meals a day, both blood-sugar and muscular efficiency stayed at a higher, and more constant level. Fatigue was greatly reduced. This is all in favour of smaller meals at intervals of 3 to 4 hours.

Can dieting cause persistent tiredness?—Yes. Few people who diet, are content to burn off fat slowly. Many eliminate all sugar, drastically reduce other carbohydrates and cut down to mere 800 or 1,000 calories a day instead of the normal 2,400 to 3,000. As a result, physical effort becomes fatiguing and mental work suffers. The only way to avoid this is to plan a slower reducing regimen under proper medical advice.

Can tiredness be caused by lack of exercise?—Since we become tired after strenuous work or play, we blame exertion for our fatigue. But recent research indicates that our fatigue may often be traced back to a lack of consistent exercise.

At Harvard University, Professor Ross McFarland put athletes and sedentary students through identical exercises, then compared their pulse rates. The hearts of the athletes pumped more blood in fewer beats. In another Harvard study, Professor D. B. Dill

found that people who took regular exercise required less oxygen to perform the same amount of work, showing that consistent exercise increased both the capacity and the efficiency of their lungs.

Why do we sometimes wake up 'tired' instead of 'refreshed' by the sleep?—During sleep our energy-spending organs slow down much more than the processes that create energy reserves. Normally, in seven or eight hours, these reserves become replenished and we wake up refreshed. If however, for instance your blankets slip off in a cold room, the body's work in fighting the cold will slow down the energy-restoring process. In a too hot bedroom, the lungs and heart have to work harder than usual to dissipate body-heat. Also in the case of persons whose deep-seated emotional conflicts bring on fatigue, sleep often fails to provide relief.

Does coffee really prevent fatigue? No. For caffeine stimulates the brain and facilitates muscle contraction. Coffee, tea or cocoa-cola drinks can help us to push exertion somewhat further before tiredness makes itself felt. But this is only postponing fatigue rather than preventing it. When we finally feel our tiredness, we then need more rest to restore our more deeply drained reserves.—(Condensed from *Today's Health*).

"Recently a regimen of six meals daily for workers in heavy industries in the U.K. has been recommended, on the basis of the consideration that men doing exhausting physical work, benefit if their blood sugar level is prevented from falling. American employers are considering the substitution of two $\frac{1}{2}$ hour 'lunch-snacks' periods, for the present one hour midday meal period."—(R. Dwarakanath, in *J.I.M.A.*, xliii, 7).

DOWN IN THE MOUTH

(By A BRITISH DENTAL EXPERT)

DENTAL caries and the common cold, the common couple that medical science seems unable to conquer are both global in their distribution and every strata of society is prone to their attack.

Modern trends of research on causation of the common cold favour investigation of virus infection (which patients know little about) and medical advice on prevention and cure places the onus of responsibility for effectiveness on the patients' own efforts.

So too with dental caries—modern trends on prevention become more and more a hidden mystery to the public while dentists' advice on prevention places the onus on the patient with statements like "brush your teeth twice a day and visit your dentist twice a year." If some degree of immunity from recurrence could be guaranteed it would not be so bad, but these 'twice a year visits' are suggested for quite an indefinite period!—in fact presumably until such time as the final visits are made for the final artificial dentures!

Cause of dental decay:—In the first half of life most teeth lost are the result of decay of the teeth themselves (caries) while in later life the chief destroyer is disease or destruction of the tissues supporting the teeth. The better the preservation of the natural teeth in early life—particularly during childhood and adolescence—the better the prospect of retaining healthy gums and other structures around the adult teeth.

Heredity, diet, and personal hygiene are the three factors suspected of concealing the causes of dental decay and perhaps the most important is the hereditary factor—but no child can choose its parents! If diet is accepted as a second factor there is hope of guidance in this sphere although geographical dietary habits will probably defeat any attempt at reformation in feeding solely for the benefit of tooth structure.

On p. 51 of "*The Health of the School Child*" (1952-53) published by H. M. Stationery Office we are told "To change the food habits of the population has appeared to some so formidable a task as scarcely to be worth attempting but, given sufficient time, the attitude of the public might well be influenced to a worth-while extent"....."If full use were made of all available media of health education, including television with its great potentialities, in a campaign against the unrestricted consumption of sweet, sticky foods and indulgence in sweets and the like between meals, there might eventually be a considerable reduction in caries incidence."

It is rather pointless to talk to the general public in terms of proteins, carbohydrates, vitamins, calorific values, etc. As the mother is normally the domestic shopper it is more simple to advise her very broadly on diet in terms of "shops"! Make food purchases mainly in the shops where more "national" foods are sold:—The "F" Shops.

The Farm Shop (butter, eggs, milk, cheese, whole wheat bread, etc.).

The Fish Shop (Sea foods).

The Fruit Shop (Fruit and fresh vegetables). Use more sparingly shops under the heading "B". The Butcher Shop, the Baker Shop, and the "Bon-bon" Shop, the idea being to use freely the "natural" foods and to avoid excessive consumption of more highly refined and synthetic "civilised" concoctions.

In addition to *what we eat* it is also important *how we eat*. For dental health the jaws and teeth must be used vigorously in order to promote development and to help in keeping the teeth free of food debris and in as high a grade as possible of personal oral hygiene.

Hygiene:—It is on personal hygiene that most reliance for improvement must be placed. About 60% to 70% of children are found on inspection to have dental caries and yet how few of them deliberately have been taught to wash and clean *both* sides of their faces. Children are normally accustomed to washing right and left but not many think of outside and inside. Even parents who insist on polishing up the outside—including the back of the neck and behind the ears—quite frequently ignore almost entirely the state of the *inside*. In brief the personal oral hygiene advice is as simple as "keep your mouth clean" and those four words apply whether one is dealing with the foundation (milk or baby) teeth, the permanent teeth, artificial teeth, a mixture of all three, or no teeth at all!

The importance of leaving the teeth as clean as possible after eating cannot be overstressed. Even most fastidious diners may wipe up their lips after a meal and then move around for hours with remnants of their meal sticking on and around their teeth.

For very many years research workers have sought the cause of dental caries and many theories of causation have been advanced. Sugar is advanced as a causative factor and excessive sweet eating raises the sugar intake. It is debatable if the harm is not done by the sweets which are *not eaten* rather than by those which are; that is, by the sweets left, by their very composition, sticking around the teeth instead of being swallowed.

Recent research is proving that within a few minutes of completing a meal, food left in contact with the teeth is being partly converted into acid. This acid is produced by enzymes (*i.e.* ferments derived from oral bacteria) acting on fermentable carbohydrates (*i.e.* food debris sticking to the teeth), and the mineral portion of the contacted tooth-enamel is attacked. The severity of the attack will be affected by the strength of the acid produced, the length of time of contact with the tooth surface and, of course by the structure and composition (strength or hardness) of the tooth.

Meals should therefore, terminate with a self-cleaning food, and at least an active tongue be used to clear off adherent particles. Tooth brushing and mouth rinsing immediately after eating is an ideal which social environment

makes difficult of attainment. So, also, is the regrettable habit established of eating between meals, which ensures that the teeth are seldom really free from food debris.

Dental health education should lead the way, and constructive lines to follow should be devised and promulgated by the State's Public Health Department.

Regular inspection, and treatment if necessary, by dental practitioners is essential but to maintain regular dental visits demands active (if not enthusiastic) co-operation on the part of parents and patients. It is particularly important that from an early age (3 or 4 years) and throughout adolescence children's mouths should receive regular and systematic supervision by a dentist.

In the home there must be appreciation of the importance of pre-natal and post-natal diet and care;

care of the "baby" teeth; the selection of family diet, and the supervision of oral hygiene. Dare I emphasise the importance of *good example*? Children should be taught and schooled in the habits of no between-meal snacks and in sound tooth brush drill and mouth rinsing. Remember: the habits of a lifetime are often acquired in childhood.

The most modern hope of at least partial arrest in dental caries lies in the consumption of drinking water containing trace elements of fluorides. The results of pilot schemes on these lines will be closely studied when available in about 5 years' time.

Meantime the public are denied a panacea for dental caries, and must continue to gnash their (remaining) teeth, but it is to be hoped that they will nevertheless keep them clean.

(Condensed from *Mother and Child*, Feb. 1955).

From Daniel George's Scrapbook

DELECTABLE DEMANDS AND PLEASANT QUESTIONS WITH THEIR SEVERAL ANSWERS 1566 A.D.

LOVE

Q. 1. *Tell me then what thing is love?*

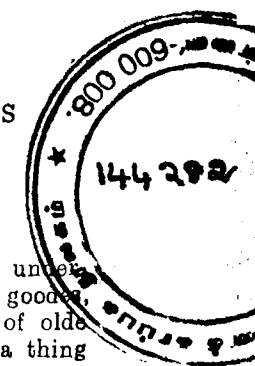
Ans. It is a passion that doth blind the spirites, removeth the understanding, taketh all the memorie awaie, causeth ruine and losse of good, maketh a man weake, and is the enemye of youthe, and the deathe of olde age; the mother of all vices; the receptacle of pensive mindes; a thing without reason, without order and stabilitie, and the whirlepoole of mannes libertie.

Q. 2. *What is woman of herself?*

Ans. A beaste unperfect, given to ten thousand passions and pleasures, abhominable to be thought well of. So that yf men would doe as they ought to do, would not follow them nor pursue them with other desire or appetite, but as things inevitable, which necessitie doth constrain them to use.

Q. 3. *What are the benefits of love?*

Ans. Playes Slepe, beades, pleasures, rest, tranquillitie, contentation abundance, peace refreshings and other rejoycings.



WHAT YOUR BLOOD CAN TELL

EVERY DAY doctors use a simple yet mysterious diagnostic tool known as the "Sed rate" test. Sedimentation rate means the speed of blood sedimentation. Just why the blood should sediment as it does, not one can explain fully; it is one of the many awe inspiring wonders of the human mechanism.

When the test was developed in Sweden by Dr. Robin Fahraeus in 1918, nobody dreamed of predicting its enormous future usefulness. This simple test may be the first sign to alert the doctor to something really wrong; it may report that disease is in retreat; or it may confirm objectively a feeling of well-being.

The sed rate is important primarily in routine overhauls. With uncanny accuracy the sed rate's ups and downs reveal waxing and waning of disorders of the vital tissues of the human body. It is one of the most significant of the many scientific tests used by modern doctors.

The test is easily made. A bit of blood is drawn by syringe and mixed with citrate solution to keep it from clotting; it is then sucked up into a long narrow tube, which is placed upright in a rack. Normally the red cells settle slowly, leaving a clear layer of plasma above them. The rate of sinking of the corpuscles is measured by the height in millimetres of clear plasma that is formed at the top of the vertical column of blood in an hour's time.

Normal blood sediments at from four to ten or even 20 milli-

PAUL de KRUIF

metres per hour. But when the red cells go tumbling down the tube, it generally means trouble. Usually, the faster the sed rate, the graver the disease activity. It can reach a speed of 400 millimetres an hour in myeloma, a malignant condition involving the bone-marrow.

Red blood cells sediment extra fast in most of the countless microbic infections. In the early stages of all inflammatory ailments involving the joints, the heart or the connective tissues of the body, the speedy sinking of the red corpuscles is often the first sign of serious trouble. Rapid settling of red cells also gives a clue to hidden abscesses—in teeth, the sinuses, chest and abdomen. A high sed-rate may mean a blocking of a coronary artery of the heart.

While one high sed-rate reading is a warning of danger, a single test doesn't automatically divide the population into sick and healthy. Often it is the record of a series of sed-rates in a patient that gives the little test its tremendous significance. What may matter most is whether the sed-rate is *going up* or *coming down*.

For example, a man is ill with lobar pneumonia. His sed rate is alarmingly high—100 millimetres per hour. Injections of penicillin drive away the pneumonia. Down goes the sed-rate to a ten-millimetre per hour normal. But is he out of the woods? The next sed test, sneaking back up to 50 millimetres per hour, says no.

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It forebodes complications such as lung abscess. The doctor can prevent this by further treatment till the rate stays normal.

To millions of victims of rheumatoid arthritis the sed rate test is a godsend. ACTH or cortisone can cool inflammation of the joints and ease their stiffness and pain; and at the same time down zooms the sed-rate—from perhaps 35 millimetres an hour the day treatment is begun to ten millimetres an hour in 12 days' time. Treatment is stopped. But the hormones have not cured the illness; they have driven it under cover. And here's where the test shows its prophetic wizardry. Even while the patient is still free of pain rising sed-rate indicates rheumatoid relapse. This gives the doctor a chance to abort it by resuming treatment.

Rheumatic fever attacks the hearts of hundreds of thousands of children and young grown-ups. Aspirin in huge doses, or hormones, like ACTH and cortisone may slow the fast-pounding heart and chase away all symptoms. The patient feels fine, raring to go back to work or play. But the

next test in the sed-rate series says: *Beware, there's still disease activity.* It tells the doctor to guard the heart by further rest and treatment until repeated tests of the sed-rate are satisfactory.

The sed-rate is definitely *not* a specific test for cancer, but when it's high and the trouble is obscure doctors look for possible malignant tumours. "The wise consultant will not stick his neck out," writes Dr. Walter Alvarez in *Modern Medicine*, "till he has measured the sed-rate. He may think he is dealing with a neurosis until he gets the report that the rate is around 100 millimetres. Then careful study may reveal a silent cancer."

Why do red blood cells settle fast in almost every serious organic illness? The precise chemistry remains mysterious. This much is known: red blood cells sink faster when they stick together in clumps: what makes them sticky is a change in proteins in blood plasma, resulting from destruction of vital tissue.

Now, for many illnesses, *detected early*, there's more and more hope of checking them, of controlling them, even if can't be cured.

"Cheap Spectacles are Expensive."

Over-the counter sale of glasses is a serious threat to the vision and eye health of thousands of people in the middle and older age groups. Medical authorities attribute at least 50 per cent of all blindness to neglect. Sale of mass-produced glasses without prescription increases the likelihood of such neglect. Defective vision may herald serious eye or body disease which can be detected only by a professional examination.—(Fred G. Yelton in *Sight-Saving Review*, Summer 1954.)

When a fellow you knew at school attains some lofty public office, you're glad for his sake—but somewhat apprehensive for the future of the country.—Bill Vaughan.

WHAT IS THIS THING CALLED LOVE?

A FAMOUS HARVARD PROFESSOR FINDS THE MOST IMPORTANT EMOTION IN YOUR LIFE IS FIVE DIMENSIONAL

Rita Canning writing in the *Boston Post Magazine*, says:—

What does a person really mean by those three little words, I LOVE YOU?"

If the sage who wandered in search of an honest man had diverted his attention to this question, he would have prowled the world since Eve was fashioned from Adam's rib, asking experts from Aristotle to Casanova, and still not come up with an answer.

But had he, in this year of grace 1955, wended his way to Harvard Yard where on the second floor of Emerson Hall sits a slight kindly professor with a big Russian accent, he could have put out his lantern and gone home.

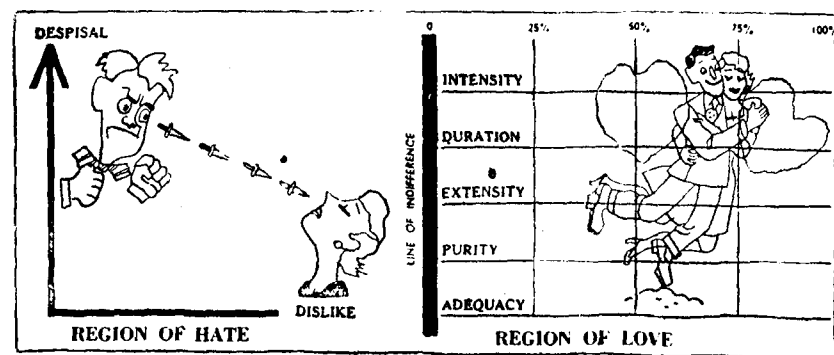
Professor Pitrim Alexandrovitch Sorokin, whose technicolor statements on life's essentials have made headlines ever since his

Director of the University's unique and ambitious Research Centre in Creative Altruism, he is considered the world's expert on the subject of love, Kinsey notwithstanding. Naturally, it was to him we came with an assignment to find out the meaning of these three little words used so freely.

At first he smiled at the question. "What does a boy mean when he says to pretty girl, 'I love you'?" "He merely wants some kisses" he replied.

Then he got down to brass tacks. For us who blanch even at science fiction, he drew up a chart as easy to read as any you see during the TV hearings.

"To understand what these words mean, you must first understand what love is."



The perfect lover would be found at the right of this chart by Prof. Sorokin, 100 per cent in all categories. A good marriage prospect should hit about 50 per cent average.

[Courtesy: W.D.]

escape from the Soviet Union in 1922, has it down cold, as plain as ABC.

Taking a blank piece of paper, the professor bisected it with a line.

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"This is the line of indifference. On this (left) side is the region of hatred or negative appreciation. It ranges from mere dislike, near the line of indifference, to complete despal at the extreme left.

"The other area (right) is the region of love or positive appreciation. It goes from faint interest near the line, to the highest form of love at the extreme right border.

"Love is five dimensional. I will explain. A person can mean many things by 'I love you', for love is an infinite universe in its graduations. But for purpose of study, I have divided it into five main aspects which I call dimensions."

Five parallel lines through the area of love made something of a plaid effect on the chart, and also signified the ingredients that go into love. Sorokin's dimensions of love consist of these categories.

1. Intensity answers the ditty, "How much do I love you?" Near the line of indifference it is the kind interest such as a harried season-ticket-holder has for the little old lady for whom he gives up his train seat. At the opposite border is the zenith of intensity of one who gives his life for a loved one.

"Intensity of love," notes Sorokin, "always implies a willingness to make some sacrifice."

2. Duration.—May be the shortest moment possible—or eternity. This dimension has many facets. Just as a soldier may give his life for a buddy he has just met on the battlefield, one may have the highest intensity of love for the shortest duration.

But on the other hand, as in the true meaning of marriage, there can be the highest intensity of love for an infinite duration.

(Warns the professor: "Though many can love intensely for a short period, few can love intensely for a long period. Unfortunately, the intense, may love is often short-lived.")

3. Extensity. The size of the universe on which extends one's love.

The zero point is love of oneself only. Working through the average areas of love of family, love of a small circle of friends, and love of a one's nation, it reaches the peak in love of all creation.

(The problem here is whether the intensity of love decreases as one extends one's universe. To take an example, the "Hail-Fellow-Well-Met" type, who is a friend to everyone, may be less apt to centre this love intensely on one person, whereas the comparatively self-centred individual, with limited circle of interests, is more likely to shower his love intensely on one person).

4. Purity.—The motive of love. The young woman to whom "Diamonds are a Girl's Best Friend," and the Great Lover, whose grand passion for another fluctuates according to how much "return" he receives in kisses, are the low points in this dimension of love.

Pure love is loving another for the other's self alone.

5. Adequacy.—Whether the good motives of love produce equally good results, or "You Always Hurt The One You Love."

Illustrating the nadir of this dimension, Sorokin told an old Russian fable about a hermit and bear who were very good friends.

One day while the hermit was asleep, the bear saw a fly bothering his friend. With the best intentions possible, the bear threw a stone at the fly.

"The results, alas," said Sorokin, "did not live up to the intentions. So, too, many mothers love their children, but in the expression of that love spoil them."

Sorokin continued: "Now that you know the dimensions of love, you can tell what a person means when he says 'I love you.'"

How? Not by his words, certainly, according to the controversial educator. "To-day is an age of hypocrites. One cannot take words seriously at all to-day."

How then? By the actions of the speaker. *If, through his actions he shows himself to have an intense, durable, pure, adequate, and extensive love for you—he really loves you.*

Actually, pointed out Sorokin, few ever reach the highest dimensions of love. A love with good percentage points in each dimension, but which averages out on a middle ground, is a very good risk to take for marriage.

Love can be any combination of dimensions—pure and intense, short and inadequate, etc., but if it nears the line of indifference in

many points, beware.

Judging by the many news stories of golden wedding anniversaries, Prof. Sorokin believes the majority of marriages have a basis of real love. By the fact that there was one divorce on the books for every two or three marriages listed in the U.S.A. last year, makes him conclude a large proportion of young people do not know true love.

"Impurity, sex love, passions rule. Instinctive mechanisms in humans are greatly disorganized and destroyed, hence unreliable, contrary to what Dr. Kinsey and some modern scientists say.

"The examples of America's aristocracy (film stars) does not help," he said sternly. "It is common to Hollywood to have seasonal marriages with the inter-seasonal excursions!

"This is not marriage. These are but incidental sex-relationships in which each party is trying to get advantage of the other."

From broken morals, he believes, we get broken nations and a warring world. Proper understanding of these three little words, "I love you" has an important part. Sorokin believes, in bettering the world.—(*World Digest*, March 1955).

Which is the Right Hand?

The National Foundation of Educational Research warned parents, in a recent report, against the old-fashioned method of trying to "cure" a left-handed child by striking its left hand, or tying it behind its back.

"It appears that left-handedness is inherited" the report states, "although we do not yet know exactly in what manner."

It is interesting to note that men are more often left-handed than women, and that twins often run in families in which left-handedness is prevalent.—(*World Digest*, March 1955).

CRYING IN INFANCY

A RECENT article in the *Lancet* deals with the problem of crying in infancy. This is a very vexed problem in childhood and anxious mothers are continuously seeking advice about what they consider to be excessive crying.

Professor Illingworth gives an admirable summary of the causes of crying, dividing his cases into infants of three months and under, the older infant and the older child. He stresses the fact, so often overlooked by parents, that not all crying in the early period is due to hunger. Infants of this age can be as bored as adults, and have far fewer resources to relieve their boredom. Tiny babies too require visible signs of maternal affection and mothers should not hesitate to caress their children when this is needed. The difficulty in maintaining a balance between neglecting this function of motherhood and spoiling a child by frequent picking up is obvious. There are, however, certain ways in which spoiling can be prevented. The most important point is to help the mother to identify the various reasons for which her child cries and to teach her how to cope with each situation. The

child who wakes at night with dirty napkins, or who is overheated from too much clothing, will settle at once if these matters are rectified. The child who is bored will require holding and conversation before he is pacified.

Mothers who are delivered at home have a much better opportunity to learn their infants' crying pattern during the early days than do those confined in hospitals where all too frequently the child is removed from the ward at its first cry to prevent disturbance to other patients. This disadvantage can be overcome by the practice of "rooming-in," which is now gaining some favour in this country. Contrary to popular belief, the crying of one child in a ward or nursery does not lead to general crying of all the babies, so that much of this enforced separation from the mother is probably unnecessary.

This subject is inexhaustible but one which well repays further study as, much distress can be caused to both mother and child if the problem of crying is insufficiently understood. (Commentary *Mother and Child*, Feb. 1955).

A balanced economic meal which keeps nervous trouble away

Raw vegetables are rich sources of the minerals and vitamins invaluable to the nerves, and help the kidneys to deal with acid wastes effectively. Finely shredded cabbage or sliced sprouts are very economical. You can use finely grated carrot, turnip, parsnip, or beet for colour and food value. Cauliflower, celery, and thinly sliced onion are quite palatable raw. Tomatoes, cold cooked potatoes, and sprigs of fresh coriander leaves and other herbs give variety. Spice with a lemon juice, and cucumber or paprika to aid digestion. And cheese, or ground nuts, and whole-wheat bread and butter, and you have a balanced, economical meal.—(Adapted from *Good Health*, London, Jan. 1955).

A good listener is usually thinking about something else.—Abe Martin.

Pleasant Topics from Periodicals

THE teacher was explaining the law of gravitation and how it prevented people from falling off the earth. When he had finished, he invited questions from the class.

"Please, sir," asked one boy, "what kept them on earth before the law was passed?"—*(Weekly Telegraph).*

LONG before the introduction of the National Health Scheme a young couple arranged to pay by monthly instalments the doctor who brought their baby into the world.

One day the mother appeared at the doctor's office with a bright smile on her face. "Well, doctor," she said, "here's your final payment."

"Congratulations, Mrs. Smith," he replied, "And how is the little fellow?"

"He's fine doctor. Married a lovely girl and has two dear little children of his own now."—*(Pageant, U.S.A.).*

THE wife was trying to get her husband to purchase a new car, but he didn't seem to like the idea.

"What?" he roared. "Me buy a new car? Do you think they grow on trees?"

"Of course not, silly," replied the wife calmly. "Everyone knows they come from plants."—*(Outspan, S. Africa).*

AN actress known for her good looks and many marriages was recently summoned to the royal palace in Copenhagen to receive a decoration.

After informing her that he was a strong admirer of her dramatic talent one of the members of the Court plucked up courage to say: "But there is one thing I don't understand. How does it happen that you divorced so many husbands?"

"Sir," the actress replied, "I love to be a bride."—*(Philadelphia Inquirer).*

A TOURIST in the Alps was somewhat disturbed by the enthusiasm of a local guide who took him mountain climbing.

"Be especially careful not to fall here," the guide warned him, "because this is a very dangerous place. But if you do fall, remember to look to the right. The view is extraordinarily beautiful."—*(Pourquoi Pas? Brussels).*

Dr. BLUNT was advising his nervous patient, "You worry too much about money. Don't. A few weeks ago I had a patient who could not sleep because he was so worried about his tailor bills. I advised him just to forget about them and now he feels fine."

"Yes, doctor," said the patient sadly, "I know, I'm his tailor."—*(Yorkshire Post).*

IT is said that Mark Twain, when registering in a San Francisco hotel, saw a mosquito buzzing around the page.

"Well," cried the humorist, this is too much. I've been bitten in hotels all over America—but this is the first time a mosquito actually looked over the register to get my room number!—*The Wit Parade, U.S.A.*

Beggar:—"I've asked for money, begged for money, and cried for money."

Man:—"Why don't you work for money?"

Beggar:—"I'm going through the alphabet, and I ain't come to 'W' yet."—*Pine Echoes U.S.A.*

THINGS are different in Hollywood. For one thing, it is the only place in the country where they put beautiful frames in pictures. —EDDIE CANTOR.

A GROCER had a novel way of boosting business on dull Mondays. An alarm clock, its face covered, was set for an unknown hour. Whenever the bell rang, he did not charge for groceries being purchased at that moment. Curious, hopeful housewives prolonged their shopping.

THE HOSPITABLE Danes have set up a service called "Meet the Danes." Any traveller can go into the main tourist office in Copenhagen and ask to meet a Danish family. The office has a list of over 400 families who have expressed an interest in meeting foreigners and will invite tourists into their homes. People's interests are matched. A visiting doctor may meet a Danish doctor, or a man who collects stamps may be introduced to a Danish philatelist.—*(Art Buchward in New York Herald Tribune).*

BY applying a verse from the prophets, a Haifa policeman, well versed in the Bible, managed to track down a band of smugglers who used an ass drawn caravan to cross the border into Israel. The smugglers got away, but the policeman was able to capture some of the asses. He held them without food for several days, turned them free. Just as predicated in Isaiah—"The ox knoweth his owner, and the ass his master's crib"—the hungry animals led police directly to the smugglers' hide-out. —*(The American Zionist).*

AT a local theatre many of the ladies were wearing hats, which interfered with the view of the stage. At the end of the first act the manager made a plea for removal of the hats. There was a moment's hesitation until he added, "This does not apply to elderly ladies."

All the hats came off immediately.—*Roy Galsworthy, (Exmouth).*

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