

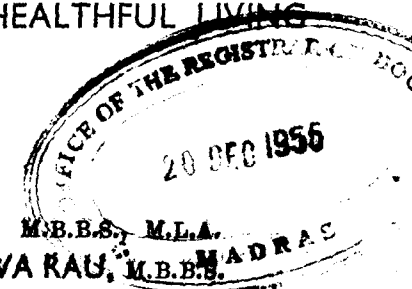
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HEALTH

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., MADRAS



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Public
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Be glad to be Yourself

What's New in the News?

How to Prevent Chills

When you walk out of a warm house into the cold outdoors, take a deep breath through the nose and hold your breath. This serves you to drive the blood to the surface of the body, preventing the initial chill. Keep your mouth shut. Do not open it until your body has adjusted itself to the sudden change in temperature.

People who are sensitive to the cold of winter can protect themselves by cultivating immunity, according to the *Journal of the American Medical Association*. The treatment is simple: The patient immerses a hand in water chilled to 50°F. for one or two minutes a day for from three to four weeks. This gives systemic or general desensitization.—(R.D.).

Kaminari or Thunder

Princess Iyanami, says the "Niponshoki," gave birth to eight gods of thunder, fire-thunder, earth thunder, bursting thunder, black-thunder, mountain-thunder, field-thunder and pealing thunder.

According to a popular belief, the god of thunder has a number of drums over his shoulders, with a drum-stick in each hand, and their beating makes the peals of thunder; hence the Japanese name "Kaminari" (lit. god-pealing) for thunder.

Japanese children are warned against having an uncovered front: A Japanese child is told never to leave its front uncovered, because if it does, Kaminari the god of thunder, will come down, to get its navel, which has therefore to be always protected with a belly-band.—(Japanese Digest, May '55).

Frozen Milk for Sale

Housewives in the U.S. can now buy frozen milk following the successful completion of tests by dairy scientists of Iowa State College.

When the frozen processed milk is thawed and mixed with two parts of water, it has the same composition as fresh homogenized milk and tastes almost the same as fresh milk.

This new process is claimed to have many valuable advantages. In this way milk may be frozen and stored away during surplus seasons for use in shortage times. The product is also convenient for customers who, if they live in remote areas and have a deep freeze refrigerator can buy several weeks' supply at a time. Eventually the frozen milk may cost less than fresh milk.—(W.D., Oct. '55).

Twinning in Canada

Bergeron of Quebec (Canada) reports to have delivered a patient of her sixth pair of twins within eight years of her marriage. The patient was married in May 1946 at the age of twenty-three; her husband was twenty-two. She gave birth to twins in 1947, 1948, 1949, 1951, 1952 and 1954. In 1950 she had a single birth. With one exception, all the twins are alive except one of the first pair who died three days after birth. They were all fraternal twins; three pairs of a boy and a girl, two pairs of boys and one pair of girls. Each fetus had its own chorion and amnion and in all the placentas were distinct from each other. It is usually said that there is a strong hereditary factor in twin births, but in this case the father's family have no twins for at least four generations back, and on the mother's side there had been only one pair of twins four generations back.

In 1895 it was reported that in the province of Quebec there were over 1,700 families with more than twelve living legitimate children in each, while one proud father was able to boast of 36 living children. Another had 17 children, including two sets of triplets and three pairs of twins, and his wife was only thirty years of age.—(Canada Med. Assn. J. 70: 447; 1954).

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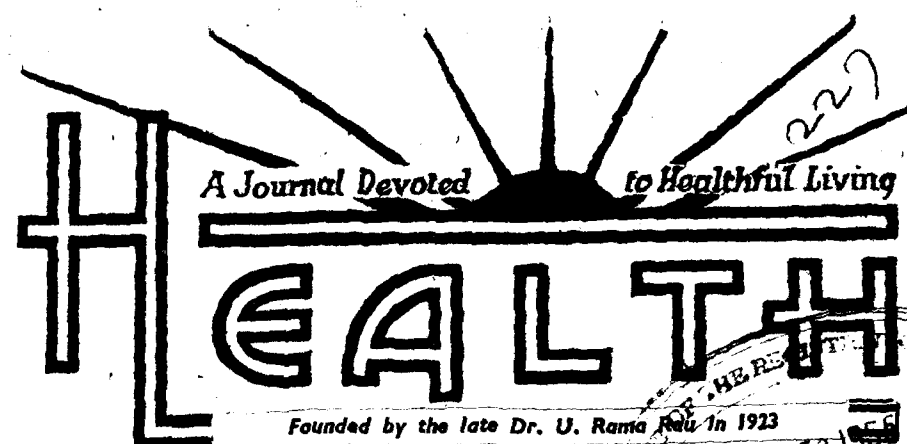
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323-24, Thambu Chetty St., Madras-1.



Published on the 15th of every month

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

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

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

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

Vol. 33

NOVEMBER, 1955

No. 11

THE HOUSING PROBLEM IN INDIA

Housing in India, in urban as well as rural areas, has been in an appalling state for years. Over three years ago, a separate portfolio for Housing was created at the Centre in pursuance of the growing popular feeling that governments should come forward to help in the matter of better housing, especially of the industrial workers. A subsidised Industrial Housing Scheme was formulated soon after the creation of the Housing portfolio. But no measurable progress appears to have been made so far. Addressing the 'Panel on Housing' of the Planning Commission recently, Shri. GURZARILAL NANDA, the Union Minister for Planning confessed that despite progress made in many directions there had been none in the matter of Housing. He told the Panel that to solve the housing problems a crore of new houses were needed for the urban areas

alone, but he did not give an estimate for the rural areas.

In an attempt to size up the national housing problem in its entirety it has been computed that housing schemes alone in the Second Five Year Plan would call for an outlay of Rs. 2162 crores, which is considerably more than the outlay on the whole of the First Five Year Plan. The implementation of Government's policy during the past years in this regard has been moving slowly. Wartime and post-war-time housing shortage resulted in high priority being given to the construction of houses for officials and housing development on a limited scale in urban areas. Rural areas remain untouched.

The Union Minister for Planning made it plain that the liberalization offered in 1952 and in subsequent years, has not met with adequate response. Special

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designs were produced for various classes of houses, from one and two-room tenements for workers to semi-detached and detached houses for the middle and upper classes. We have had exhibitions and displays also of models of these different types but so far there has been no further enthusiasm displayed by the people. Even the promise of larger subsidies, it is feared, will not stimulate interest and expansion.

Two of the basic problems which the Housing portfolio set before itself to solve were, firstly, a substantial reduction in building costs and secondly, greater provision of cheap credit facilities to enable as many people as possible to secure adequate housing for themselves. The statement made recently by Shri. NANDA does not throw light on what has been done to bring about a reduction in building costs. The figures quoted for building even the smaller houses for the labouring classes seem to make the levying of an economic rent impossible and beyond the limited means of the average industrial worker. The reasons for the lack of enthusiasm on the part of the people, the local authorities and employers

to take full advantage of the offers of Government in relation to the housing problems, require therefore, to be carefully investigated, if necessary by an *ad hoc* Committee composed of persons qualified and competent to advise in the matter. To our mind, greater progress will be possible *only* if houses are *cheaper to build* and if the Government can arrange to *reduce the interest charges on the loans* granted for the purpose.

The problems of slum clearance and prevention of the promiscuous growth of more slums and hutting grounds particularly in urban areas are closely linked with this larger problem of 'Housing.' The Community Projects Administration and the National Extension Service, we believe, are seized of the matter but what they can achieve, will be hardly scratching at the surface of this immense problem. Half-hearted and halting measures will not do and success will depend mainly on reduced cost, economic rent, and facilities for purchase on easy instalments, which alone will enable people to take advantage of the well-meaning offers of Government in the matter of bettering their living conditions.

Make Safety A Habit

Practice leads to perfection. This really means that if you try to do the right thing continuously, it will naturally follow that you will improve as the time goes on. This applies to *Safety*, too. Further, the person who makes it a habit to be careful is a pleasure to work with. There is a certain air about him that sets your mind at ease. For when you know the other fellow is careful, you know that you only have to do *your share* to complete the good work.—(E.N.)

Man is composed of millions of cells. All that he knows, believes or does merely reflects the activities of these cells.—(J. F. Williams).

INCREASING INDIA'S MILK SUPPLY

(Dairy Farms through Enterprise to Realize Mahatmaji's Dream)

By A MADRAS HOUSEWIFE

DURING the last few months and particularly during the last few weeks, considerable attention is being focused in different parts of the country on the country's Milk Supply Problem. The visit to Madras of Shri D. L. Khurody, Milk Commissioner of Bombay State to advise the Madras State Government in regard to the establishment of a Milk Colony, on the lines of the Aarey Colony which has been functioning so well in Bombay during the last five years, and the inauguration by our beloved Prime Minister Shri Jawaharlal Nehru at Anand in Baroda of the Rs. 40,00,000 new dairy factory of the Kaira District Co-operative Milk Producers' Union, go to show that the milk problem in India which has been acute for several years, is being seriously tackled by our national state governments. The consumption of milk in our country is exceedingly low being slightly less than 2 ounces per head of the population while the *per capita* consumption of milk in Europe and America is nearly 8 to 10 times or even more. Even this low figure of 2 ounces mentioned above is only an average and does not represent the true state of affairs. For to the very poor classes of people in India, milk is a luxury and a rare commodity; for, several thousands of these people hardly ever taste milk except on festival and marriage occasions. Even in illness, they take only rice-gruel when solid food is prohibited. The

middle classes are probably a little better off and take some milk or its product regularly every day; The richer people consume milk daily as milk and milk products and along with their coffee, tea, cocoa, ovaltine etc. The real average for the millions of the poor people will therefore, be in the neighbourhood of 20 ounces *per year*. Due to lack of essential food factors, vitamins and minerals like calcium, the majority of our children suffer from malnutrition and its sequelæ as exhibited in rickets and other deficiency diseases. It is indeed, a matter for surprise that the mortality rate amongst infants and children is not much higher than what it is today. It was the cherished wish of our beloved Mahatmaji that, in this land where people profess to hold the cow sacred and worship her, every agriculturist should own a healthy, well fed and well-tended cow and that every child should have enough milk, necessary for its nutritional needs and sound physical development.

For achieving this object to its fullest extent, the development of good breeds of milch cattle is the first *sine qua non*, but this upgrading of our milch cattle which are now miserable puny and ill-fed specimens yielding notoriously small quantities of milk of very poor quality—will necessarily be a somewhat slow process in the context of the march of events as regards development schemes connected with health; we see that top-priority is being given

by WHO and allied organizations to the control of diseases; but the milk problem which is the fundamental basis of child health, has not received the high priority it merits.

Let us be thankful for small mercies and tackle the milk problem in the city in a spirit of co-operation. The Prime Minister Shri Nehru said that the people of India should establish a network of dairy farms throughout the country on the model of those started at Anand, and in the Bombay Aarey enterprise; these would ensure a fair price for milk, satisfactory and equitable distribution and enough milk for every child in the country.

The formidable character of the problem of adequate milk supply for India's millions is due to a number of causes, such as the poor quality of the cattle, the paucity of fodder and the difficulty of finding a proper balance between supply and demand in each locality. Not only have means to be found therefore, for improving the breeds of milch cattle and increasing the milk supply, but conditions have to be created enabling the producer to make a reasonable profit and getting the increase in production to be promptly utilised by a corresponding increase in demand. The Bombay Government-sponsored scheme at Aarey has been in effective working order for five years and has fully justified itself. During the last year similar schemes are being drawn up in other states and their governments are expected to implement them.

It is welcome news to hear that following the advice tendered by the Milk Commissioner of Bombay there is to be a Government-sponsored Milk Colony in Madras and that a site has already been selected in North Madras. But I do not really understand why he is reported to have stated that it might be possible to have the colony in working order in *two years* and that it might then be possible to give pasteurized milk in bottles to the public. Surely it must be possible to expedite this work, for "where there is a will," they say, "there is a way." No doubt there are several arrangements to be made, buildings to be erected, plants to be installed, etc., but in all conscience two years appear to be much too long a period to wait for the long-expected purer, more wholesome milk supply at a less cost (Rs. 1-2-0 per measure). This scheme, we learn will meet only a fraction of the city's requirements to start with.

With the example of the Aarey Colony at Bombay before them, why could not the Madras Government plump for a comprehensive scheme instead of doing things in bits? Would this not make for economy and cheapness in the long run and give people milk in ampler quantities sooner? The Madras State Minister for Agriculture would have us understand that the Madras milkmen are enthusiastic over this scheme and if so we may be assured of their cooperation. There need be no fear therefore, of failure of the scheme and of the necessity for government to find funds to meet

possible losses. If properly managed and effectively supervised during the various stages of production and distribution, this scheme must be self-supporting,

in fact, pay dividends. Quick action seems to be the essence of the whole plan, for who does not know that it is best to strike the iron while it is hot?

VIRGIN BIRTH IS POSSIBLE

SCIENTIFIC investigation has produced evidence that virgin-birth is within the capability of human biology.

It is also possible to prove beyond doubt any genuine case which might be claimed of a literally fatherless-child.

Just what the chances of detecting a true virgin-birth would be, is an obscure problem.

An age-old controversy has raged over the possibility of human life beginning without male fertilization, and the subject has vital religious implications.

Evidence supporting human *parthenogenesis* (the scientific term for virgin-birth) has been presented by no less an authority than Dr. Helen Spurway, Lecturer in Biometry and Eugenics, at University College, London, and wife of Prof. J.B.S. Haldane, who heads the Department.

She lectured the college on the subject which has drawn comments from the current "Lancet" Britain's leading Medical Weekly.

She was led to study the possibility of parthenogenesis in mammals, including humans, after investigating the guppy, a small viviparous fish, some of whose females, it was observed, produced litters despite complete segrega-

tion from birth.

She has collected further evidence from warm-blooded creatures.

In humans, such an occurrence would be rare and often unrecognised because it might occur in women living with husbands. The offspring of parthenogenesis would almost always be female, the exception being probably an abnormal male.

[Here is a very important scientific observation for the sceptics who would smile and sneer at virgin Kunthidevi's giving birth to Karna.—ED. HEALTH]

But it could be recognised with absolute certainty, says the *Lancet*.

Most claims of virgin-birth could be sifted on evidence of blood grouping alone. But an infallible test would be skin grafting. Skin grafts never take from one person to another, but only from another part of the same body or from an identical twin. A fatherless child would possess antigens the same as its mother, and the grafting of their skins would not breakdown.

The "Lancet" comments that science might have to re-examine the justification of previous beliefs that parthenogenesis was absent in mammals—(*The Daily Mail*, via, *The Mail* of 7-11-1955).

Fear not that thy life shall come to an end but rather that it shall never have a beginning.—(Cardinal Newman).

8. SLEEP AND EXERCISE FOR INFANTS

FOR the normal growth and development of the infant, sleep, exercise and fresh air are essential besides wholesome nourishing food.

Sleep.—The new born infant sleeps for about 20 to 22 hours of the day. The hours of sleep decrease, as the child grows; thus a child sleeps for about 17 hours, when it is 3 months old; for 16 hours, when it is six; for 15 hours at nine months; for 14 hours, when it is a year old. The two year old child sleeps for 13 hours while the 3 year olds sleep for 12 hours and the 7 year old children for 11 hours. But these vary with different children, some sleep for longer hours, while others keep awake for longer periods than normal even from birth.

During the first three months the infant goes to sleep after each feed; before the 9 or 10 o'clock feed, the infant should be bathed, fed and put to sleep, while it is refreshed. The child should not be handled immediately after a feed. This will prevent any possible vomiting. As the infant grows its hours of sleep decreases; for example the child of 6 months sleeps for about 16 hours—11 to 12 hours at night and 4 to 5 hours in the day. A regular routine regarding the times of feeding, bathing and sleeping, will make for discipline in the child while making it easy for the mother to regulate her household duties. Some infants have undisturbed sleep, while others get up frequently but fall

U. SRIPATHI RAU, M.B., B.S.,
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back to sleep again after some petting.

Some infants prefer cribs or cots while others want cradles. Most children go to sleep on slight rocking of the cradle; it is however, necessary not to make this a habit as otherwise, the mother may have to keep rocking and break rest all night. Mosquito curtains or mosquito-net umbrellas should be used to cover the crib or cradle to prevent mosquitoes from biting and flies from teasing the infant. Infants usually sleep on their backs; some elect to sleep face downwards. In such cases the covering over the child should be very light. While lying in bed, infants keep looking at a bright wall or an open window or door constantly, before going off to sleep. When an infant does so, its head may get a bit flattened on the side it sleeps. The bed should be reversed on alternate days to allow the infant to sleep on both sides of the head, so as to prevent this happening.

The room (nursery) where the infant sleeps during the day must be well ventilated, free from smoke, dust and unwanted pieces of furniture etc. The crib or cradle should be placed in the room away from draughts of air. As a noisy atmosphere during the day is always present in small houses occupied by large families, the child must be trained

to reconcile itself to sleep with a little noise around.

The infant must be trained to sleep in the dark at night, even from the beginning. If not, the child will dread darkness. The infant may be allowed to sleep with the mother during its first year; sleeping arrangements must be provided for the child in the adjoining room when it is about 12 to 15 months old, along with the older children or with the nurse; this will create in the child a sense of independence. Older children should not be allowed to sleep with the parents as they might hear or see what the parents talk or do which might frighten them and they may misinterpret such things. They should not be told ghost stories especially in the evenings as these often produce nightmares.

Exercise.—During waking hours the infant must be allowed to play in the crib or on a blanket spread on the floor of a well-ventilated room. By active movements of its limbs the infant gets the required exercise for building up strong limbs. While awake the infant should be dressed lightly so as to allow of free play and movements to the limbs.

The type of exercise and play suitable for a child will depend on the stage of muscle and mental development the infant is in. During the first four months the only exercise the infant gets is, from the movements of its limbs. When the infant is about 3 to 4 months old, unbreakable toys may be tied to the crib or cradle with a string so that it tries to catch and play with them. The infant

should be allowed to kick against mild resistance applied with the hands, on the soles of its feet. Slightly older infants who turn on their belly and move forwards or those who go on all-fours must be encouraged to do so by placing a toy or a ball just a little out of their reach. They will thus be drawn to the object and make efforts to progress forwards. At 7 months, it will sit with support and a little later will sit up by itself. At about 9 to 10 months, it will stand and walk with support and later alone. During this period the infant should be encouraged stand on his own. The best thing is to spread a large wide mattress and let the infant do all its gymnastics on it without fear of hurting itself. 'Play pens' as used in western countries, may be used with advantage by those who can afford them. A 'play-pen' consists of an oblong wooden floor board with wooden railings on all four sides, high enough to prevent the child from falling out. The child tries to stand by holding the railings. Unbreakable toys which are big enough to prevent the infant swallowing them are allowed for playing. When the infant starts walking, a 'push-cart' is given which it pushes forwards.

Just before bath, mild massage of the body with oil and passive movements of the limbs should be given for 4 or 5 minutes to increase the blood supply to the parts. The infant likes them well. Care should be taken not to be rude or violent in these practices. After this passive exercise, a warm water bath will be very

refreshing to the infant, and will specially benefit weak infants who are unable to move the limbs of their own accord.

Fresh air and sunshine.—Children who keep always indoors without fresh air and sunshine become pale and listless with loss of appetite and sleep, as compared with those who are frequently taken into the open. Sun-light is an important factor in preventing a deficiency disease known as rickets. So it is essential to take them into the open air at least for a few minutes early in the morning and for a little while late in evening. Even in hill stations where the climate is cold, children may be taken out a little late in the forenoon or/and a little early in the afternoon. Young infants may be taken out in a perambulator. If there are decent open

spaces about, like a park or a beach, the infant may be placed on a mat or blanket spread on the grass or sand and both mother and child will then have the benefit of the sun and fresh air. Care however, is necessary to prevent over-exposure to sun. We in India have no dearth of sunlight right through the year.

Clothing—Over-dressing should be avoided in summer months. Dresses of light *mull* are best suited even for the youngest infant during hot weather. Woollen garments during the cold season may be used while taking the child out. Woollen garments should not come in direct contact with the child's skin, as they might produce a rash. In hill stations, woollen caps and socks should be used to keep the head and feet warm. For children who walk, soft canvas shoes are best.

HOW MUCH SHOULD YOU LIFT?

THE maximum that a woman should lift at any time is 25 lbs. It is good business to prohibit the carrying of more than 10 lb. upstairs or to a height of 5 feet or more. In England the Ministry of Labour and National Service has decided that as a broad principle, the load lifted should never exceed 35% of the body weight.

The general effect of lifting on the human body depends on many

factors such as the quantity lifted per day, the levels of lifting—from the floor, from a bench, from above the head, etc.—the size of the load, the distance travelled, whether any twisting of the trunk is involved in handling the load, etc.

If the British principle of 35% of the body weight is accepted, a maximum of 75 lb. would seem reasonable.—(*Efficiency News*, June '55).

RETIREMENT

Preparation for retirement is most essential and some form of avocational training should be introduced before retirement so that the suddenly retired elderly person does not have to explore a planless future for something to do.—("J. Mich. S. M. Soc.")

PRACTICE OF YOGASANAS

YOGA is primarily a process of self-culture, aimed at the attainment of perfection and self-realisation, and consists in controlling the physical organs, the breath, the mind and the senses. The practice of Yoga is in fact the science of living a pure and healthy life, by practising self-restraint, mental poise, truthfulness, compassion, purity and selflessness.

The practices of Asana, Pranayama, Bandha and Mudra also constitute the process of Yoga. The culture of both body and mind should start at an early age and provide recreation as well as physical and mental development.

Asanas keep the muscles supple, the spine elastic, develop mental faculties and lung capacity, strengthen the internal organs and bestow longevity.

SWAMI SIVANANDA,
Rishikesh

Sirasasana develops the brain, confers good memory; also improves eye-sight and hearing capacity through extra-circulation of blood to the brain.

Sarvangasana develops the thyroid gland, strengthens the lungs and the heart, and makes the spine elastic.

Bhujangasana, *Salabhasana* and *Dhanurasana* increase the peristaltic movements of the bowels, remove constipation and cure diseases of the abdomen.

Viparitakarani Mudra and *Paschimottasana* tone up the pelvic muscles and the pelvic organs. They improve the digestive system. *Agnisara Kriya*, *Uddiyana Bandha* and *Mayurasana* also help digestion and induce good appetite. *Ardha-matayendrasana* is good for the liver and spleen. Rolling from side to side in *Dhanurasana* provides very good abdominal massage. *Matsyasana* is good for the development of the lungs, the brain and the eyes; it also strengthens the upper part of the spine. *Savasana* relaxes the body and the mind and gives perfect poise and rest.

Women and children (above seven years) are not precluded from practising Asanas. Every Asana should be practised only for a minute or two, but the period may be gradually extended to a limited duration on the advice of a competent teacher.

Pranayama bestows vigour, vitality and longevity. It develops the lungs and strengthens the muscles of the chest. First practise deep inhalation and exhalation. Then try to hold the breath as long as it is comfortably possible. Practise a few rounds of deep-breathing in the early hours of the morning. In winter, practise *Bhastrika Pranayama* and in summer *Shitali* and *Shitalakara*. The mild practice of *Pranayama* needs no dietetic or other restrictions.

Do not over-exert yourself. Use your common sense. If you find substantial benefit, continue the practice. If there is discomfort, discontinue the practice and seek proper guidance. Withdraw the mind from all external objects and try to concentrate on a particular object and on the *Om* or on the image of an *Avatara*.

Live the life of detachment and selflessness. Try to control your emotion, and restrain your impulses. Do not hurt other

people's feelings. Be humble, polite and courteous. Do not be jealous of another's prosperity. Do not be pessimistic. Do not try to become prosperous or famous at the expense of others.

Do not hanker after the false glitter of the world. Forego business and even personal comforts, if thereby you could be of some help to your fellowmen. Always remember your essential divine nature. This is the process of Yoga.

TIPS ON CANCER DETECTION

1. Watch for any persistent lump or thickening, especially in the breast, lips and tongue; about the neck, armpit and groin.

2. Look for any irregular bleeding or discharge from the nipple or any other natural body-opening.

3. Look for progressive increases in the colour or size of a mole, wart or birthmark.

4. Watch any sore that does not heal normally within ten days, particularly about the tongue, mouth or lips.

5. Look for white patches inside the mouth or persistent white spots on the tongue.

6. Note persistent hoarseness, unexplained cough or difficulty in swallowing that lasts more than two weeks; blood in the sputum.

7. Take note when a bone develops a swelling or is the seat of boring pain that gets worse at nights.

8. Note persistent and unexplained indigestion after eating or drinking, particularly if you are more than forty and earlier had little distress from food.

9. Note alternate periods of constipation and diarrhoea with no particular change in diet to account for it; rectal bleeding.

10. Take note of pain and difficulty in urinating.

11. Watch for a sudden loss of weight.

12. Note feeling of fatigue that you are unable to explain.

—(*Good Health*, October '55).

Cardiac Output and Age

Cardiac output decreases about 1 per cent a year with age, apparently beginning after age 30. It is partly associated with a decrease in body size, partly with slower heart-rate but mostly due to a smaller quantity of blood pumped at each heart-beat.—(*Nat. Heart Inst.*, quoted in *G.P.*).

PSYCHOLOGY OF THE TUBERCULAR PATIENT AND HIS RELATIVES AS A FACTOR IN SUCCESSFUL TREATMENT*

TUBERCULOSIS in all its aspects has changed much within living memory, and is still changing rapidly; and no aspect has changed more perhaps than the emotional attitude shown towards it by the patients themselves, their relatives and the general public.

A hundred years ago the diagnosis of consumption was a death-sentence. It might be withheld from the patient himself, but his relatives would know that it was only a matter of time and that there was nothing they could do about it except to nurse him patiently until the end and to hope for a merciful release before the suffering became too unbearable.

There was nothing shameful about having tuberculosis. Far from it, it marked you out as something rather too spiritual for this world. It was a fine romantic complaint associated with genius. In those days if a prominent citizen died of syphilis (which at that time was a killing disease), heavy bribes would be paid to have the cause of death announced as 'The Consumption.'

And when in 1882 Dr. Koch demonstrated that the complaint was caused by a little germ, it ceased to be a glamorous illness and came to be associated with dirt and depravity. Moralists were inclined to regard it as "the Wages of Sin." Now when a prominent citizen was laid low with tuberculosis, it was noised abroad that he was suffering from heart-disease which was and still is eminently respectable.

Thus began the age of 'Stigma and Concealment' The patient was regarded by his fellows as a leper, and both he and his family were shamed into concealing the true nature of his trouble. If it became generally known his chances of marriage were irrevocably ruined, as also those of his brothers and sisters. It was the height of imprudence to marry into a consumptive family. Employers too looked askance at them if they sought employment.

So recently as 1938 I had a patient under my care who was ostensibly being treated for a nervous breakdown—The height of respectability at that time! This patient had an accommodation address some 80 miles further north, whither and whence all his correspondence was forwarded. His fees he paid in notes so that his Bank should not get a line on his whereabouts. Thus he contrived to deceive his own family, his business associates—his very *fiancee*. It worked, he made a splendid recovery and has never had the slightest bother from his nerves since.

In the early '30's, when I was a rural general practitioner the predominant emotions shown by patients diagnosed as tuberculous were still incredulous horror and near-hopelessness, and it usually took them some little time to get used to the idea. Sanatoria were

*From the discussion opened by Dr. George Harold Day, Physician, Mundesley Sanatorium, Norfolk, England, at the IV Commonwealth Health and Tuberculosis Conference of the NAPT, on 23-6-1955.

still reputed to be harsh and joyless with strict discipline, prison-fare, and discomfort for discomfort's sake. At least such was the report brought back by those who returned. But the fact remained that people *did return*, and fewer people died there at their first incarceration. And of those who returned quite a number had obviously *benefited*. They came back to their villages looking bronzed, fit and plump but still only able to 'drift round looking vainly for that non-existent part-time job of a light nature they had been advised to seek.

Now in 1955, things are different or rather they are changing and changing unevenly. It is really impossible to give a typical cross-section of emotional reactions; the deviations would be too great. Deeply rooted old-time prejudices still persist here and there. The stigma of the disease has by no means completely disappeared. Some patients still regard it as a *dirty disease*—and why should they, who were always so fastidious, be afflicted with it?

Others go to the opposite extreme (in company with their medical advisers) in regarding early tuberculosis as a mild distemper demanding only the swallowing of a handful of pills daily for some months without any noticeable interference with their daily routine. Of course if it doesn't work out like that, and if after giving it a trial they find themselves confronted with months of bed-rest with a fat surgical operation awaiting them at the other end, one of their emotions is bewilderment.

An increasing number also is being led to believe that their tuberculous lesions are things to be whipped out, like decayed teeth. Their attitude is, "Come on, let's get it out. I want to get back to my business." It is not sufficiently emphasised that, as with carious teeth, removal alone cannot guarantee freedom from further trouble in the same quarter.

Contrasted with them, our other group—the more old-fashioned—is overwhelmed by a sense of loss, which causes depression, and a natural anxiety at not being able to assess the extent of the loss. When we are laid low with a serious illness, we lose not only our health and our earning capacity but also the happiness we derive from living normally. Illness strips us of our independence, of our every-day importance at work or in the home, it cuts us off from the community—and of how much more? we wonder. Are these losses going to be temporary or permanent? Are we to lose our way of living? Our jobs? The future we had planned? And at the back of it all, nags the question we daren't ask aloud—are we going to lose our lives? We also are apt to ask "What have I done to deserve this? We are also apt to feel angry and resentful.

Let us suppose it is not we who are the patient, but one of our loved ones—wife, husband, mother or child—how do we as relatives react to their illness? Anxiety and depression are to be expected, but it also seems natural to feel guilty whether or not in fact we can reproach ourselves

with some actual neglect of duty. We usually can. Especially do we feel guilty when our wives or children fall ill: we are responsible and we must make amends. The more trouble, expense and inconvenience their illness puts us to, the more satisfaction do we feel—at first. The patient must have the best; the best bed-room, the best bed and the best tit-bits. Quite unintentionally we insult the doctor—really the dearest fellow—by telling him, "I want you to treat her as a private patient. I should like to pay for your attention." Having been brought up to believe that pamphlets thrust into the hand and objects given away with a pound of tea are valueless; that you get nothing for nothing and remarkably little for six pence; and that if you want the best you've got to pay for it, we cannot be persuaded that we can get what we so badly need without some immediate sacrifice. As far as tuberculosis is concerned, the framers of the National Health Scheme entirely forgot that the anxious father who sacrificed a cock to Aesculapius or handed over a couple of wives and a cow to a witch-doctor, or paid five guineas across a table in Harley Street, arose from these transactions feeling he had fulfilled something, something expiatory or propitiatory. Who shall say? Throughout the ages humanity has reacted in this way towards ill-health and disaster. To a sceptic this impulse to sacrifice may rank as magic and superstition, together with the burning of candles and incense to gods and offering of prayers in times of

anxiety; but surely they are all good things if they fortify our faith and bring us comfort. Our folk suddenly become a hundred fold more precious when there is any possibility of their being taken from our midst. If they died it would be intolerable to feel ever afterwards that perhaps we had not made great enough sacrifice.

And then it begins to pall. Tuberculosis goes on too long. The illness ceases to hold any immediate danger or drama but promises to be chronic and prolonged. No longer can we work up such acute emotion. It is a great loss because we felt really alive while we were worried to death. Now we grow numb and are distressed to find ourselves becoming resentful and bad-tempered about carrying trays up and downstairs, and even sitting by the sick bed of one who looks—and so obviously feels—much better than we do ourselves.

There is another emotional situation which is never mentioned in polite society. When one of our loved ones is in hospital and we are dissatisfied with the attention he gets, we are afraid to make a fuss, lest reprisals be taken against him. "Mustn't annoy them," we think. "It will only make things worse." Many patients have the same fear too.

And this fear is not groundless. Any doctor who is honest with himself knows what it is to be chronically exasperated by patients and relations who will butt in; and it takes iron self-control to treat these patients dispassionately, no better and no worse

than the others. Not every member of the medical, nursing and domestic staffs can summon up this emotional detachment all day, every day; and it is not surprising that they should occasionally show more favouritism towards the overtly appreciative and uncomplaining than they do to those who make nagging nuisances of themselves. All these emotional reactions do influence the course of the disease and the conduct of its treatment. We

can help the patient best by fertilizing this deep conviction that he has a value. He may be one who feels he has to do things to justify his existence, as the saying is. This craving may be partly assuaged by occupational therapy, but he must also learn the dazzling and disarming truth that Being is of a higher order than Doing. Doing is the relatives' panacea or analgesic. Work and prayer bring them solace and comfort.

THE PRACTISING DOCTOR AND THE PUBLIC

MEDICINE is no longer a solo affair—it involves many other agents, departments and institutions. "Medicine has become a team and the physician must captain the team." Dealing with the personal relationship of doctor and patient, Bryan refers to the spiritual basis of successful practice. From his doctor the patient "hopes to gain at once a penetrating insight, a solid and a tangible healing." He looks to the doctor for an "understanding of his own inwardness beyond any self-understanding that he can achieve" without the doctor's help. The object is to create of the relationship—a mutual purpose. As the interview at a consultation proceeds, something important happens imperceptibly—what Carl Bingor calls "the beginning of the therapeutic situation" is created. A patient talking is a patient revealing himself and that sometimes the patient reveals more by what he tries to conceal than by what he proposes to con-

vey to his doctor. Similarly, a doctor talking is a doctor revealing himself—"he had better say too little than too much and he had better choose the time and place for saying it." Bryan discusses the reassurance which the patient seeks; for this the doctor must have insight and wisdom. If he succumbs to the easy temptation to treat the patient as a child, if he relies on mere authority, untempered by human warmth and humility, the patient recovered of his illness, may look back on it with resentment which overshadows his gratitude. A special tolerance, a unique kind of patience may often be required of a doctor if he is to establish the authority needed by him. "Effective authority...depends upon the doctor's outlook toward the world, his innate acceptance of the sacredness of human personality."

Bryan quotes Dr. Francis Peabody who once said: "The secret of the care of the patient is

in caring for the patient"; patients are not cases, but people. It takes time to practise medicine, and of importance in this regard is his quotation from the Sermon on the Mount, "Whosoever shall compel thee to go a mile, go with him twain."

In the matter of fees Bryan is in favour of a fee-for-service system, primarily because it seems to operate in the best interests of the patient—the system seems to be more in keeping with American "folk-ways" than any other system. Doctors in Australia hold the same view. One of the important conditions stated to be necessary for the survival of the fee-for-service system is that people must be convinced that doctors do not generally abuse the privilege of setting their own fees. The fee must appear to be justified in the eyes of the patient. Mention is made of the use of a sliding scale in regard to fees. Most of us will agree that it would be a pity if the medical attendant did not show consideration for the patient who is unable to pay the usual charges. There seems to be a general impression that in the treatment of needy patients payment of a full rate of fees is insisted on, oftener than it used to be. Bryan refers to the type of practitioner who charges "all that the traffic will bear." This type of action has been described by Howard Whitman as "biological blackmail" and is most reprehensible—greed is surely one of man's most deadly sins. *Apropos* of this, an article by Robert R. Newell appeared in *Journal of the American Medical Association* of June 4, 1955,

which bore the title "Mink Coats and Cadillacs"; the sub-title was "A Discourse on the Nutrition and Hygiene of the Soul." Newell has much to say about greed and ostentation. He makes a plea that doctors shall not choose the form of ostentation that less fortunate men have to be content with; let them rather choose instead the satisfaction, uniquely available to them, of bringing the best they have to the patient who entrusts his life to their learning and care.

Bryan has something to impart about the technique of running consulting rooms and says that if it is true that the continuing personal relationship between the individual physician and the individual patient is a thing of the past, its demise is neither the wish nor the fault of the patient. He thinks that if this is true it is due largely to the atomization of medical practice by what seems to some non medical persons to be a dangerous over-extension of specialization. The doctor needs, more than anything else, the "human touch"; if he has not the human touch he is nothing.

In regard to the doctor as an optimist he quotes Hans Zinsser as referring to "the magnificent self-corrective vitality of the medical profession" and remarks that this, 'call it what you will'—self-confidence, vitality or optimism—is a tremendous factor in the almost incredible story of medical progress. On the other hand there is "the doctor as pessimist," and he quotes Dr. Gumpert that the history of medicine imposes on medical men

a most difficult task—"to combine the demands of tradition with the spirit of revolution." Gumpert thinks that the doctor can fulfil his task only when he combines a great scepticism, a relentless self-criticism with enthusiasm and confidence. Another "attitude" is the "rebellion against co-operation." Sometimes the natural and praiseworthy desire for freedom from non-professional control makes a practitioner self-centred, aggressive and immature. This leads the practitioner to doubt the ability of non-medical people to understand their own problems and to question their good-will towards doctors. "Such feelings as these, naturally lead one away from cooperation and mutual respect." They may result in professional impotence. If the doctor is self-centred, aggressive and immature he will naturally evoke a reaction among those before whom he displays these characteristics, especially if they are intelligent and far-seeing. Bryan thinks that it is good sign that a physician is keen enough to detect such a tendency in himself, as he states that some of the younger physicians do—the process in these circumstances will not go far enough to do lasting damage to the physician's essential idealism. Bryan refers to older physicians who perceive a decay of idealism among their younger colleagues, and he thinks that the elder doctors might arrange among themselves each to take under his wing a fledgling

doctor, acting as his 'mentor and guide, his helper and friend.' It is not always the younger men who manifest a loss of idealism. Many a young graduate fresh from college has his ideals rudely shattered by the spectacle of his seniors as they fall from grace. This is a matter in which every medical graduate must continually take stock of himself, lest he too "should become a cast-away." Bryan writes that only a balanced physician can restore balance to a neurotic world. Because medical practitioners "are granted the inestimable privilege of both the confessional and the laying of hands on the body of the human person," nothing less than greatness is demanded of them. "Nothing less than greatness will preserve medicine as a profession in the estimation of the people whom it professes to serve." It all depends on the attitude of the doctor towards his patient, his profession, his community, his job and himself. Bryan had for this the appropriate "synoptic word" charity. He concludes with the words of Saint Paul to the Corinthians:

"Though I speak with the tongues of men and of angels, and have not charity, I have become as sounding brass or a tinkling cymbal. And though I have the gift of prophecy, and understand all mysteries, and a knowledge; and though I have all faith, so that I could remove mountains, and have not charity I am nothing. And though I bestow all my goods to feed the poor and though I give my body to be burned, and have not charity, it profiteth me nothing."

"Success in life is determined by the verdict of the world; also by the individuals' own sentiments.—(C. Falls).

SWIM AND BE FIT

H. DAYSON



SWIMMING benefits almost every muscle in the body, and is the ideal body-builder. It is both physically and mentally stimulating. It cleans out stuffy nasal organs, brings a sparkle to the eyes, and is an exercise from which you may derive a pleasure and satisfaction.

There is really nothing difficult about swimming. You can learn one swimming stroke in less than two weeks. Of course, timidity or fear must first be conquered. Remember this is common to us all on our first contact with a swimming pool or the sea. Splash around and duck yourself frequently under the surface. This helps quite a lot.

Here are two strokes which are simple, easy to learn, yet efficient:—

Breast-stroke.—(i) STAGE ONE. Our first swimming stroke then is the universal breast-stroke. Stand in the shallow end of the swimming pool near the side, and grasp with both hands the channel or rail that runs around the inside of the pool. Then raise your body till it lies in a straight line on the surface, keeping both legs together, arms slightly bent and your head slightly turned so that your mouth is clear of the water.

Practise this raising and lowering of the body several times, for it will give you confidence at finding your feet off the bottom of the pool. With your body now

in a straight line on the surface, bend the legs, keeping your knee and feet together, then

just as quickly kick outward before snapping them together again.

Practise this movement several times till it becomes smooth rhythmic motion. First, legs are bent, then driven outward and backward before bringing them smoothly together again.

Breast-stroke.—(ii) STAGE TWO. Now we come to the combined leg and arm movements. This time, leave the side of the pool and move into deeper water; or, alternatively, bend your legs till only your head is above water.

You will find in the following arm movement that your body has the tendency to move forward. So much the better. And now as you begin to gain that little extra confidence, try lifting first the foot off the bottom of the pool and then the other, for the mere movement of the arms is sufficient to keep you afloat.

When you feel that you can keep afloat, try shooting those two hands forward, outward, and back to the chest, the palms of your hands slightly turned outward and downward.

Now, and not forgetting your previous leg movements, as you sweep those hands forward, outward, and back to the chest, so you simultaneously drive your legs outward and backward in a circle before snapping them together again.

After you have mastered the breast-stroke, the next swimming

stroke will come to you much easier.

The side-stroke.—This second swimming stroke is only a slight deviation from the breast-stroke. It is called the side-stroke or half-crawl. Now that you have mastered the breast-stroke, try, as you move through the water, to turn slightly on your left side. You will find as you do this that your left hand has a natural tendency to reach forward, while your right hand begins to push the water back.

Keep this movement till you feel that you can reach with that left hand and push the water back vigorously with your right.

Two leg movements.—There are two alternative leg move-

ments in this case. You can either keep to the leg movements as in the breast stroke or practise moving your legs from side to side each leg crossing the other as you work those arms, similar to the tail of a fish.

To go a step further and increase your speed, as you reach with that left hand, try lifting the right hand out of the water—then plunge this hand, fingers straight and together into the water, on a level with your face.

The farther you reach with that right hand as the left cuts forward, the better, for it will certainly increase the speed of your swimming.—(*Good Health*, Oct. '55).

WEIGHT REDUCTION

THAT the obese patient eats more than he needs for providing energy and for replacing wear and tear is undeniably true; that to establish a negative intake balance is the way to correct obesity is equally true, but to put this remedial course into effect is not so simple. Until we know exactly why, of two people whose basal metabolism and endocrine functions are equally within normal limits one eats enormously and remains lean and stringy, while every mouthful the other swallows "goes straight to fat," we can make no fundamentally correct approach to the problem of obesity. Nevertheless, given an overweight patient, we can prescribe a diet which will harmlessly reduce his weight. All we have to do thereafter is to see that he adheres

to that diet—and therein lies the difficulty. Eating to live is practice confined to the ascetic, the old-age pensioner and the absent-minded Professor, each for his own sufficient reasons; and although living to eat is in the extreme confined to gourmets and gourmands, most ordinary people appreciate good eating. Eating is a pleasant experience much valued by the average person; over-eating short of gluttony is practised by the majority of Australians, largely because in this lavish land there is no bar to indulgence.

To enforce diet restrictions upon the frankly gluttonous is difficult though they may be frightened into compliance; but to break down a habit of years, the pleasant satisfying unsinful habit of

moderate overeating, in the normal person, is a task of tremendous magnitude. Except in an emergency, correct weight reduction is not a matter of a devastating dietary raid, tearing off two pounds a day for a week or two, apart from the physical dangers of such a method, there comes a stage at which will power can do no more, and the rebound does a great deal of harm. If there is no therapeutic urgency, the ideal is for the patient to reduce slowly and regularly, say at the rate of two pounds per week or two, without ever feeling hungry. In planning restrictions, common sense is the first essential. Not only when eating with friends or in a restaurant, but more especially when at the same table as the rest of the family, nobody can weigh, measure or estimate 100 grammes of carbohydrate, 20 grammes of fat and 100 grammes of protein. The simplest instruction is to eliminate flour in all forms; thus not only are bread, scones and biscuits lost, but butter and jam go with them, while with pies, puddings and cakes go sugar and shortening. If this is not enough, potatoes can be banned; and in spite of much indignant and weighted denial, alcohol is one of the most rapid fat-producers. To meet the next requirement, that the patient must never feel hungry, the most sensible expedient is to increase the bulk of his diet with enough green vegetables, raw or cooked, to fill his stomach right up. This is often not possible, and other methods have been tried with

varying success. The more fibrous breakfast cereals contribute some bulk without many calories; some preparations of agar are filling without fattening; but the usual procedure is to destroy appetite. In this connection, a recent report by H. Sapochnik on weight reduction in obesity, in the *American Journal of Digestive Diseases*, June '55, gives the result of a clinical study in which he tested various formulæ. The one which produced the best results, without side effects was "Obolip."* He says the inclusion of the lipotropic agent (de-methionine and choline bitartrate) is responsible for the superiority of this mixture over other formulæ containing amphetamine derivatives alone.

The final requirement is the spur to keep the patient up to the mark. Since the housewife's co-operation in planning suitable meals is essential, many doctors make the mistake of enlisting the wife as the watchdog to keep the husband on his diet. This inevitably leads to domestic strife. The wife's part should be limited strictly to providing the meals required and she should be prohibited from commenting or advising. The best watchdog is a pair of bathroom scales, with a card pinned to the wall above, on which once a week the patient must write his weight, himself.

These suggestions are offered because they really work.—*Med. Journ. Austral.*, 4-9-'55.

*"Obolip" (this should be used only on the advice of a qualified doctor).

It is with narrow-souled people as with narrow-necked bottles; the less they have in them the more noise they make in pouring out.—(*Alexander Pope*).

HALF AN HOUR A DAY FOR HEALTH

Krishna Kumar Gupta, M.A., LL.B., New Delhi

THIS is an age of progress and progress in every walk of life, connotes progress in the health of the individual. Attention to this aspect of human progress for half an hour a day, will pay ample dividends. Health may be had through regular daily exercise; some exercises do us much good in a small space of time, e.g., the *Dand* and *Baithak* which are essentially of Indian origin. Dumb bells, Bar-bells, wrestling, balancing and swinging over parallel bars afford considerable scope for physical development. Yogic exercises, sun-baths etc. also do much good.

A regulated simple and balanced diet, clean fresh and pure air and adequate rest are also essential for the maintenance of health. Rich foods containing almonds, cream, ghee and fruits must be taken in very limited quantities; otherwise we will suffer from indigestion. Hand pounded rice, whole wheat flour and fresh vegetables provide the proteins, fats vitamins and minerals we need. Cheap fruits which we are apt to spurn or neglect are certainly as good as the costlier grapes and apples in the matter of vitamins. Meat foods are absolutely unnecessary for healthy living. Cow's or buffalo's milk will give us ample strength and health.

Healthy living is therefore, the very essence of human progress. Men, women and children all need regular daily exercise. Women should not be kept immured in their kitchens. They too need fresh air and suitable physical exercise to fit them to be good wives and mothers capable of breast-feeding their infants. It is unfortunate that breast feeding is going out of vogue amongst modern educated women!

Club life is now attracting women even more than men, and let us not forget that the bridge or poker table, and other fashionable but unsuitable pursuits of the present day are sapping the vitality of our young men and women. Insomnia, headaches, indigestion and other ailments soon overtake these young people and rapidly undermine their health. Addiction to coffee and tea and to cigarettes or tobacco has become fashionable, and the addicts are already paying heavily for it. It is therefore, high time that the value of keeping fit and healthy is appreciated and people, young and old revert to their traditional wholesome healthy and simple habits of living, thereby helping India to become a welfare state even much sooner than envisaged by our leaders who are shaping India's destiny.

A Coward Doesn't Forgive

The brave only know how to forgive—it is the most refined and generous pitch of virtue, human nature can arrive at. Cowards have done good and kind actions; cowards have even fought, nay, sometimes conquered; but a coward never forgave—it is not his nature; the power of doing it flows only from a strength and greatness of soul conscious of its own force and security, and above all the little temptations of resenting every fruitless attempt to interrupt its happiness. (Lawrence and Sterne).

BE GLAD TO BE YOURSELF

"Middle age is that period when women won't admit their ages and men won't act theirs"

SELF-CONFIDENCE, is the ability to cope with any of life's situations, and the apparent ease felt among strangers as well as among friends. It is nothing more than maturity—adjustment—a quality that takes that person anywhere, and keeps him in continuous control of himself and the situations in which he participates.

It is the ability to make the most of your potentialities in any situation—whether it be at your job or in such an undertaking as making your marriage happier.

It is the way you act, and react, when faced with the thousands of common situations which arise daily in your life.

And it is not a quality that you are born with. Rather, it is a generated thing. Something that comes with conscious growth and planned adjustment. It is something, in other words, that can be learned—by paying a bit of attention to yourself.

Basically, there are eight rules for maturity, each an important facet in that perplexing problem of meeting life and giving it your best. And here, in order to help you to achieve that ultimate of personal life, is the key to mature living.

1. Have several interests—not just one.—You've probably noticed that the person you admire and consider "well-rounded" can fit into almost any conversation easily.

The person who is interested in only one thing—his family, a hobby, or a job—finds very little to talk about. He is lop-sided and often comes close to being a bore.

It is a fact that you're interested in almost everything about which you actually know something. And you'll be amazed how your interest spurts in a subject once you've actually been exposed to a little information about that particular topic.

Simply remember the interested person is always the most interesting. And by taking an interest in other people's conversation-pieces, you'll grow not only intellectually, but socially as well.

2. Be able to accept inconvenience without becoming annoyed or openly displaying your emotions.—The real secret of self-composure is the ability to shrug off minor irritations or inconveniences, and treat them as nothing more than they are. If you don't permit circumstances to get the better of you, you're well on your way to being a mature, well-adjusted person.

3. Be willing to make new friends.—One of the most apparent aspects of a mature person's personality is their *mixability*. That is, their ability to meet new people and make new friends.

They are always interested in the other person. Above all, they find both stimulating and exciting the opportunity to meet other people. They're fast to fit into

a circle of strangers, quick to like other people—and more important—because they are quick to be liked by them.

4. Be able to admit that you were wrong.—Easy enough to say, this rule. Its application can be a bit difficult.

Sure, it's hard to admit that we're wrong. But we are—thousands of times. You can make a rule of it: find a person who's right all the time, and you'll find a lonely man. Because no one can tolerate him.

Dogmatism has no place in the mind or spirit of a mature person. If he is shown to be wrong in either a simple argument or in an important life-situation, he is quick to acknowledge it.

5. Understand your fears.—By first being aware of your fears, then by understanding them, by putting them to the test—you can overcome them.

The wise motorist who has had a car accident which sets his nerves on edge gets right back behind the wheel of his car and drives again as soon as he can. He does this because he knows that if he doesn't—if he hesitates and worries about his accident, or about his chances of another—he'll find it increasingly hard to drive again. He simply faces his fear, and overcomes it.

This, of course, builds confidence—the keystone to maturity, and a well-rounded personality. It shows you that you are able to cope with any situation. It lets you believe in yourself, and it shows you that *you*, and not the circumstances of life, are in control of your existence.

6. Be aware of your limita-

tions.—Everyone has shortcomings. But those of us who realize what those shortcomings are can make the most of them—simply by admitting to ourselves that they exist. And strangely enough, that's important in the make-up of a mature person.

7. Enjoy yourself!—It is a fact: the well-adjusted person has a natural love for life. He seems to enjoy himself in just about everything he does.

If you don't like your job, if you don't get personal satisfaction out of it, don't be afraid to look around for something more to your liking.

We often seem to forget that we don't have to live with an intolerable situation if we don't really want to. This, too, is a lot easier said than done. But the fact remains it is your life. Don't endure it. Enjoy it!

8. Meet your problems squarely.—Meeting your problems as you meet your fears will help you to get rid of them.

When you are faced with a problem, try to take some kind of positive action to rid yourself of it. If you can't do anything to remove the problem itself, then don't spend time worrying about it. It won't do one bit of good.

By meeting your problems squarely, you'll find yourself eliminating them one by one—and you'll find that you have made a habit of facing life with the kind of self-reliance and understanding that you have admired in others.

When you get right down to it, this entire business of maturity and adjustment boils down to just one thing—*You*—at your best.

—(Pop. Sc, May 1955).

THE GOOD OLD DAYS WHEN I WAS YOUNG

It is the nature of a man to indulge in occasional bouts of wishful thinking. He remembers things which please him or annoy him greatly, but quite forgets the hundreds of small items which fail to impress him in either way. And man's belief's alter as he grows older—his memories are coloured—even clouded—by his current opinion as to right and wrong. But his memories are coloured still more highly by the enchantment of youth—the skies of the child are ten times as bright as those of the old man; the holidays of youth were never spoiled by bad weather.

So Farmer Haystack says, sucking his pipe contemplatively, "Mm—these pigs ain't so good as what we 'ad when I were a boy; twice the size, there was. I remember my old Father said..."—and so on. And his wife lifts up her vast iron cooking pots, and says proudly, "Ad these pots 'n pans thirty years, I 'ave, and me Mother 'ad 'em for years before me. 'N look at them now—good as ever, they are. Can't get anything to touch them nowadays, you can't." And their son, a man in his late twenties, looks disgustedly at the sweets he has just brought home for his daughter. "Remember the sweets you used to be able to buy before war?—wonderful things—'gob stoppers' 'nd 'owls' eyes, 'nd 'peas, potatoes and chops'—cob, hundreds of them, there was—they don't make nothing like 'em

now. The kids don't know what they've missed." But, of course, they *do* make them nowadays—with different names and slight different faces, but they give the children of today just as much pleasure as their predecessors did to their parents.

The same problem invades even the sequestered shades of University life, as presumably it has before, and will always continue to do. "The present generation of students is untidy, ill-mannered badly educated, and (above all) not *adult*. We didn't have students like that when I was at College." But is it true? No, no altogether this generation is not much worse than its predecessors...But is it just a little worse? Do we, line up to our own criteria for the general standards of medical students? Few of us could say with honesty that we do. Who is to blame? Surely this slackness is due in part to the fact that *nobody* cares if we behave thus—or, at least, that *nobody* tries to do anything about it. Perhaps we should ask the Medical Society to establish a sub-committee for the Supervision of Decadent Students' Dress, Deportment, Diction and Diligence.

But even if we were to correct our failings as far as it lies in our power to do, we should still hear the everlasting cry: "Things ain't what they were in my young days!"—*University College Hospital Bulletin*, Editorial 39: 3.)

Making a budget is a method of worrying before you spend instead of afterwards.—(Hastings Doerr).

Pleasant Topics from Periodicals

Nothing in the Head

A small-town newspaper carried this report of an accident that occurred at the village cricket match, when one of the players was struck on the head with the ball.

"The ball," said the story, "struck the man on the temple and knocked him completely unconscious. He was taken to the Cottage Hospital, where X-ray pictures of his head showed nothing!"—(*Parade, Canada*).

Vista Vision!

A farmer quickly made a lot of money. One day a friend who hadn't seen him for a long time came on a visit, and the farmer met him at the station in a car. The friend was amazed at the car with its leopard-skin upholstery, its sliding panels, its silver-embossed steering-wheel and solid gold instrument-panel.

As they started off, the friend was surprised to see the farmer, a near-sighted fellow, take off his glasses and stick them in his pocket. "Hey," said the friend, "I'm not going to ride with you until you put your glasses on. You're blind as a bat without them."

"Relax," said the farmer, "I had the prescription built into the wind-shield."—(*Spotlight, South Africa*).

It Worked all Right

In the small country town in America the old man who was a general storekeeper was also a postmaster.

The loss of a sale was a heart-rendering calamity to him. He had no helper, and when he had to go to meet the mail train he was tormented by thoughts of tourists stopping for supplies soft drinks, etc., and finding him gone.

Finally he hit upon a solution: He hand-lettered a sign in bold red letters which proclaimed, during his absences: "Back in 15 minutes—already been gone 10."—(*Wall St. Journal*).

The Limit!

A man had worked eight years for the same firm and was a model loyal employee. He was never absent, never late—until one morning when he came in an hour and a half late. His clothes were torn, his face and hands scratched and bloody.

Asked the boss: "Why are you late?"

"I leaned out of the window and fell three storeys!"

"And that took you an hour and a half! eh?"—(*American Weekly*).

Human beings are great people for excuses—and these days you also run into some great excuses for human beings.—*Herb Sheldon*.

Neat Answer

"And in conclusion, my dear students, I shall give you a demonstration of the evils of the Demon Whiskey, I have here two glasses, one filled with water, the other with whiskey. I will now place a worm in each glass. Notice how the worm in the water squirms and vibrates with life, while the worm in the whiskey writhes in agony, curls up and dies. Now, young man, what is the moral of this story?"

Young man: "If you don't want worms drink whiskey!"—(*Digest*).

Thunder and Lightning

Four year-old Mary had been reassured that the noise of thunder was only the angels making up their beds. Next morning she complained: "I don't mind the noise of the angels making up their beds. But they keep me awake when they can't make up their minds whether to turn their lights off or not!"—(*S.J. Weekly*).

Sign Language

In front of a house being built in Philadelphia were the customary signs saying the builder was so and so, brickwork by somebody else, architect so and so. In the middle was a small sign put up by the owner-to-be: *Victim; I.D. So and So.*—*Philadelphia Bulletin*.

Miss—Sent?

"Miss Jones," said the office manager to his secretary. "I would suggest that you do not write letters to your man during office hours. Harris and Jones report that you have sent them a shipment of love and kisses instead of the tar and axle grease they ordered!"—*Spotlight, S. Africa*.

In Brief

One of the shortest letters on record was written last year by a New Yorker to his landlord in response to the notice to vacate given by the latter. Aware of his rights under state regulations, the renter replied, "Sir, I remain, Yours truly,.....—*This Week*.

Any Umbrella!

"Waiter: Have you found an umbrella lately?"

"What kind of an umbrella? Sir?"

"Oh, it doesn't matter! I'm not particular!"

Men fall into three categories: the rich, the handsome and the majorities. —*Prof, U.S.A.*

People who think that nothing's impossible probably have no in-laws. —*The Postage Stamp*

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Printed by U. VASUDEVA RAU, at the Antiseptic Press, 10, Thambu Chetty Street.
for the Proprietor & Publisher at 222-24, Thambu Chetty Street, Madras-1