

Vol. 33, No. 10

OCTOBER, 1963

Price 50

982

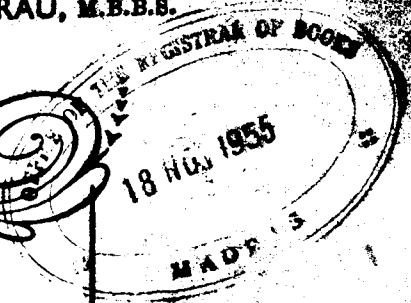
HEALTH

ESTD. 1923

982
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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?

Remarkable Longevity

In the Soviet Union there are more than 40,000 men and women over 90 years old. Of these 4,425 are people whose ages range from 100 to 110 years, and 717 people have surpassed this limit. Seventy-five percent of these aged people are women.

Two women of Kurgannaya Stanitsa in Krasnodar Territory, are both 145 years old! Makhmud Elvazov, a collective farmer of the Komsomol Artel, Lerik District, was born in 1804. His wife Surra, has turned 120 and their daughter Dala is over 100 years of age. In the village of Orkhevi, Tsager District lives 136-year old Gabidzashvili. He has 14 children, 25 grandchildren and many great-grand children and great-great-grand children.

These aged people have worked all their lives, did not consume excessive amounts of alcohol, were not heavy smokers and they were in the open all the year round; so their nervous, cardiac and vascular systems have remained in good order.—(*News and Views from the Soviet Union*, 3-10-'55).

Ear Pads for Painless Wear

"Sorbo" ear-pads have recently been put on the market to protect the ear-lobes from injury in the case of ear-rings with over-powerful clips. The rubber pads consist of small discs lined with adhesive substances so that they can be affixed on to the inside of the ear-lobe before the ear-ring is clipped on. Obtainable in most of the big stores, they cost 1 sh. a dozen.—(*World Digest*, Sep. '55).

Noiseless Chocolates

In every theatre and concert audience, people may be found munching chocolates during the performance—to the distress of the more sensitive members of the audience who find the rustling of paper a great irritation that spoils their pleasure.

A Birmingham firm has now put an end to the nuisance by producing a box of "noiseless chocolates." The sweets are encased in a plastic box. All the wrappings and wrappings are made of noiseless plastic material—including the individual wrapping of each chocolate. Thus music lovers with a 'sweet tooth' will be able in future to eat their way heartily through a whole box of niceties without disturbing their neighbours! The chocolates cost 3sh. 9d. for a $\frac{1}{2}$ lb box.—(*W.D.*, Sep. '55).

Vitamin E Stops the Clots

Dr. Wilfred Shute, a leading Canadian nutritionist, has blamed the rise of coronary thrombosis (blood clotting) on the elimination of Vitamin E from the diet by modern milling techniques.

Dr. Shute who is the co-director of the Shute Institute of London, Ontario says that Vitamin E is found in the wheat germ, but is removed from the flour in the milling process. This, he believes, is a factor in the forming of blood clots.—(*What's new in Science?* Sep. '55).

Creases While You Walk

A Swiss couple, Mr. and Mrs. Stucki of Berne, have invented a really super time-saver. Their new electrical gadget creases trousers while they are being worn.—(*What's new in Science?*).

New Lens Aids the Blind

Near-blind people in Australia are being helped to lead more normal lives with a new type of optical lens developed by a lecturer at the New South Wales University of Technology, Mr. Joseph Lederer.

The lens is made in three varying strengths and is claimed to be more convenient and less cumbersome to use than a telescopic lens or magnifying glass. It has special curvature and a special polish.—(*W.D.*, Sep. '55).

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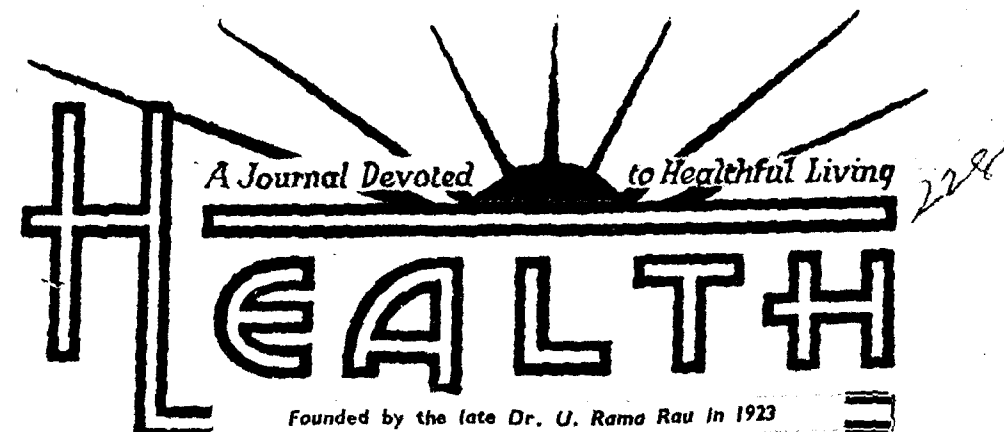
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Founded by the late Dr. U. Rama Rau in 1923

Published on the 15th of every month

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

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

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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BANNING OF HORROR COMICS

"THE Young Persons (Harmful Publications) Bill" recently introduced into the Lok Sabha by the Union Home Minister, seeks to prohibit the production and circulation of what are known as "Horror Comics."

A similar official measure sponsored by the British Government, following vehement public protests against the circulation of such baneful literature, provides for punitive action against publishers and sellers who corrupt the young with books containing stories of horrors, lust and cruelty. More than any other country, the U.S.A. is reported to be the worst afflicted by these comics. This menace is deadlier than even the nuclear atomic weapons which threaten the world. The virulent poison contained in these Horror Comics, has been insidiously exerting a toxic influence on the minds and

behaviour of youths. Sordid stories of lust, loot and larceny are told through coloured caricatures, which teenagers read with 'gusto' faster than even the publishers can bring them out. "The minds of children are keyed up to such a dangerous expectancy that nothing short of this sadistic material can satisfy them." Quite a large number of our students carry these comic books to the class-rooms and whenever the teachers' vigilance is relaxing, up come these books often between the pages of a textbook or note-book. Some 'addicts,' we are credibly informed, prefer the back benches to the front ones in order to enjoy reading the comic trash without interruption. These comic fans are regularly supplied, by astute publishers, having an eye to the main chance, with more of this 'literature' (if we may call

them so) depicting from newer and newer angles, safe-cracking, chain-murders, bank hold-ups, elopements, illicit romances and other acts of indiscipline.

Mr. KINGSLEY MARTIN, Editor of the "*New Statesman and Nation*" rightly observed sometime ago, "Those who want the civilization of the West to be destroyed could not have imagined a subtler or swifter method of undermining it than to pervert a whole generation of children."

Coming nearer home, there is no gainsaying the fact that in our own country also, the dissemination of stories and pictorial representations glorifying crime, violence and vice, has lately been responsible for encouraging antisocial tendencies amongst children and corrupting the minds and behaviour of adolescents. It is high time therefore, that this evil is nipped in the bud and put down with a high hand.

The import of "Horror Comics" into India from other countries has no doubt been already, banned by the Union Government; even so, there is need for the enactment of a law such as the bill under discussion envisages. Only then would it be possible to counter effectively the insidious attempts that may be made by some publishers and sellers to circumvent the ban on imports of such '*illiterature*,' by importing matrices from America and producing local variants of the

comics for use in our country. It would appear that such an experience had recently to be countered in Britain. In his book "*Seduction of the Innocent*" Dr. F. WERTHAM has described these comics as "a distillation of viciousness" and observed "the world of comic books is the world of the strong, the ruthless, the bluffer, the shrewd deceiver, the torturer and the thief. All the emphasis is on exploits where somebody takes advantage of somebody else, violently, sexually, threateningly..... Force and violence in any conceivable form are romanticised. Constructive and creative forces of the children are channelled into destructive avenues." In illustration, the learned doctor cites numerous instances of American children actually tortured, killed or hanged in direct and perfect imitation of events they had read or witnessed in recent comics.

A statute by itself can however, achieve precious little by way of reforming the producers and consumers of such comics.

It is therefore, essential that stricter parental control of the activities of the children at home and greater vigil on the part of the teachers towards the activities of the young at school, should be exercised instead of solely relying on legislative enactments to control the criminal proclivities and juvenile delinquencies amongst children.

No man, for any considerable period, can wear one face to himself and another to the multitude, without finally getting bewildered as to which may be true!—(Hawthorne).

INFANT WELFARE

7. HABIT FORMATION IN CHILDREN

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

EARLY training by mothers to their infants in their daily routine helps to form habits as they grow into children and so mothers are primarily responsible for good or bad habits in their children. Good habits are formed if there is a regularity in *feeding, bathing, toilet-training, sleeping and playing* even from infancy. The proper training of infants is a very slow and difficult process, requiring considerable patience; but it pays in the long run.

Feeding habits.—Whether it is breast or artificial feeding, a reasonably regular schedule should be followed. Some infants like 3 hourly feeds while others prefer 4 hourly feeds. It is unwise to feed whenever the infant cries. If the infant cries earlier than the schedule, the mother should divert and amuse the child, till it is time for the feed. If the infant is fast asleep, it should be gently taken out of the bed and fed. Surprisingly enough, infants usually get up just before their feeding time and cry to express their hunger. But a few minutes before or after the due time for feeding will not matter. To be a 'victim of the clock' is just as wrong as being irregular. The feeds must not be forced on the child against its wish. Additional new foods should be gradually introduced one at a time and increased in due course.

When the child is about 10 to 12 months old, he should be taught to have his feed from the cup or tumbler on his own. By way of

practice, a little water or orange juice is put in an unbreakable cup or tumbler just before the bath, and the child asked to drink from it. The child soon learns to drink out of the tumbler and likes to take all his feeds that way.

By the time they are 18 months old most children are anxious to eat with their own hands and mothers must encourage them to do so. By this time, children get accustomed to take three principal meals. For the first few days the child will find it difficult to finish the meal. The mother should allow him to eat as much as he likes with his own hands and then, *if necessary* feed him in the end. Children should have separate meal times and should not join the grown-ups at meal time. For one thing children are messy at food. Again if they are allowed to sit with the grown-ups, they will be distracted by the dinner talks and the parents will have to call the little ones to order at every step; this would disturb the feeding. Also some of the talk by adult members may not be good for the children to know. The children soon learn to eat their food like their parents observing 'table manners.'

In homes where forks and spoons are used, children should be taught to use the spoon first at the age of 1 or 1½ years. After a few months a fork may be given. They must have a low enough table

with a suitable chair to sit on while they eat.

Children should have a good appetite and relish for the food, when they sit down to eat. To achieve this, children should have an adequate amount of outdoor life and play. They should not be allowed to eat or drink between meals, as it markedly dulls the appetite. If sweets and chocolates *must* be given, give them just *after* a meal and *not before*. Children, like adults, fancy variety in foods and so their diet must be varied, well-balanced and wholesome.

Some children between the ages of 2 and 4 years refuse to eat the required amount of food in order to draw the attention of the mother. Mothers naturally try to force the food, which is promptly refused by the child; both thus end up in an exhibition of temper tantrums. Drs. Alan Brown and Robertson advise mothers:—"Serve your youngster his meals in a calm, casual way making it clear to him that whether he eats or not is his own affair and that you are not concerned about it. This advice is easier to give than to follow but it has been shown by experience to be very sound. If your youngster refuses to finish the meal, remove it after 20 minutes, without comment and give him nothing else but water to drink until his next meal. Do not expect him to be upset as a result. The chances are he will go to sleep and carry on with the rest of his routine as usual. Missing a meal won't hurt him—in fact if he is a determined, spoiled child he may need to miss

several meals before he learns his lesson." This is excellent advice and our mothers should adopt it firmly if they wish to have a progeny of disciplined youngsters.

In our country most of us eat with our hands. Mothers should teach their children to wash their face, hands up to the elbows and legs up to the knees with soap and water just before they come for their meals; this would prevent all chances of infection. They must also wash their hands clean after every meal. With very young children, mothers should attend to the personal hygiene of their children.

Daily bath.—A daily bath is essential to keep clean, especially in a hot country. Children and even small infants enjoy playing in water. Mothers should bathe the infants every day as a daily routine. While bathing the flexures of the arms, and neck and the skin of the ears should receive particular attention with a non-irritating soap. After the bath a good talcum powder should be dusted over the body especially on the folds of the neck, arms and legs and then the infant should be put to sleep. On sultry days children like adults, perspire a great deal and so they may have a refreshing bath in the evening just before they go to sleep. A regular bath is recommended for the older children in the evening after their play and a sponge bath to infants. The infant is sponged by dipping a small towel in warm water and wiping the face, neck and the body. The infant must be dusted again with talcum powder which is refreshing to the

child particularly under tropical conditions.

Toilet training.—*Bowel training*:—For the first three or four days after birth the new-born passes slightly greenish sticky stools known as 'meconium.' The colour of the stools changes to light brown by the end of a week or ten days. A normal breast-fed infant passes 3 to 4 motions a day, slightly brownish in colour having the appearance of a scrambled egg but with no smell, whereas a bottle-fed baby passes only one or two motions a day, homogeneous in consistency but with a slight odour.

Within a couple of months most infants get into the habit of passing regularly one or two motions a day, at about the same time every day. When there is a reasonable regularity in the movement of the bowels, the mother should assist the infant by raising the legs at the proper time for passing the stools. The infant may be placed on her outstretched legs, raised and pressed slightly against its abdomen. The stools should be collected in a receptacle to prevent promiscuous soiling.

Bowel-training should really start when the child is able to squat properly (about 14 to 16 months). When the mother finds that the child is about to have his daily motion, she should take him to the latrine and make him squat. When the child is able to talk a few words, the mother should teach him to indicate his desire to defæcate by words like 'toilet' or 'p' or 'ishe' or other

equivalents. As the ordinary flush out latrine (Indian type) is usually too large for the infant to squat on, provision should be made to suit the convenience of the child by placing two bricks near each other by the side of the flush out latrine and the child should be allowed to squat on them and pass stools. Children should not be permitted or encouraged to defæcate in odd places in the house or on the sides of the road (which is very common all over the country) and any tendency to do so should be sternly discountenanced. Giving of castor oil as a daily routine and the use of soap pessaries to produce bowel action should also be discouraged.

Urination training:—During the first six or eight months when the infant is entirely on liquids he urinates very frequently about 10 to 12 times in the day and 3 to 4 times at night. The frequency diminishes when solids are introduced in the diet of the child. During summer the urine passed is slightly less due to loss of water by sweat, and during rainy and cold seasons, the quantity of urine passed is much greater.

After six months bed-wetting during the day can be reduced to some extent if the mother holds the infant over a receptacle just after a nap or before feeding him.

Proper urination-training can be started only when the infant is about 15 to 18 months old. In this age period most children pass urine once in 2 hours and the bladder is able to contain it only for such time. They are then also able to realise and indicate by sounds or words the desire

to pass urine. They must then be taken to the bath room or the latrine once in 2 hours; they will soon learn where to urinate and where not to.

The control of urination during the day is achieved by most infants by 15 to 18 months and control during the night by 2 to 2½ years. But there are some who wet their beds even after the age of 3 years. A good few are known to have regularly wetted their beds at night till they had reached 15 and 20 years of age! It is more common in boys than in girls. The main cause is emotional disturbance in the child; it is of common occurrence in unhappy homes with bad-tempered parents; frequently it is due to jealousy towards a new arrival—a sister or a brother or due to sudden change of place or residence or due to fright, as fear of school or of home work. It may also be due to a very early toilet

training.

Parents can deal with bed-wetting in older children by a proper humane approach, any physical causes like phimosis being remedied by the doctor. The parent-child relationship should be cordial and pleasant. Parents must be level-headed, calm and patient in dealing with children. On days the child has been dry, the mother should pat the child on his back. When he wets the bed, the mother should not scold, or punish, or shame him especially before strangers. To some extent, moderate restriction of fluids in the evenings and at night and waking up the child at 10 or 11 P.M. to urinate, will help the child in getting over the habit.

It is well to remember that children are also human and in fact they more readily appreciate and respond to kind words and words of praise than do adolescents or adults.

Moderate Exercise Necessary for Joint-Troubles

In an ageing population, joint trouble—or osteoarthritis, as it is called—becomes an ever-increasing problem. This disease affects mainly the large weight-bearing joints such as the knee and the hip, and patients have many erroneous ideas about it.

Most authorities on osteoarthritis underline the value of rest for the affected joint, but only rarely do they mention the hazards of this routine. The elderly sufferer with a bad hip learns to live with his or her game leg. This is, provided he has the right psychological approach to the disability and takes the view that it is an awful nuisance rather than a serious disease. Patients are usually told to lose weight, take plenty of rest, and reduce their activities.

Modern views agree with the weight reduction, but tend more and more to encourage the use of the diseased joint. Joints will most surely become stiff unless they are periodically exercised. Over-activity, with the stresses and strains that it implies on the joint, will certainly aggravate the condition. But so does under activity, and it is up to the individual sufferer to find out for himself just how much he can do, without producing actual pain, as opposed to discomfort.—(*World Digest*, June '55).

The bigger a man's head gets, the easier it is to fill his shoes.—(*French Digest*).

PSYCHOLOGICAL ASPECTS OF BREAST FEEDING

JOYCE GARMANY, M.R.C.S., L.R.C.P., D.P.M.,
Medical Officer, London County Council.

THERE are four factors which, when they are present together, will ensure that breast-feeding is accomplished successfully: *Firstly*, the mother should have a personality which is mature and reasonably adjusted to the kind of life she has to lead. *Secondly*, the child should be wanted and expected. *Thirdly*, there should be a reasonably normal and happy relationship between the two parents. And *finally*, the mother should have ante-natal and post-natal instruction which is adequate and is directed to her personal needs.

In 1950 Bowlby produced his well-known report on 'Maternal—Care and Health' for the WHO, and this report met with general acceptance and approval. Bowlby stressed the importance of warm, intimate and continuous relationship between the infant and its mother, a relationship in which both should find satisfaction and enjoyment. This is quite naturally achieved by the mother, who with pride and tenderness, washes, dresses, and cuddles her child, and then goes on to feed it at her breast. The child is comfortable and secure and a very special personal relationship develops. The child shows all the initiative and spontaneous activity that the stage of maturation of its nervous system will permit. He is lively, noisy, and responsive to smiles and other stimuli.

Deprived children.—Deprived children are unnaturally quiet, and slow in their activities. Lack of sleep is common and loss of appetite almost universal. Weight is only gained slowly and the child becomes a prey to infections. These manifestations in the motherless are paralleled in those who have mothers who are unloving or rejecting, and they become apparent in the first few weeks of life. It is not suggested that failure to breast-feed is always due to rejection, for sometimes it is due to over anxiety, but it may be so, and guilt about failure to breast-feed may be shown in an unconsciously rejecting attitude towards the infant.

The exact relevance of these findings to mental illness and personality difficulties in later life is uncertain; but there is certainly some nexus between the two. An over-whelming proportion of the cases seen in child guidance clinics are found to have begun their difficulties in the pre-school years. Taking children and adults together, about one-half of the patients seen by a general practitioner are suffering from emotional disturbance in one form or another. Any factor which might have a bearing upon this enormous problem is worthy of attention, and the importance and usefulness of breast-feeding is adequately established. The mother who says 'it gives him a

good start' is stating a profound truth.

Management—Infant Welfare Centres were established to deal with physical diseases, and in this they have been notably successful. It is now being increasingly realised that the Public Health Services have a vital role to play in the prevention of mental illness. The anxieties of a mother expecting her first baby can be discussed in the informal atmosphere of the clinic in a way, that is neither possible nor desirable in a hospital. Some of the fears expressed are almost universal among mothers but some can sustain anxiety much more adequately than others. The mother may fear that the child will be abnormal, finding it impossible to believe that she could herself produce anything so perfect as a healthy baby. She may fear that she will fail to produce breast milk, or that it will be poor in quality. Counsel and support may make all the difference to her reaction during the critical first week when the baby will lose a little weight, for which she might otherwise blame herself. If the mother feels confident of the outcome, then the infant will feel

confident too, though in a less intellectual way.

The mother should be taught in advance that when a child cries, the commonest causes are discomfort which includes hunger, boredom, and loneliness. Over-feeding is rarely, if ever, a cause of crying.

Mothers sometimes need to be defended against eccentric literature, and to be taught that a warm impulsive attitude to the baby is more likely to be right than a rigid adherence to rules. Thus it is sometimes taught that the baby should be fed by the clock and should not be picked up except when a feed is due, because of engendering bad habits and 'spoiling' the child! While some babies will settle to a four-hourly routine quite happily, others become unhappy, and the mother in her turn becomes anxious and convinced that the fault lies in the composition of the milk from her breast. Doctors and health-visitors can do much for such a mother in teaching her to be natural with the child and to enjoy its company in a calm and satisfied way whenever the child desires to have it.—(*Mother and Child*, July 1955).

The Diet of the Nursing Mother

Fluid—equal to $1\frac{1}{2}$ pints must be taken to compensate for the loss through the milk, when the baby is breast-fed. Plain water does this most effectively, but all the other ingredients of milk—known as total solids, which would be in a solid state without the water—must be replaced too and proteins is the main solid. Even more must be taken than in pregnancy. 110 grammes is recommended daily. Cow's milk is an adequate provider. Bread made with milk is one way of getting it. Or breakfast cereals cooked with milk instead of water. During lactation protective foods, besides the protein are essential *viz.*, Vitamins, mineral salts, fruits and vegetables in plenty.—(*Dietitian E. A. Nicholls in Mother and Child*, July 1955).

EXERCISE AND REST FOR CHILDREN AND ADULTS

Most children and youth enjoy games, sports and other forms of exercise. Rest and sleep at stated intervals are as important as exercise. The teacher of young children should be thoroughly well-informed regarding the physiological effects of exercise, and of rest and sleep. A very valuable instructive and informative report of the American Association for Health, Physical Education and Recreation, entitled *The Role of Exercise in Physical Fitness* contains the following significant information:—

"The normal heart and circulatory systems become stronger and more efficient in moving blood to active regions when repeatedly required to do so. The demand for improved circulation incident to prolonged exercise is reflected primarily in greater strength, endurance and efficiency of the heart. Games and sports involving running, vigorous swimming or similar extended effort serve this purpose. Prolonged inactivity is marked by circulatory changes in the reverse direction.

"An individual's ultimate performance is limited by the physiologic capacity of the organs involved. Usually the individual reduces or discontinues his performance long before the physiologic limit is reached. This is on the basis of inclinations and may be termed the 'physiologic limit.' Although its appropriate role is that of a safety factor to prevent overstrain, it is often invoked by relatively slight fatigue, respiratory distress and mental factors such as fear of overdoing.

"Athletes recognize the condition known as 'second wind', which represents a physiologic adjustment to a higher level of activity. A distinction should be made between the so-called 'second wind' stage and 'exhaustion.' Exercise regularly carried to the 'second wind' stage results in the development of increased endurance; exercise carried to the stage of 'exhaustion' may do harm, especially if this is frequently repeated with insufficient interval for recovery. Successful athletes reduce the distance between the 'physiologic limit' and so-called physiologic "quitting time." This is probably one of the most important concomitants of athletic training

"Muscular strength increases throughout childhood and through adolescence, usually to a maximum between the ages of 26 and 30. Then follows a gradual decline. The heart and circulatory systems also exhibit loss of performing ability and resilience in recovery after exercise. These changes exhibit great individual differences dependent on exercise and other living habits as well as on constitutional disposition. A few practical generalizations seem warranted:—precluding accidents, a normal, healthy child cannot do himself permanent organic injury by physical exertion.

"Among older persons (over 40) physical examinations and observation of the individual's reaction to exercise will disclose large numbers who need to restrict exercise. Individual variations in

capacity for exercise are important. Some persons, even at early ages, react unfavourably to exercise through extreme exhaustion, breathlessness and emotional depressions. It is not wise to expect these persons to reach the same level of physical achievement as do those to whom exercise is an exhilarant and a stimulant.

"All persons should be ascertained by medical examination to be organically sound before performing training routines leading to competitive or other strenuous exercise. The medical examination should be repeated at appropriate intervals or whenever special indications appear.

"Hard, fast, sustained or highly competitive games and sports should not be played by persons beyond the age of 35, unless they have been playing them continuously and have kept themselves accustomed to these sports.

"Persons who are out of training should not compete in any sport with persons who are in training and accustomed to that sport. Persons should not compete with others of disproportionate size, endurance or skill, where these are significant factors. Persons long out of training, or 'soft', or who have practised strenuous exercise regularly will need a period of conditioning marked by gradual return to full activity, which may never reach the previous peak.

"The ability to recuperate after exercise is a guide at any age. Recuperation should be reason-

ably prompt. If breathing and heart rate are still greatly accelerated at the end of ten minutes after exercise, and if there is marked weakness or fatigue persisting after a two-hour rest period, restlessness with broken sleep, after retiring for the night, or a sense of definite fatigue on the day following, the exercise has been too severe or too prolonged for that person in his present stage of training and physical strength."

Modern life offers so many and such varied opportunities for interesting activities and pastimes that many children and youth find their day too short. After attending to his morning studies, bath and breakfast, the child goes to school and in the evening engages in active recreational sports and would, if permitted overfill his evening with comics and cinema shows and then extend his evening into the early part of the night to listening-in to his favourite radio programme. In view of these pre-occupations (which, of course, should be watched and regulated by his parents or adult mentors) it becomes somewhat difficult to legislate for or state categorically how much sleep exactly a particular child needs. It will be possible to give advice on this matter only after a careful observation of the growth behaviour and mental attitudes of the child over several months. As a general rule, however, it may be said that most children and adolescents must be encouraged to sleep for the number of hours indicated overleaf:—

Age Period	Approximate hours of sleep needed	
	6 years	12 hours
7 to 8 "		11-11½ "
9 to 11 "		10½-11 "
12 to 13 "		9½-10 "
14 to 16 "		9-10 "
16 to 18 "		8 "
over 18 till 22 "		6½-7½ "

Those who do not get adequate sleep and rest are liable to suffer from various disorders such as

pallor, poor posture, irritability, inattentiveness, loss of tone and initiative, aversion to work, tendency to feel drowsy when they should be active, dizziness and even fainting fits. They may become dull and fail to grasp the ideas and lessons conveyed by the teacher and become generally slow in learning.—(via "Health Education").

RESIST THE

"IT-CAN'T-BE-DONE"

MENTALITY

"WHATEVER the mind of man visualizes, modern science can turn into fact!" is the challenging statement made by David Sarnoff, Chairman of the Radio Corporation of America, in a preview of the next 25 years.

When Solomon de Caus first attempted to harness steam, he was shut up in a Madhouse. Nearly a century later, in 1769, Nicholas Cugnot made the first steam-driven vehicle. The people thought he was mad. "A coach without horses—it can't be done!" they all said and when his horseless carriage ran into a wall, they took it as an excuse for putting him into prison "to keep him out of mischief, dabbling with diabolical works."

Flying has a more romantic history. The legend of Icarus was followed by an experiment of a monk called Damian in 1508; he broke his legs when his feather-made wings failed to sustain him in the air. The Montgolfier brothers started the lighter-than-air flying in 1782. In

1903, the Wright brothers flew the first heavier-than-air mechanical airship and made one more impossible, possible.

In every sphere of life you meet these incorrigible pessimists who say, "It Can't Be Done" for anything which they cannot do themselves. I despise the doctor who tells his patient "Nothing more can be done for you," when he should really say "I can do nothing more for you." Everyday we see cases which have been declared hopeless by the practitioner of one system of medicine, saved by the practitioner of another system. Today, more than ever, it is true that while there is life there is hope. What we need is really an open mind; not a gullible one—just an open one; a mind that refuses to condemn any science, unless it has examined its claims to a place in medical therapy. Not many of us have heard of psychosomatic medicine. Several hospitals in England and America have now got separate wards reserved for psychosomatic treatment.

When you next meet one of the "It-can't-be-done" species give them a copy of this encouraging verse:

Somebody said it couldn't be done;
But she with a chuckle replied:
That may be it couldn't;
But she would be one,
Who wouldn't say so till she tried.
So she tucked her sleeves in,
With the trace of a grin,
On her face. If she worried,
She hid it;
Then, she started to sing,
As she tackled the thing
That couldn't be done

—and she did it!

Next to the "can't-be-done" clan comes the procrastinators. To the procrastinators, nothing can be done.

Now. You meet them everywhere—they either say, "I'll do

it tomorrow" or "I'll do it when there's more time." It is no use arguing with them that Tomorrow has as many hours as Today; and that if there isn't time for it today, there won't be time tomorrow.

No use telling them that Tomorrow is another day just like Today, with only this difference, viz., that while Tomorrow belongs to God, Today belongs to us. Remember:

"Every day that comes and goes,
Every mile the river flows,
Says to me and says to you:
Much there is to learn and do!
For the water and the day
Never more will pass this way."

—(Arthur D. Pereira in
Efficiency News, June 1955).

MENTAL HEALTH

(SWAMI SIVANANDA)

If you always have
A calm and poised mind,
You will enjoy wonderful mental health
Mental health is more important
Than even physical health
All diseases take their origin
In the mind (Adhi Vyadhi)
Selfishness, greed, lust,
Anger, hatred, jealousy,
Fear, worry, pride,
Destroy mental health.
They destroy bodily tissues also;
All negative thoughts are destructive.
Entertain sublime divine thoughts,
Hold always positive thoughts,
Be courageous, be cheerful,
Be kind, be tolerant.
Fear not, worry not, regret not

Pray, sing, meditate on the Lord.
Do Japa, Pranayama and Asana.

Rajuss excites the mind and nerves;
Thamuss dulls them;
Sattwa purifies, elevates and strengthens [them]

Therefore, control Rajuss and Thamuss.
And increase Sattwa
Through Sattwic food, Sattwic thoughts,
Sattwic Tapas, charity, Pranayama
[and meditation]

You will have wonderful
Physical and mental health
You can practise vigorous Sadhana
[and meditation]
And attain God-realisation here
[and now.]

The Ideal Secretary

As sketched by the Secretary of the Civil Service Clerical Association, the Ideal Secretary should have the urbanity of a parson, the skill of a lawyer, the humour of a Roby, the patience of an ox, the hide of a rhinoceros, the constitution of a bull and a face with a smile that never wears away.—
(*Tit-Bits* via *Eff. News*).

Physician, Don't Try to Cure Yourself!

THE American Academy of General Practice is enlisting the support of the American Medical Association and other medical organisations in a project which is being given high priority and support during 1954. The project is best described by the slogan, "A Family Doctor for Every Doctor's Family."

The academy undertook the project because it felt that, like the cobbler's children who have no shoes on, the doctor's family may be getting the poorest medical care and attention.

The idea first was formulated by Dr. Merrill Shaw, Academy Vice-president, who has been critically ill at his home in Seattle, Washington.

In outlining the idea to the Academy's Board of Directors, Dr. Shaw said he was convinced that physicians and their families receive 'hop-scotch' medical attention, neglect their own health and seldom have a thorough check-up. He said that during his 20 years as a general practitioner, he does not recall that a single doctor ever came to him for a physical examination. Dr. Shaw provided records to show that the country is losing many highly trained doctors at the peak of their careers. Many of

the deaths are due to preventable illness. He estimated that more than half the doctors in private practice, work 60 or more hours a week. Their failure to practise what they preach may result in many premature deaths.

The Academy presently is leading a campaign, especially among women's auxiliaries of state and county medical societies, to have every physician arrange for the services of a family doctor for himself and his family.

"So what?" the doctor may say. Well, just how many times, aside from insurance examinations have doctors had—ever had—a real physical check-up? Does his family have a family doctor? in the same sense that he urges the public to have one? "In case you live in a community not blessed with another doctor," asks the campaign of doctors, "or one you consider suitable, have you contacted any doctor elsewhere in this regard?"

It is a safe bet the answers to the above questions are either "no" or "seldom". "Not until you are sick do you wish you had had a check-up sooner, and when you recover, you fall back into the old rut of self-diagnosis and wishful thinking."—(*Jour. Indiana State Med. Assoc.*, via *G.P.*, July 1955).

I Heard Somewhere

1. That all work has dignity if we perform it with dignity.
2. That nothing will cook your goose (spoil your scheme) faster than a red-hot tongue.
3. That a man may be lifted out of the slums without God, but only God can lift the slums out of him.
4. That in order to make a place in the sun, you have to be a shade better than the next fellow.—(*Efficiency News*, June 1955).

SPARE THE ROD

(ITS USE CURES NOTHING)

MICHAEL CROFT the author of the book "Spare the Rod" writing in the *News Chronicle*, London, says:—

I know what is to use the cane in a tough school—in my early teaching days I made the mistake of doing it.

But it never had more than a temporary effect and, more important, apart from anything it did to the pupils, it was utterly degrading to myself.

Consequently I gave it up and tried other methods. Many teachers have had the same experience, but nevertheless there are still very few schools which have done away with the cane altogether.

In a few public schools, the cane has practically disappeared, but in others beatings are still a matter of course, and in some the pupils still enjoy the peculiar privilege of receiving beatings from their own schoolmates, the prefects.

In the State schools the position varies enormously. In grammar schools under an enlightened headmaster or local authority the cane is deprecated except for the most serious offences. In some secondary schools only the headmaster or his deputy is allowed to cane; in some, girls may not be caned at all, in others only by a mistress; and in many the teacher must obtain the head's consent for each specific caning.

But a teacher, like a pupil, can always break the rules, if he wants to cane he may not be too fussy about consulting the headmaster.

Even so, it might seem that children are being mollicoddled (*pampered*) on the whole. But there is another side to the picture. In many areas, in schools from the primary upwards, caning on the hand or buttocks is still a regular part of the job, as mechanical as filling in the register.

Does caning do any harm to the pupil? Physically it may do little—except that caning on the hand can lead to accidents.

But does it achieve any purpose beyond making a boy a hero to his fellows, or teaching him that he mustn't get caught next time?

Appointing itself the champion of the child-beaters, a Sunday newspaper roundly declared a few weeks ago: "Caning's the cure. A little bit of cane does a great deal of good," and briskly attributed all juvenile crime, to the policy of sparing the rod.

This, I believe, shows a complete misunderstanding of the case. The young criminals I have met, have certainly never suffered from a lack of the rod.

But apart from the two minorities, the "professional" beaters and those who would not cane at any price, *what do most teachers feel about the cane?*

Most, I think, dislike it on principle, yet refuse to be without it, and they have various justifications: it's the only language some children understand; it's a good thing for making an example; it's a useful card to have up your sleeve; it can save a lot of trouble later on; certain children—the

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bully, the thief, and the cheat—need to be hurt; it may be necessary as a last resort when all else has failed.

Sincere and experienced, many of these teachers command respect by their mere presence, but they make no bones about using the cane if they think it is required.

Others force themselves occasionally to use it from a tortured sense of duty, after hours of agonized deliberation, and carry out a "last resort" caning on a difficult pupil.

To the teacher facing a hostile mob of forty or so young toughs in an antiquated ill-equipped building, the cane presents an obvious temptation. It may well seem the only alternative to a

nervous breakdown.

The cane is the ready way out. It saves a great deal of emotional strain and nervous wear and tear. But it solves no problems, for the more it is used, the more it has to be used. It creates barriers of fear and distrust. By setting an example of violence, it might well encourage children to use violence in working out their own problems.

In this country (England), in this day and age, its use suggests we can only control our children by a method that we deem unfitting even for the domestic beast and the dangerous criminal.—(*News Chronicle*).

[NOTE:—Conditions in India at the present day are quite similar to what Educationist Croft has depicted in his well argued and highly instructive article: Ed. HEATHER

WHAT IS AN EXECUTIVE?

THERE are many definitions of what constitutes an executive, but here is one of the cleverest we've come across: "An executive practically has nothing to do except:

1. Decide what is to be done.
2. Tell somebody to do it.
3. Listen to reasons why it should not be done, why it should be done by someone else, or why it should be done differently.
4. Follow up to see whether it has been done.
5. Discover that it has not been done and inquire why?
6. Listen to excuses from the person who should have done it.
7. Follow up again to see whether the thing has been done, only to discover that it has been done incorrectly.
8. Point out how it should

have been done.

9. Conclude that as long as it has been done, it may well be left where it is.

10. Wonder whether it is not time to get rid of a person who cannot do a thing right; reflect that he probably has a wife and a large family and that certainly his successor would be just as bad or even worse.

11. Consider how much simpler and better the thing would have been done if one had done it oneself in the first place.

12. Reflect sadly that one could have done it right in 20 minutes and, as things turned out, one had to spend 2 days to find out why it had taken 3 weeks for somebody else to do it wrong!" —(*The Double Arch, O.R.C., Aug. 1954*).

Maintenance of Good Health in Older People

IN the care of the active aged, it is important to recognize that although these individuals consider themselves generally healthy, they may enjoy less than the best possible health. Between the seriously ill and those who are in excellent condition is a significant group of the elderly who have only minor symptoms. Anorexia, flatulence, various aches and pains, insomnia, mild cardiac decompensation problems, fatigue and headache, and inadequate grasp of the realities of modern living are typical complaints and may appear in any combination. Many of these minor symptoms respond not only to specific therapy, but also to a combination of non-specific remedies.

With this general concept in mind, Dr. J. Herbert Nagler, of the Home for Jewish Aged, Philadelphia has used a combination of steroid, lipotropic and vitamin B complex factors in private practice during 1953-'54. (*Jour. Am. Geriat. Soc.*, Aug. 1954). The combination has been administered in the form of a mixture of Testramone and Vitramone. Both contain the lipotropic factors inositol (50 mg. per cc), choline chloride (10 mg.) and d-l-methionine (10 mg.), and the B-complex factors, thiamine hydrochloride (10 mg.), riboflavin (2 mg.) pyridoxine hydrochloride (5 mg.), and niacinamide (40 mg.). In addition, Testramone contains 12.5 mg. of testosterone and Vitramone contains 1 mg. (10,000 i.u.) of natural oestrogen. These mixtures are best administered together—0.5 cc. of each mixed fresh in

the syringe just before injection. They have been used in a series of 24 patients, 5 males and 17 females, ranging in age from 58 and 88 years. Admittedly some of these patients are below the age considered to be geriatric, but it is felt that they belong in this group because of the nature of their symptoms and their state of mind. Many of these mild symptoms would probably respond to specific therapy, such as digitalization or sedation, but the interesting fact remains that they seem to respond as well to a less specific routine.

Each course of therapy was started with an injection 3 times a week for 2 weeks, and continued at a maintenance level of one injection every 5 to 14 days. In each case, after the maintenance dosage had been determined, placebo injections were substituted from 1 to 3 weeks, in order to eliminate the suggestion factor as much as is possible in a private practice. Following the placebo injections, in all but 2 patients there was an appreciable decrease in the sense of well-being, which quickly returned with re-administration of Testramone and Vitramone. The 2 patients who experienced no drop in the sense of well-being have been maintained in this condition under placebo medication and are presently quite dependent on the administration of sterile distilled water.

In 18 of 22 patients there was significant subjective improvement; in 2, moderate improvement; and 2 had no benefit.—(*Cur. Med. Digest*, Dec. '54).

MENTAL TRAITS AND HEALTH

WHILE the word "psychosomatic" is new, the idea behind it—the effect of mental states on bodily health—has been long known. Dr. William Sharpe in his interesting autobiography *Brain Surgeon* (published by the Viking Press, New York) gives several examples of this relationship. Early in his career he was asked to take over the practice of a fashionable neurologist in New York for two summer months. One of his patients who had long been a frequenter of the doctor's clinic, was a married woman whose children had grown up and who had nothing to do except worry about her aches and pains. Dr. Sharpe induced her to enter the social service of a large hospital. This meant she would visit patients at their homes and help them with their problems. Before long she was entirely well.

More striking was the case of a man in his thirties who suddenly became totally blind. No physical cause for the affliction could be found. He was placed in a neurological institute where Dr. Sharpe spent hours with him twice a day for three weeks, trying in vain to unlock the secret of his hysterical blindness.

The man's wife was very devoted and came to see him every morning and afternoon. One day the patient made some slight remark which indicated embarrassment about his wife. So Dr. Sharpe asked her to stay at home one day. Freed from the threat of her presence the patient told his story. He had fallen in love with another woman and had planned to elope with her on an early morning train. He set the alarm clock for an hour just before dawn. He got up, turned the light on but remained in darkness. He was totally blind! He told the doctor he had not thought of any connection between his escapade and his affliction. Under proper encouragement he recovered his sight.

Summing up at seventy, Dr. Sharpe writes: "I am now in a position to say emphatically that moderation brings health and happiness and that *longevity depends more on the mind than on the body*. Many of my colleagues of long ago are no longer around. Psychosomatic seems to work both ways. Poor mental habits invite disease: good ones keep it away."—(*Good Health*, London).

MEDICAL SIDE OF JUVENILE DELINQUENCY

JUST when the committees and councils are discussing juvenile delinquency and newspapers and magazines are dishing out large helpings for parents, school authorities and law enforcement agencies, a Metropolitan Life Insurance Company pamphlet

"Understanding Your Teen Ager" comes from the press. This should help all those concerned about this problem. While juvenile delinquency is a serious problem, it should not be forgotten that the teen-agers who go wrong are decidedly in the minority.

Aside from hereditary influences there are many environmental factors that enter into the rising incidence of emotional instability in the adolescent as well as in the adult. The family physician, especially of the now lamented old-fashioned type, should have a better understanding of these varied influences than anyone else and should be able to contribute more toward their solution than anyone else with the possible exception of the parents. The family medical adviser employing his knowledge of emotional disorders and their causes should, in an advisory capacity, be of inestimable service to the parents and their children.

In the changing socio-economic

pattern, many people have discarded the idea of the family physician and too often try to make their own decision with reference to mental and physical health or depend upon agencies that give a relatively cold, impersonal direction too often wanting in the warmth and personal interest so necessary in the solution of such problems. All this is merely for the purpose of making a plea for the old-time patient-physician relationship so essential to physical and psychological stability in the family when obtainable and so helpful in the discovery of innate emotional abnormalities with measures of correction or control before serious consequences result.—(*J. Okla. St. Med. Assoc.*).

GOOD HEALTH ESSENTIAL IN INDUSTRY

KIEFFER DAVIS, M.D.

THE rapid change we are experiencing from an agricultural to an industrial nation is bringing about greater demands on the speciality practice of medicine in industry. Automation, although it has been a prime mover in some form or another since the beginning of our industrial revolution, is showing its hand in new and exciting ways in this progressive change. We are not, however, faced with a decrease in the employment of people in industry, but rather an increasing need for workers with greater technical skills.

Common sense tells us that a man's value to industry is related

to training and length of experience. At the same time, his productivity depends to a great extent on health—that of his associates as well as his own. When, however, the individual becomes an employee, the employer automatically acquires an important interest in this responsibility. It is in this particular relationship that the physician in industry has an unusual opportunity to educate both employer and employee to the advantages of maintaining good health. It is not enough merely to adapt ourselves to changed conditions. We ourselves must find and show the way.—*Industrial Medicine and Surgery*; (via *W. Vir. Med. Jour.*, Aug. '55).

ON CHOOSING A DOCTOR

ONE of the big problems of people today is how to find a good doctor or a good doctor for their particular need at time. Today many a well-to-do family living in a suburb, has several physicians; the husband may have one, and the wife may have another. When the husband's stomach misbehaves he may go to a gastroenterologist in the city, and when his joints get stiff and painful he may go to a physiotherapist. When the wife gets pregnant she will go to her obstetrician, and when the children are seriously ill, she will call their paediatrician.

A good family physician will always call a consultant when one is needed, and the patient will be grateful for this service. I think my patients are almost as grateful to me when I refer them to a specialist who cures them, as they would have been if I had been able to cure them myself.

I appreciate what Mrs. Alice Lake has written in the *American Magazine* on this subject. She tells how she had to try out several doctors before she found one whom she and her husband liked and who later became the family friend and counsellor. As Mrs. Lake said, no matter how able a physician may be, he cannot hope to please every type of patient. One, when ill, may not want to be fussed over or given much medicine, while another wants two kinds of injections administered every other day for a whole year. One hates a hospital and operations the other loves to go to a hospital and loves operations. One likes to be told there is nothing seriously wrong, other dislikes the doctor who tries to cheer him up. Evidently the different patients must have different doctors.—(Walter Alvarez, in *Battle Creek Enquirer and News*, 17-11-'54.)

Evils of Bed-rest

Doctors who work in the general medical wards of our large hospitals get a very good slant on the evils of excessive bed rest for the elderly. The story runs thus: A patient is admitted with a complaint for which bed-rest is imperative and life-saving. At the time, there is little or no complaint of any hip or knee trouble. The original complaint is relieved or cured in a few weeks. But meanwhile, their mobility has brought an osteo-arthritis, which was not there at the start of the patient's primary illness or if it was very slight.

It may then take many weeks to overcome this new disability and a long rehabilitation is necessary before the patient can be discharged. What can be done about it? In the first place exercises in bed are helpful, and the patients should be encouraged to go through a drill twice a day. Pain-killing remedies should be liberally supplied, and the drill done by the patients under "cover" of these drugs. And they should be mobilised and got back on their feet at the earliest possible moment compatible with safety.

This is the new order! In the past there has not been enough emphasis put on the dangers of prolonged immobility and excessive bed rest.—(*Sunday Telegraph*).

A RETROSPECT ON PROTECTIVE INOCULATIONS

WITH mass polio-inoculations of primary interest both to the public and to the members of the health professions, many of us can appreciate the uncertainties and misgivings which accompanied previous inoculation programmes in our history. And, once again, we should have profited by our previous experiences in this field.

The public looks to members of the medical and health professions for assurance and guidance in any new health programme. Their whole-hearted acceptance of such a programme is based on our acceptance and belief in the programme. A programme that is endorsed one day and questioned the next, cannot be expected to receive public support. Indecision causes fear, superstition and uncertainty.

If we look back to the turn of the century and examine the conditions existent during the smallpox vaccination programme, we find interesting similarities in the conditions of our present day polio-vaccination programme. There were many physicians and health officials who opposed vaccination. Their view-point was supported by the incidence of smallpox in those who supposedly had been vaccinated. Unsuccessful vaccinations were often blamed upon the use of inferior or inactive vaccines produced by manufacturers and pharmacists. Periodically, demands were made to recall batches of the vaccine from the market. Claims were made that not all of the manufacturers were preparing a standard product and that uniform results could not be achieved with these varied pro-

Joseph A. Zapotocky, Ph.D.,
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ducts. The cases of tetanus which, arose after vaccination were supposedly due to the septic technique used by the manufacturers in the production of vaccine. The manufacturers, in turn, attributed the miscellaneous infections following, to the faulty techniques used by physicians and the superstitious practices of some people.

The lack of intra professional harmony among physicians did much to undermine public acceptance of the practice of vaccination. Some physicians were accused of false vaccinations made by scarification alone, others were accused of an inability to distinguish between successful and unsuccessful vaccinations. Physicians differed in their opinion regarding the number of vaccinations needed to produce immunity, and some contended that at least four successive vaccinations were necessary to confer immunity!

Government control of the production, testing and distribution of the vaccine was demanded by some of the public. Others even advocated the training of public vaccinators.

The modern refrigerator for the storage of biologicals was still in the offing and retail pharmacists came in for their share of censure. They became a convenient target for the accusations of selling old or deteriorated vaccines.

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In these days of indecision on the merits of the polio vaccine, we may again receive our share of criticism. It is hoped that we can avoid this by strict adherence to the recommended procedures for the use, handling and storage of vaccine. We can expedite the tracing of certain lots of vaccine by keeping a record of each lot of vaccine that we can handle and

know specifically to whom each dose was issued. Such data will also be of value if a re-evaluation of the vaccine is needed. We must help to avoid the sensationalism, hysteria, rash statements, unfounded rumours and interprofessional accusations which have occurred with previous inoculation programmes.—(*Arizona Medicine*, June '55).

TWO-EDGED SWORD

PHYSICIANS who practised before the discovery of modern antibiotics cannot doubt that the development of these drugs must be classed with the discovery of anaesthesia and the development of asepsis among the greatest medical discoveries of all times. One need only recall the lines of patients standing at clinic doors to receive urethral washes for gonorrhoea or arsphenamine for syphilis, or patient after patient dying of pneumonia, to remember a few of the effects of these wonder drugs.

Meningitis has become uncommon, mastoiditis almost unknown and septicæmia a rarity. It is almost impossible to find a case of secondary lues for demonstration to medical students. Tertiary syphilis, formerly so important in

the teaching curriculum, now is mentioned only as an obsolete disease.

Like most great medical discoveries, however, the sword is two-edged. By the use of antibiotics "coverage," infections lie dormant for weeks only to become more difficult of diagnosis. Chronic illness can result with a train of symptoms rarely seen before the antibiotic era.

As more and more patients receive penicillin, sensitivity to this drug is developing among the population. No longer can this life-saving drug be administered freely to the seriously ill. A severe reaction may occur, lasting for weeks or months and defying all forms of treatment.—(*The West Virg. Med. Journ.*, August 1955).

A Smile Means A Lot and Costs Nothing

A smile costs nothing, but gives much. It enriches those who receive without making poorer those who give. It takes but a moment, but the memory of it may last for ever. None is so rich or mighty that he can get along without it and none is so poor but can be made rich by it. A smile creates happiness in the home, fosters goodwill in business, and is the countersign of friendship. It brings rest to the weary, cheer to the depressed, sunshine to the sad, and it is nature's best antidote for trouble. It cannot be bought or stolen and is of no value unless it is given away at every opportunity.—(*Efficiency News*, June 1955).

Some Facts About Hearing Aids

It is generally conceded that the modern hearing aid represents a definite scientific advance. That the instrument plays a significant role in the current methods of hearing rehabilitation is also well recognized. Contrary to the views of the laity shared in by many physicians, the hearing aid is not the final answer to the problem of deafness. In fact, it is merely a mechanical amplifying device whose effectiveness depends largely on the facility with which the patient can wear it. Because of numerous misconceptions concerning the purpose of hearing aids, some clarification is in order.

Indiscriminate application of instruments often not only proves a useless but also a burdensome task. They fail in the function they should serve. Persons become unhappy while wearing them and eventually discard them. If there is some question concerning this eventuality, a review of available statistics will confirm it. It is estimated that annually 50 to 75% of all hearing aids purchased are either returned to dealers, or if retained are not worn. What are the underlying causes of this situation and what can be done to avoid or prevent it?

Some of the reasons incident to indiscriminate application lie at the doorstep of unethical dealers who sell the aid without an otologist's prescription. This implies that the patient has not had the benefit of an examination to diagnose the type of hearing impairment. Consequently, it is

not known whether a hearing instrument is correctly indicated. Day emphasised the fact that the manufacturers and distributors of hearing aids are not helpful in the cause of the hard-of-hearing by their methods of advertising. Day stated: "The most effective advertising capitalizes on the psychologic weakness of the consumers. Much more stress is put on the size and invisibility of the hearing aids they (dealers) sell than on the quality and fidelity of response of their instruments."

This is only one aspect of the problem that requires correction. There is another and more important one. It has to do with the negligence of otologists in recommending auditory training. Such training often spells the difference between success and failure in the wearing of a hearing instrument. A check of the problem has disclosed that hard-of-hearing veterans who have received adequate auditory training wear hearing aids with considerable satisfaction. This is in direct contrast to the existing situation in civilian practice.

The veterans' programme provides for a definite period in the use of a hearing aid. Instruction is carried out in lip reading and hearing practice is conducted under all sorts of conditions ranging from the hearing of music to telephone and general conversations. From such methodical training the veteran gradually gains confidence and in time becomes convinced that the hearing instrument is an indispensable necessity in his every-day life

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SOME FACTS ABOUT HEARING AIDS

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This plan has been applied only to a small percentage of civilian hard-of-hearing subjects. Those who have had the benefit of audiologic training have been processed in an institution where a department of audiology exists. Usually, the private patient is denied this advantage, because few otologists have audiologists associated with them. For some unknown reasons, otologists neglect to consider the value of supplemental audiological training and fail to recommend it to hearing aid candidates. In the light of our present knowledge, it should be clear that this omission could well be the reason why some persons never become successfully adapted to the use of a hearing instrument.

Although the otologist's role with every patient suffering from impaired hearing begins with a careful examination for diagnostic purposes, it is not concluded until an effective plan of rehabilitation is instituted. If a hearing

aid is the answer to the patient's problem, based on the diagnosis, the potential value of adjuvant measures cannot be ignored. Obviously this has reference especially to audiological training. If this fact is recognized, it is highly probable that the percentage of persons who fail to obtain the desired satisfaction from a hearing instrument would be reduced to a negligible minimum.

Berry in discussing the evaluation and practicability of hearing aid, appropriately commented: "Hearing aids have assumed an important part in otology. Most of us cannot be electrical or acoustic experts, but we can understand the general mechanism, what acoustic amplification can accomplish and how this acoustic help can be wisely applied to our patients." To this should be added the unquestionable need of supplemental audiology training.—(*Eye, Ear, Nose, & Throat Monthly*, Aug. '55).

Light Dress Makes for Good Health

"The modern tendency towards lighter clothing is all to the good" says Dr. Anna Broman in an informative booklet published recently by H. M. Stationery Office, London. The booklet is entitled "Simple Health Hints for Group Leaders."

Loss weight and freer circulation of air leads to better circulation and healthier skins. Tight collars, garters, waistbands and belts should be avoided. You will have noticed that athletes in training and soldiers at physical training, now a days dress as lightly as possible—shorts stripped to the waist, or in their open-collar vests. This allows freedom of movement, free sweating, and exposure of a fairly large skin-surface to the action of the sun and air. The same happens when we take physical exercises. It is a good plan that you strip to the waist while you are engaged in heavy manual out-door work, particularly in warm weather. Dr. Broman states "There is one thing workers do more abroad than here; and it is a healthier sight to see working men well tanned during the summer weather. It saves clothes, saves health and makes work as good as a holiday sunbathes."—(*Your Mind and Body*, W.D., Sept. 1955).

Pleasant Topics from Periodicals

"Whom shall I approach to get advice on how to succeed in life?"

"Go to some body who has failed; the successful people will be too busy to talk".—(W.D.)

You can't have the Cake and Eat it

A junior assistant in the firm was asking his boss for an increase in salary.

"I don't know what's the matter with you, young fellows," complained Mr. Boss, "I started working at £2 a week and after three years I was only getting £3. But I worked hard and saved and when my boss became bankrupt, I bought him out."

"That just proves, what I always thought!" exclaimed the young man "you can't pay your assistants low wages and stay in business. Can you?"—(Tatler, London).

You can tell a lady by the way she dresses. If she really were a lady, she would have pulled down the blind.—(Pourquoi Pas, Belgium).

Mascot? Eh!

A determined looking woman was having trouble in finding a seat in the train, when a porter approached her. "Here, ma'am" he suggested "it's too full this end. Come with me to the front of the train and I'll fix you up". "Indeed, you won't" the woman exclaimed "Do you take me for a mascot?"—(Veld Breezes U.S.A.)

Man is Not a Statistical Unit

"We should take care not to treat man, with his vast variety of prejudices and emotions, as just another statistical unit".—(H.R.H. Duke of Edinburgh).

Artificial?

A city girl telling friends about her brother-in-law's farm in the village, said "It is one of those experimental farms where the cows have calves without any bulls around—they call it 'artificial inspiration' (Insemination)".—(R.D.).

For Value Received

When a six year old came home proudly clutching sixpence in his hand, the mother asked where he got it. "I got it from Willy for doing him a favour" he said.

"What was the favour you did, Jim?"

"I was hitting him on the head and he asked me to stop".—(V.H.)

Sleep is an Opinion

Carl Sandburg was persuaded to attend the dress rehearsal of a very serious play by a very serious young dramatist, but unfortunately

slept through the greater part of the rehearsal. The outraged dramatist chided him later. "How could you sleep when you know how much I wanted your honest opinion?"

"Young man", Sandburgh reminded him. "Sleep is an opinion and a definitely formed one too.—(Good for a Laugh).

Motto for the Married Woman

Modern couples might do well to adopt the motto that often used to be inscribed inside wedding rings. "Be to his virtues very kind. Be to his faults a little blind".—(The Art of being a parent).

Blossoms into Beauty

A teacher who regularly makes a practice of hunting up the most unattractive child and whispering in her ear "you're getting prettier everyday" says it always works; almost at once the child begins to blossom into something close to beauty.

The trouble with a love triangle is that it is very apt to turn into a wreck-tangle.—(London Evening News).

Important Telephone Calls

I have noticed that when someone asks for you on the 'phone and finding you out, leaves a message begging you to call him up the moment you return, and it is very important, the matter is often more important to him than to you. When it comes to doing you a favour most people are able to hold their impatience within reasonable bounds.—(Somerset Maugham).

Teacher: "Tommy, name five things that contain milk."

Tommy: "Butter and cheese, ice cream and two cows"—(HSZK)

"Mother wants to know whether she shall come to stay with us for a week or so" said the wife.

"It's thoughtful of her to suggest an alternative. Tell her to sew".—(Magazine Digest, U.S.A.)

Leadership

President Eisenhower offers this definition of leadership:—The art of getting somebody else to do something you want done because he wants to do it.—(New York Times Magazine).

Old lady (to daughter's son): "Well my little man do you know who I am?"

Young Boy: "Yes, you are the old woman that used to ride in my daddy's car".—(HSZK).

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for the Proprietor & Publisher at 22-24, Thambu Chetty Street, Madras-1