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HEALTH

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A JOURNAL DEVOTED TO HEALTHFUL LIVING

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What's New in the News?

So Nitrous Oxide is not without Danger

Laughing gas (nitrous oxide), which has for years been used as an anæsthetic (especially for extraction of teeth), may have dangerous after-effects, and damage the brain of the patient.

An alert, 73-year old clergyman became 'virtually a human vegetable' following an operation under laughing gas, Dr. P. D. Bedford reports. He no longer knew the date, could not remember the names of the Royal Family, and was unable to say how many half-crowns there were in the pound.

Of the 1,193 patients who had been put under the gas, one third (according to relatives' reports to the doctor) had not been the same after the operation, and 29 had lost their reason.

Dr. J. G. Bourne, the second doctor, states that according to reports received from 4,000 to 5000 dental surgeons in Great Britain patients had remained in a state of coma after the administering of Laughing Gas.—(*The Lancet*, London, October 1955).

●

Stepping out on a Ladder

An Italian living in Nuremberg, West Germany, has invented a walking step-ladder.

The ladder is made of tubular steel and is mounted on four small wheels. When the user has climbed the ladder he can move it easily in any direction with the aid of two metal poles which are attached to the ladder and propel the steps over the floor.—(*News Digest*).

●

Self-drive Car

The latest issue of the "*Congressional Record*" contains a description of a new radar-equipped car which automatically halts if a person or objects looks like coming into collision with it. Mr. Rabaut, Democratic member of the House of Representatives from Michigan, was so impressed by a ride in the car that he described it to his colleagues just before Congress adjourned.

Claiming that the car might ultimately save thousands of lives he said: "This car has a radar screen which projects an impulse that is guaranteed to halt the car should anyone or anything appear in its path.

"There is a similar apparatus at the rear to avoid injuring pedestrians or property while operating the car in reverse. The faster the car is moving the farther the radar beam is projected."

Mr. Rabaut said that the radar did not function at less than 10 m.p.h. It would cost no more than to have power steering on a vehicle.—(*World Digest*, Nov. 1955).

●

"Gifts Exchange"

Wedding presents can, at times, prove doubtful blessings. The happy couple may find themselves landed with a dozen toast racks—but still no toaster!

An enterprising business-man in U.S.A. has solved the duplicated gift-dilemma. He runs an 'Exchange Store.' Here, the redundant or unwanted gift can be swopped for something really useful.

The firm's slogan? "You can exchange anything here—bar the bride!"

●

Atomic Ship *is* Coming

The atomic freighter proposed by President Eiesenhower to illustrate the benefits of peace time atomic energy will be sailing the high seas in 1957.

According to the Atomic Energy Commission and the Maritime Administration, the nuclear-powered freighter will cost some 30,000,000 dollars, be in the 15,000 gross-ton class, and be about 500 feet long.

It will be fitted out as a floating exhibition-hall, with a theatre seating 1,000, exhibition spaces, a dispensary, and accommodation for seventy-five crew and passengers.

The annual operating cost of the vessel will be about 500,000 dollars.—(*World Digest*, Nov. 1955).

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TRIBUTE TO RED CROSS WORK

(APPEAL FOR FUNDS)

PRESIDING over the inauguration of the Red Cross Publicity Campaign at the Rajaji Hall on the 3rd of last month, Shri SRI PRAKASA, Governor of Madras, made an earnest appeal to the people for financial aid to the Red Cross Society. He paid a tribute to the work of the Society and said "from whichever point of view we look at it, we cannot but admire."

Despite the excellent work done by the Red Cross Society in all parts of India many have still only very hazy notions of the origin and composition of this international organisation. The Hon'ble Mr. Justice RAMASWAMI GOUNDER said, there were people who thought it was a foreign organization; so he pleaded for the adoption of a suitable equivalent in Indian languages for the 'Red Cross' which would appeal to all people. The Society needs now a wider knowledge and appreciation among the people, of the great and humane services it has been unostentatiously rendering all over the world and of the numerous calls on its resources.

The Indian Red Cross Society was established by an Act passed in 1920 by the Central Legislature following an invitation to India from the International League of Red Cross Societies. This new Society took over the responsibilities and funds of the Joint War Committee formed during the First World War, to co-ordinate the work in India of the Order of St. John of Jerusalem and the British Red Cross Society. The Act empowered the society to apply the capital funds at its disposal for War relief purposes and

also to utilize the interest for peace time activities of the Red Cross.

The Madras Branch of the Society has, as its Vice-president Shri Dr. U. Krishna Rau pointed out at the above meeting, a record of valuable service to its credit. "Among several activities," said he, "this international non-political organization which has been working for the relief of suffering humanity in a silent unpretentious manner, gives financial aid to maternity and child-welfare, and to the control of venereal diseases in the districts; and in the Madras City it maintains a hospital-welfare-service including the teaching of useful occupations to those who have temporarily or permanently lost the use of any limb and thereby assisting in their rehabilitation." The Society has been supplementing State services to a large extent and even with the expansion of the State's activities in the promotion of Social Welfare, the need for action by such philanthropic societies will not cease or become less important. The State Government has relaxed the rules permitting local bodies to contribute to such causes and so the Red Cross may expect in future to receive liberal donations from these sources.

Such magnificent work as the society has been doing cannot be continued unless sufficient funds are made available. We have no doubt that people will willingly come forward with their help to the extent possible for such a worthy, noble, and deserving cause. We heartily support the appeal made by the Indian Red Cross Society for funds to enable it to continue its most useful humanitarian work for the relief of distress and for the rehabilitation of the maimed and infirm.

"At a time when political rivalries, ideological differences and natural animosities embitter human relations, the significance of the Red Cross movement that seeks to instill in impressionable minds the ideals of health (both mental and physical), service and international friendship cannot be exaggerated," said the Union Health Minister in a recent broadcast on the eve of the Annual Fund-Raising-Campaign, The Rajkumari also announced that the next International Conference of Red Cross Societies will, *for the first time*, be held in India next year.

Real Security

The most overworked word in the world today is "*SECURITY*." Economic "security," psychological "security," national "security." It has become a frightening word indeed. Its mere mention panics us into *in*security—sends us frantically searching for new ways to win the coveted key to happiness.

Every day headlines shriek news of "security" developments: the jet plane, the guided missile, the atom bomb, the even more devastating H-bomb.

But more powerful than all of them put together is *PRAYER*. It may not make headlines but it is the only real security for the life lines of the world.—(Eddie Cantor in *R.D.*, Oct 1953).

ANTENATAL CARE

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and
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As soon as a woman comes to know that she is in the family way, she must consult her doctor, and also the public health nurse of the community, if there is one. The following routine is meant for all expectant mothers:—

Attend the maternity and child-welfare clinic regularly and get your doubts cleared. By doing so you increase the chances of your begetting a normal baby.

Ordinarily, the missing of a menstrual period in a woman who has been regular in her periods is indicative of pregnancy. Other signs will also appear such as the enlargement of the breasts, darkening of the area around the nipples, increased frequency in urination, capricious changes in taste, etc.; your doctor will be able to confirm the state of pregnancy.

At the beginning, you should consult your doctor once a month when he will check up your blood pressure and examine your urine; after 6 months, you must see him once a fortnight and during the last month once a week. Any abnormal symptoms will thus be detected early and suitable treatment planned.

Your husband should share in the planning, by making odd play things for the child and helping you in your daily house-hold work. He can take you out for walks in the evenings; this is very essential. Usually, the child takes much of the time and attention of the mother. The husband must prepare himself for this contingency, and adapt himself to the new situation. His love will now be shared by two and not one.

Diet in pregnancy is an important factor in the child's nutrition and development; the baby in the womb derives its nourishment from the mother who should therefore, eat wisely and well. The food she eats must contain an ample supply of all the body-building and energy-giving foods.

Plenty of protein-foods like milk, eggs, fruits and vegetables, and also vitamins essential for the maintenance of health, which are found in abundance in oranges, tomatoes, green and yellow vegetables, should be taken in generous quantities. Fish liver oil may have to be taken occasionally. You should not indulge in foods rich in sugar and fat, as they will add to your weight and upset your digestion.

Milk is a most important article of diet during pregnancy and you should drink at least one or two glasses of milk every day; you may use skimmed milk which has all the factors, promoting growth, except fat and vitamin "A" which can be supplemented. You must drink enough water to get rid of your waste products as well as baby's. It will also keep your bowels open.

You should do moderate work, should not lift weights and should not keep standing for long hours. If employed, you may continue to work till the 8th month unless your doctor advises otherwise. As your weight increases you may feel like resting frequently; the blood vessels in your feet and legs will not become congested, if you take rest lying down for short periods on your back, with a pillow under your knees, fairly often during the day.

You should watch for certain danger signals during pregnancy; and report to your doctor immediately, if any of the following signs and symptoms are noticed:— any illness with or without fever; persistent headache or giddiness; swelling in the feet or hands and puffiness of the face; pain in the abdomen; bleeding from the vagina; any vomiting occurring late in pregnancy; and rupture of the amniotic sac that surrounds the baby.

The last is not a danger-sign but when it does occur, labour must be deemed to have started. If you co-operate by telling the doctor of any unusual happenings like the above, you can count on his being able to pull you safely through.

The term '*miscarriage*' refers to the birth of the baby at six or 7 months, before it can live outside the mother's body. The precautions against this mishap are:— the leading of a healthy sensible life; refraining during the early months, from sexual intercourse during the times when the monthly periods are normally due and total abstinence after the 7th month. Sex-meetings may be resumed only six weeks after normal delivery.

You should wear as far as possible light loose fitting garments during pregnancy.

As regards baby's clothes, young infants do not need very elaborate clothes; they should receive the minimum of handling while dressing and undressing. The essential outfit to be got ready comprises:–4 shirts, 2 to 4 dozen diapers and 2 or 3 blankets, a mattress, a rubber sheet large enough to cover the mattress and 3 or 4 draw-sheets.

If you are getting into the hospital for delivery, you must arrange for the care of the house while you are away. The hospital will be doubly advantageous, because it will give you ample rest and also the chance to learn from qualified nurses how to take proper care of your baby. You will then find it an easy matter.

Breast-feeding is the ideal method of rearing the baby as it ensures the ideal food and a most satisfying intimacy which contributes to the happiness of both; also in nursing the baby, you get valuable rest-periods several times in a day.

It is very important that from the very beginning you ask for and accept your husband's help in the baby's care. He will then enjoy the baby's company a great deal. By jointly sharing in the everyday intimate experiences and learning to know the baby, you will be taking the first step into a partnership of parenthood that will be most satisfying to all concerned.

HOW TO 'STAND TALL'

THESE rules will be very helpful, especially if applied occasionally during the day in front of a full-length mirror till the maintenance of correct posture has become a fixed habit.

1. Hold the head up, fair and square over the shoulders, neck back, and held well up; eyes looking straight ahead, at their own level.

2. Keep shoulder-blades, back and ribs held well up, but shoulders not hoisted.

3. Hold upper half of body in vertical line—not leaning back as in typical policeman's attitude, nor leaning forwards as in typical clerk's posture.

4. Stand erect with feet parallel a few inches apart, toes not turned out; knees well braced back. Turning up the toes also helps to convert the legs into solid pillars; hence facilitates the tilting of pelvis without bending the knees.

5. Still holding head, chest, arms and legs thus, slightly depress the tailbone. By this means the lumbar curve is flattened (*i.e.*, "hollow-back" lessened) and this automatically retracts or flattens the front of the abdomen.

This is really an easy and very slight pelvis-tilting movement. Once the movement has been practised and thoroughly understood, a set posture is all that is required simultaneously to flatten the lower back and buttocks and the front abdominal wall. This posture should be held when walking as well as when standing, and the feet should be kept parallel.

—(From Ettie Rout's '*Restoration Exercises for Women*,' Heinemann, London).

A Reason to Live and a Reason to Die

"A man.....peering upon a world in chaos finds in the vision two certainties for which the mind of man tirelessly seeks: a reason to live and a reason to die."

A reason to live? Life itself is a "reason to live." My 'reason to live' is to strive to recognize, accept and serve logically arranged thoughts and so help to fulfil the law of Nature, Creation, God. And since that order encompasses death, the acceptance gives me sufficient "reason to die."

Our scriptures contain the most penetrating observations of the operation of natural law; the greatest warnings of what happens to men who defy it; and the most certain promises of happiness to those who co-operate with it. Over and over again these days, we hear people say "The world is in chaos." But "the world" is *not* in chaos. It is in perfect order and always has been.....

Men are in chaos, because of disobedience, because of opposition to accepting their place in the natural order of things.....Those who look for beauty will find it; those who listen for the voice of truth will hear; those who love will be loved; those who protect life will be protected by it—as long as the stars continue in their courses, the winds rise, and the rivers flow.

Life is a wonder and a miracle in all its phases—in fortune and misfortune. We take life, as we take our partner in marriage, "for richer, for poorer, in sickness and in health" and the first debt we owe to life is a debt of gratitude.

"Because I have loved life, I know I shall love death as well", said Rabindranath Tagore. He needed no further "reason to live or reason to die."—(Dorothy Thompson in *Ladies' Home Journal*).

HOW TO KEEP FIT

LOMAX WELLS, M.D.

KEEPING fit is a full-time job - and a worth-while one too. It's a job that pays *you* many dividends. What is meant by keeping fit? It is not merely a matter of muscular exercise; it is the process of maintaining good physical health and good mental health and keeping the two in balance.

A little thoughtful attention to many things, and making them a matter of daily habit will be of great help to you. There is no known absolute guarantee against disease and injury, and there are no cure-alls once you are sick or have been injured. Nevertheless, your ability to fight disease and the effects of injury is greater if you are in good physical condition. Your mental attitude toward the situation will be a positive factor in your recovery.

Keeping fit is how we live our lives. You can get a good idea by seeing if you:

1. Provide a balanced and protective diet for your family and yourself. Avoid dietary fads. Do eat a good breakfast and take it as leisurely as possible.

2. Are sure you get proper rest and exercise regularly (the amount and balance between the two vary with age).

3. Keep a good balance between work and play. Remember "all work and no play makes Jack a dull boy;" and that all play and no work can make him even duller!

4. Keep your weight normal, Everybody may love a fat man, but the Grim Reaper loves him most of all. Nor can I find *trim figure* defined as 'bones covered by skin' in any of my dictionaries or books on how to look and keep beautiful.

5. Promote sound habits of cleanliness.

6. Have a family physician who knows and understands your family and home situations.

7. Consult your physician regularly:—

To assist in the normal development of your children;

To help maintain health in your productive years, and

To detect signs of chronic disease.

8. Have regular dental check-ups.

9. Avoid self-prescribed drugs, advertised cures and cure-alls

10. Avoid quacks and superstitions.

Regular visits to your family physicians or a specialist in child-care for advice on feeding and care and for guidance in physical, emotional and social growth are essential in a good start for the children.

During school years, periodic physical and dental check-ups should be continued. And by the way, about one-half of the absences from school are for colds and other respiratory diseases. Immediate attention, proper care, and

rest may shorten the illness and lesson the chance of complications. Accidents are childhood's greatest hazard. Watch for objects that may injure children, such as portable heaters, electric fans without guards, electrical appliances with frayed cords, pans containing scalding liquids within reach on stoves and tables, unguarded windows and stairways and loose matches left about. Keep cleaning fluids, insecticides and other poisons out of children's reach. Be sure all medicines are labelled properly. Keep simple first-aid supplies handy, and learn how and when to use them.

Find out whether your child needs glasses or corrective treatment.

Periodic examinations (especially from the age of forty on) are important in the early detection of signs of breakdown, the presence of chronic progressive disabling diseases and in helping to establish patterns of diet, exercise, work and recreation adjusted to age. To-day physicians are paying increasing attention to the problems of old age and the science of ageing, called geriatrics (pronounced jerry-at-rix). Keeping fit is part of life at all ages.

Building good health at home is the key to keeping fit. Even though our housing facilities may not offer the last word in space heating, lighting, ventilation and air, we can do many things to help us develop and maintain good mental and physical health.

Build good sound emotional health. Love, laughter, family fun and hobbies are the foundation of individual emotional health and family growth. A balanced diet, adequate sleep (seven to eight hours for most adults), moderate exercise in the fresh air, daily baths and good posture, all help to build good physical health.

Moderate fatigue at the end of a good day's work is normal. However, if fatigue is beginning to get you down, take a good look at *your* way of living. It's time to relax. Keep your work, love, play and worship in balance if you would have good emotional health.

Good health is a good way of life and a good life is made better by good health. Keeping fit is not a problem for any particular age. It is for all ages.

Your family needs you, your country needs you, your community needs you—keep fit, have fun, and enjoy this good life of yours. You'll be glad you did! (*Good Health*, London, Oct., '55).

Childhood

Says Sangster, "Have you ever analyzed the charm of childhood? Half the secret is that children can still wonder. Do you want to remain young? Learn to keep wonder in your life. Life without wonder is hardly worth living.

"All philosophy", said Socrates, "began in wonder." Why was man not content to eat and drink and breed like other animals? Because he wondered, because something inside him tortured him with the desire to know.....No honest thinker went in search of God who knew beforehand whether it is more terrible to see the *ONE* before *WHOM* the angels veil their faces or to learn that man is all alone in this mysterious universe.....Those who wonder are always asking "what next?"—(*Saturday Review*).

Marriage and Mental Health

THE September, 1955, *Chronicle of WHO* contains an interesting article entiled "Mental Health through Public Health Practice," which follows a now familiar line of thought. It is, that mental like physical health is primarily a positive function and the ideal of medicine should be to prevent its loss rather than to restore it when-lost. In this context it is amusing to recall how as recently as 1948 we were assured by some clinicians that the Public Health Service was redundant, because they were now able to cure so many conditions that it hardly mattered if one first became their victim. Times are changing quickly, to be sure, but having accepted along with WHO, or atleast with the author of this article, the natural responsibility of the Public Health Service for the preservation and improvement of Mental Health, we still have a very long way to go. And we cannot honestly say that the article before us, for all the learned impression it makes upon the mind while one reads it, much advances the quest.

The tendency we have often observed to conceal very little behind an imposing facade of apparently meaningful phrases may be illustrated by a quotation:

> "The most important need to be met in this field (of education and training in mental health) is that of co-ordinated work to promote the education of future parents and young parents through voluntary associations linked with public health services and social welfare organisations. For this type of education, methods and material should be placed at the disposal of medical and other educators. No discussion of such matters can carry the necessary weight and conviction unless it is founded on a firm scientific basis. Preliminary material of this type might be compiled on certain well-established and accepted concepts such as the problems of pregnancy, the separation of mother and child, the consequences of hospitalization and school-age problems."

Now we could not be more emphatic in our agreement that the education of young people for marriage is an essential factor in the maintenance of the mental health of the community. A healthy family depends upon a satisfactory marriage, and we have said before in these colounns the marriage guidance should be a public health interest, in cooperation, of course with the other organizations already concerned with the matter. But the 'preliminary material' suggested in our quotation above is almost ludicrously inadequate for the purpose.

To set off on the right foot and to keep in step, marriage always needs good will, prudence, patience, fortitude and temperance. It demands unselfishness and an understanding of what is involved in an association of two persons over a wide range of human experience. The incidental problems of pregnancy and the ill-effects of separation of mother and child are relatively speaking minor issues, which, important enough in their occasion, contribute a very small element to the total pattern of marriage. Moreover, the prescription for successful marriage has been known from time immemorial to the traditional wisdom of our race and did not need to await

the advent of scientific era to reach definition.

The solemnity with which the institution of marriage has been surrounded in all cultures is sufficient to show its recognised place in the social fabric, and in our own time it might be more apt to pursue studies into the damage done by science to it, than to make specious claims for the help science *can* give. This is no mere paradox, and research into family health among industrial *i.e.* scientific, societies with a high proportion of married women in employment as compared with agricultural societies where women are also employed on the land as a matter of course might not only be rewarding but are exactly the sort of thing that all public health departments in co-operation could undertake.

We can agree that the satisfactory marriage and the family deriving from it are 'given' essentials to the mental health of the rising generation. Our business as public health workers is to test and determine the indices by which such health is to be measured and to discern the factors in our social life which impair it, just as our predecessors did for our water supplies and as we are trying to do for the air we breathe. Our mission will then be to strive for their communal suppression, as well as helping to achieve through the personal health services the rehabilitation of those who have suffered through their ill-effects.—(*The Medical Officer*, London, 21-10-'55).

WHAT MEN DISLIKE

"LITTLE THINGS" to the woman are often the worst offences in the eyes of men. Love thrives on enchantment. The woman who forgets this fundamental fact invites unhappy marriage. No man likes to see his wife unkempt. To sensitive men, a lack of fastidiousness in a woman becomes unbearable. During courtship, women usually watch every item of personal appearance. After marriage, there is often a let-down. A woman should look upon marriage as a permanent courtship.

It is a sign of distrust on your part to go through your husband's pockets or letters. It is unfair to keep him waiting. Many women make a deliberate practice of being always late.

Your husband isn't going to like you if he feels you spend as much of his money as you can. A happy marriage cannot be based on a situation where there is too much give on one side or too much take on the other. Too much attention to someone other than your escort is bound to irritate an escort as it hurts his ego.

Just why must a woman powder and rouge herself at every opportunity? A woman's toilet should be prepared in private. The use of a powder puff in public detracts from a woman's glamour.—(*Current Psychology*).

9. Immunization—Vaccinations and Inoculations

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

Immunity.—Infectious diseases are ubiquitous in nature, and children particularly need to be protected against them. All children are not equally susceptible and some may possess an inherent resistance or immunity to some of these diseases, which is known as 'natural immunity.' New-born children carry such natural immunity with them, derived from the mother's blood and are therefore relatively safe, for about six months after birth. After this period, the child is prone to infection and should be immunized by artificial means in order to acquire immunity.

It would be well to immunize children against smallpox, whooping cough, diphtheria and tuberculosis in their infancy.

Vaccination.—All children must be vaccinated against smallpox even when they are six months old; there is then less likelihood of the child scratching and infecting the vaccinated arms. When the arm gets infected it takes a long time usually to heal and also leaves an unsightly scar. Vaccination is done by placing the vaccine lymph on the outer aspect of the arm and then making a scratch with an ordinary or a rotary lancet, without drawing out blood. In about 4 or 5 days the part becomes red and a small white papule appears. The papule enlarges into a vesicle when the surrounding area becomes slightly swollen and red. There is also a rise of temperature and the child feels uncomfortable usually after the fourth or fifth day when the vesicles have formed. Some children develop a severe reaction and in such cases the doctor must be informed. Later the vesicles dry up, and scabs form which usually fall off within 3 weeks.

The child may be given its usual baths during the first three or four days after vaccination. The child must be prevented from scratching the vaccinated area by covering it with gauze or boric lint and holding it in position by strips of adhesive plaster. If the child does not scratch, it is better to leave the vaccinated arms alone, only dust a little talcum powder over the area. On no account should the vaccinated arms be bandaged. The child should be sponged and not bathed when vesicles have appeared; the dressing must be changed daily. If the gauze gets stuck on the vesicle it should be moistened with boiled and cooled water before being removed; the soiled dressing should be burned. The vesicular areas should not be dressed with oils, or other greasy stuff.

Children who are obviously ill or very weak or who suffer from skin diseases like eczema or scabies should not be vaccinated. Vaccination should be deferred till they are well again. Also it is not advisable to vaccinate during the height of summer. Vaccination does protect children from

getting small pox; and even if they occasionally get the disease after vaccination, it runs a very mild course and causes no fatality.

Vaccination must be repeated every seven years, and also when there is an outbreak of smallpox in the locality. Smallpox vaccination does not confer immunity against chickenpox, measles or other minor rash-producing maladies.

Inoculation against whooping cough and diphtheria.—These two dreadful diseases which affect infants can be prevented by suitable inoculations done at an early age, say, about 3 to 6 months. Combined vaccines are available, a single injection of which will give protection against two or more of these diseases. For example, there are vaccines available combining diphtheria, whooping cough and tetanus. If there are cases of whooping cough or diphtheria in a locality or in a household, other children who are exposed to infection should be inoculated against such diseases. The inoculated child may have a slight rise of temperature due to the reaction which subsides after a couple of days. Even in inoculated children the disease may occasionally appear but only in a very mild form.

B. C. G. vaccination—It is a sound policy to test all infants for tuberculosis, by the tuberculin test. If the test is positive as shown by a slight red swelling at the sight of injection, the indication is that the child is either harbouring the tuberculosis germ or had had tuberculosis (even in a mild and insidious form) earlier and now free from it. In such cases a thorough investigation must be made for tuberculosis. If the test is negative as revealed by the absence of any reaction at the site of injection, it shows that the child is free from tuberculosis infection. Such children should be immunized by B.C.G. vaccination. It is imperative that children who run the risk of exposure to tuberculous infection *e.g.*, children of tuberculous mothers or children staying with tuberculous relatives should be tested and if found negative, inoculated with B.C.G. vaccine.

Cholera and typhoid.—Immunization against cholera and typhoid should be done, when and where the diseases are endemic. If a child has to be taken to a place where he is liable to catch such infection due to lack of a protected water supply or proper sanitation, it is wise to get him immunized against those diseases.

Poliomyelitis (polio) or infantile paralysis is a dreadful disease affecting children mostly and causing paralysis in them. So far there was no prophylactic immunization for children against this disease. But quite recently the 'Salk vaccine' which is still in the experimental stage, is reported to yield favourable results as a prophylactic.

Moral—"*Prevention is better than cure.*"

True Happiness

True happiness comes to him who does his work well, followed by a relaxing and refreshing period of rest. True happiness comes from the right amount of work for the day.—(*Lin Yutang*).

PREVENTION OF BLINDNESS IN INFANCY AND CHILDHOOD*

FROM time immemorial infections of the eyes of the new-born (ophthalmia neonatorum) were responsible for blindness of millions of children. The infant's eyes were infected during childbirth from pathogenic organisms present in the cervical and vaginal passages of the mother. The usual cause of the infection is gonorrhœa. At the end of the last century Crede advocated that the infant's eyes should be carefully swabbed and that silver nitrate eye drops should be instilled into the eyes *immediately after birth.* The introduction of Crede's method has considerably diminished the incidence of ophthalmia neonatorum and the blindness resulting therefrom. Antenatal care of the pregnant mother gradually became universally established in Europe, America and many other countries in the twenties and thirties of this century and has contributed greatly to the diminshed incidence of ophthalmia neonatorum. The introduction of sulphonamides and antibiotics has almost completely eliminated this eye disease.

Trachoma, which is still endemic in the Middle and Far East causes blindness of millions of children. This eye disease is probably due to a virus infection. Efficient preventive measures and treatment of the infected children are essential.

Vitamin deficiencies.—Xerophthalmia and keratomalacia are due to A deficiency. These conditions are still responsible for the blindness of thousands of children.

Congenital anomalies.—Congential abnormalities of the eyes are responsible for blindness of a large number of children. Completely blind children require training and understanding. and it is, therefore, advisable that these children should be looked after from the earliest age in special institutions where their normal, mental and physical development can be assured. Blind children can achieve the highest standard of education with the aid of Braille.

Children who suffer from congenital partial blindness (high myopia, congenital nystagmus, congenital cataracts, etc.), should be trained in special schools. They can also achieve high educational standards with the aid of special methods of teaching and training.

Uveitis and tuberculous meningitis.—Children may develop partial or total blindness as a result of inflammation of the eyes (irido-cyclitis, choroiditis or uveitis). Tuberculous meningitis, which is now not a fatal disease has also caused optic atrophy with total or partial blindness amongst many children.

Strabismus and eye injuries.—Strabismus (divergent or convergent squint) and injuries of the eyes are often responsible for the loss of vision of one eye. Early treatment of children suffering from strabismus will in most cases prevent the loss of vision of the squinting. Eye injuries can be prevented by not allowing the

*From a lecture by Joseph Minton, F.R.C.S., Ophthalmic Surgeon to Hampstead General Hospital, Queen Elizabeth Hospital for Children, Hunterian Professor (1947), Royal College of Surgeons.

child to play with toys such as air guns, bows and arrows, catapults and fireworks. Treatment with antibiotics and anti-inflammatory agents (cortisone and ACTH) will often prevent total or partial blindness following eye injuries.

Trachoma.—Trachoma was prevalent amongst school children in England 50 years ago. A special hospital (White Oak Hospital, near Maidstone) treated trachomatous children from the London area. An anti-trachoma campaign by the medical authorities in the beginning of this century has completely eliminated this disease in London. There are now no children in Great Britain blind as a result of trachoma. The White Oak Hospital is now used as a sanatorium for tuberculous eye disease.

During the war years, as ophthalmic specialist in the RAMC, I saw a large number of trachoma infected children in the Middle and Far East. In *India* there are now *two million* blind people and trachoma probably accounts for eight per cent of blindness.

Energetic treatment of this condition in the acute and subacute stages can cure this eye disease and thus prevent blindness. *Interstitial syphilitic keratitis* was not uncommon in England 20 years ago. Antibiotics have proved to be most potent drugs in the treatment of syphilis and their introduction has resulted in the almost complete disappearance of congenital syphilis and its manifestations amongst children.

Syphilis is still common in the Middle East, *India* and Far East and accounts even now for more than one per cent of blindness amongst children in these countries.

Smallpox is still responsible for about 4½% of blindness in French Indo-China, *India* and China.

Keratomalacia and xerophthalmia are the result of vitamin A deficiency and are still met with in *India* and the Far East, where improvement in the standard of living would undoubtedly cause their disappearance. Improved nutrition has completely eliminated xerosis of the conjunctiva in Great Britain.

The international statistics quoted above were taken from Prof. Sorsby's publication. "*The incidence and cause of Blindness.*" An International Survey. - (*J.R.P.H. & H.*, Oct. '55).

Sanctuary is Where You Find it

The dictionary defines sanctuary as a place of refuge, sacred and inviolable. Because of this, many of us think that to seek sanctuary in time of trouble is to take cowardly flight *from* reality. But it is not that. Rather it is flight *to* reality. For when life's violence threatens and we do not seek sanctuary, it is then that we become escapists, dodging anxieties, and scurrying among confusions. Like sparrows crossing a busy thoroughfare by hopping, we do not realize that we have the power to rise above the danger coming at us from all sides.

Sanctuary, then, is more than a special place—it is special strength. And it gives more than refuge and release. Sanctuary gives *renewal*. Essentially then sanctuary is a means of finding the power to face life on lifted wings, which enables men to renew their strength, run and not be weary, walk and not faint." —(*Reader's Digest*, June 1953).

THE CONTROL OF POLIOMYELITIS

DR. GEFFEN who has long taken a particular interest in the problems of poliomyelitis and had the advantage of meeting American workers in this field last year, gave an address with the title, "The Control of Poliomyelitis" at the annual general meeting of the Infantile Paralysis Fellowship held in Edinburgh on 24th September, 1955. In the first part of his address he gave an out-line of the nature of the viruses which caused the disease, of the various theories for its mode of spread, and of the current methods for prevention of spread in Great Britain. The latter part of his address was given over to discussing the possibilities of protection against poliomyelitis by the giving of sera or vaccines. He thought that gamma globulin was *not* a practical way of preventing poliomyelitis in a community and he has summarised the position thus :

1. It does not appear that gamma globulin can be used on a large scale for the prevention of poliomyelitis.

2. There seems to be little doubt but that the Salk vaccine produces protective substances in the blood of persons to whom it is given, and there is evidence that it has some effect in preventing paralytic poliomyelitis. All batches have not yet been proved to be safe, nor are we yet certain of the reason why individuals given the vaccine have succumbed to the disease. The vaccine is being improved and precautions are being taken to ensure its safety. No untoward effects have resulted from the use of the vaccines made in the Connaught Laboratories in Canada. Work is being carried out with an attenuated live vaccine which can be fed to individuals and thus the risk of infection avoided. This vaccine is showing promising results and many experts believe that it will eventually be successful.

What can we do in the meanwhile to prevent poliomyelitis ? We must isolate cases and control the movement of contacts, especially those who work with children or handle food. Individual factors such as fatigue, chilling, injury, injections and operations should be avoided in an area where poliomyelitis is present.

Research is taking place to discover what those factors are in the human being and in his way of life which affect his reactions when he is exposed to infection from the virus of poliomyelitis. If we are not yet at the end of the road which leads to the prevention of poliomyelitis we are at least marching steadily upon it and we can only trust that hard work, patience, perseverance and, yes luck and faith, may lead us to ultimate success. (*Med. Officer*, London, 21-10-'55).

Cheerfulness

"An hour's industry will do more to produce cheerfulness, suppress evil humours, and retrieve your affairs than a month's moaning".—(*Benjamin Franklin*).

OCCUPATIONAL HEALTH PROGRAMME
IN A STATE DEPARTMENT OF HEALTH

DANIEL BERGSMA, M.D., M.P.H., Commissioner of Health, New Jersey

ONE of the great untapped potentials in occupational health is the informing of community groups who have an interest and responsibility in the health and welfare of the working population. "It is generally recognised that the public.....knows relatively little about what the government is doing to protect the health of the worker. In creating a climate of favourable opinion and action, publicity can serve as an invaluable tool."

Recognizing that the worker has a place of residence as well as a place of work and that he is usually part of a family group, New Jersey's programme of industrial hygiene was expanded to the programme of adult and industrial health more than 7 years ago. The current name is adult and occupational health, which expresses the present-day philosophy of man as a total integrated human being.

With this view of man, it seems to me that plans for an occupational health-programme should be based upon co-ordinated public health practices. I believe that almost every activity in public health or preventive medicine could be improved by co-ordinating it and occupational health. In some instances the occupational health programme should take the initiative in organizing such joint effort.

Air pollution control, which is creating a pressing problem for most health departments, is one activity that might well be co-ordinated with occupational health. Rightly or wrongly, industrial installations are often accused of being the perpetrators of the crime of air pollution. In any event, an investigator who knows what is going on inside an industrial plant is at a particularly advantageous position to know what is coming out of it. Since this knowledge is in the hands of the occupational health unit, this unit is one logical place for a health department to organize an air pollution control programme.

It has been said that an epedimiological study extending over 20 to 30 years is necessary for a determination of the long term effects of air contaminants. Such a study must obviously be a co-ordinated project of the programmes for occupational health, chronic illness control, and vital statistics. In this study morbidity and mortality records, multiphasic screening to detect chronic diseases and air-sampling would be of equal importance.

Having once joined forces with the chronic illness control programme, the vital statistics unit, and other health department activities, the occupational health programme should be ready and willing to co-operate with them in the use of every available resource to restore and enhance the health of the community. The newer multiphasic screening techniques furnish an excellent means by which the occupational health programme may assist in the development of a positive adult health programme. Through

education and demonstration efforts designed to initiate pre-placement and periodic physical examinations in industry, it can be emphasised that industrial medical services are preventive not only for occupational diseases but for the far more numerous non-occupational diseases that afflict industrial workers.

Tuberculosis, diabetes, heart disease, cancer and venereal disease are among the disorders that can be relieved by relatively simple methods. Every industrial plant should be encouraged to expand the spectrum of its pre-placement and periodic physical examination so that symptoms of these diseases may be detected. Proper facilities may be arranged at the plant, mobile units may be used for demonstrations, or employees may go to community health centres.

Mass serologic testing programmes to uncover venereal disease can easily be performed in industrial plants either by community health personnel or by plant medical personnel. Such programmes can be stimulated by the staff of the adult and occupational health programme and proper follow-up and treatment of any cases as well as the tracing of sources and contacts can be assured through co-ordinated effort.

Following the development of cancer detection services, industrial plant management should be encouraged to have employees participate, especially those employees 45 years of age and over. In industrial areas where cancer mortality or cancer morbidity of a specific type increases suspiciously, personnel of the adult and occupational health programme should be requested to visit the plant and to conduct studies to determine the presence of known or suspected carcinogenic agents. In the present state of our knowledge, the environmental and occupational carcinogens compose the only phase of cancer control in which true prevention can be a fact.—(Condensed from *Public Health Reports*, Sep. '55).

Sarpagandhi (Rauwolfia Serpentina)

Reserpine is derived from the root of Rauwolfia Serpentina, *(Sarpagandhi)* crude extracts of which have been used for centuries in India by *Vaidyas*, and Hakims. The effect in most cases is gradually to calm the patient, reduce his anxiety and make him more amenable to further medical or psychiatric treatment.

Among many such instances is that of an 18 year old Indian student whose mind was disturbed by failure to pass an examination. Restless and excited, he talked continuously and without sense. He became resentful, even violent, refusing food and resisting all efforts of his parents and friends to calm him. He was given a Rauwolfia preparation, which had to be administered by force, within a few days he was quieter, eating again and sleeping normally. Fifteen days after the first dose he was completely normal. A modern drug containing *Sarpagandhi* was developed in tablet form by an Indian firm over 20 years ago. This drug is now in extensive use today and several firms are bringing out proprietary preparations containing this herbal medicine.—(Adapted from *Reader's Digest*, Dec. 1955).

Occupational Roles for the Aged

THE dynamics and interrelationships of occupational roles, health and ageing comprise one of the crucial problems of gerentological research. Gerontologists in general would accept as reasonable the hypothesis that occupational roles and health are significant independent variables in relation to the social psychology of ageing.

In the chronologically advanced years of life, especially for men, ageing as perceived by oneself and by others is largely a function of withdrawal from making a living and of decline in their state of health. Research shows that people of 60 and over who are occupationally active and in good health are younger in their own eyes and in the eyes of others than those who have withdrawn from the labour force and are in poor health.

Somewhat less success has been derived from efforts either to establish or to interpret the relationship between occupational roles and health in old age. Most, but not all, research findings in this field show a positive correlation between the two variables.

Even if our findings were consistent we would still be confronted by the problem of the meaning of correlations. Which of the two variables is independent and which is dependent? Some claim that occupational roles are independent and that health is the dependent variable. Others argue that health is a predisposing factor rather than a consequence of occupational roles.

A tentative resolution to this controversy lies in the following compromise stated by Mathiasen:

"Persons who die soon after retirement in all likelihood are succumbing to physiological conditions which would have caused death whether they had retired or not, but this does not rule out the possibility that retirement shock may precipitate an occasional fatal cardiovascular accident. It is difficult to estimate the effect of the sudden cessation of work on health in the absence of any techniques for measuring quantitatively the effects of emotional disturbance on health or for separating precisely the psychosomatic disorders from organic disease.

We may be inviting continuing frustration if we persist in taking an either-or theoretical position even in this modified compromise. For there is an inherent limitation in assuming that occupational roles and health are related to each other exclusively as independent and dependent variables in an yet unknown pattern. It may be more rewarding in the long run to consider them as interactive partners in a reciprocal relationship. Each probably acts and is acted upon by the other although not with equal influence.

Gerontologists working on the problem of occupational roles in old age seem to assume that the transition from employment to retirement is the crux of difficulties associated with occupational roles. Yet research findings indicate that the unemployed aged who do not consider themselves to be

retired have more acute economic psychological and social problems than do the unemployed aged who do consider themselves to be retired.

The reluctantly unemployed in our older population deserve far more attention from researchers than they have been given. Unwilling to tolerate the economic idleness to which they have been relegated this group has the most emphatic minority-group reactions of all occupational groups among the chronologically aged.

Some of our findings definitely suggest that we have been concentrating on problems of *physical health* when we should be studying more intensively the problems of *mental health*. Physical ailments in the older people are not as severe and widespread as they are generally reputed to be.

The relatively little gerontological research on mental disorders in later life indicates that they are more extensive than problems of physical health. The Cornell University survey revealed that the majority of the urban older people are troubled some of the time by psychosomatic symptoms, nervousness, and forgetfulness. Much more needs to be known about the social and cultural bases of the major mental disorders of later life.—*(Public Health Reports, 70 : 9,* Sept. 1955).

HOW AND WHY

BLOOD BANKS CAME INTO BEING

IT has been found that Hindus have, proportionally, more individuals among them with Group B blood than any other race of people in the world. The distribution of the blood-groups varies in different countries. The American Indians of Montana, for example, are reported to have no subjects with Group B blood at all!

Now, what are these groups? Till about fifty years ago no-one ever knew that there were different groups of blood. In 1901 Landsteiner, a young Viennese scientist who was studying the problem of why blood transfused from one person would sometimes *not* mix with that of the person who was receiving it, and might even cause death, discovered the existence of four separate groups which he called A, B, O and AB. It was this discovery which made blood transfusions a success and a life-saving measure.

Landsteiner found that if you gave a person a transfusion of blood belonging to a group other than his own, the red cells were rapidly destroyed. A curious fact however was that group O blood may be given to patients of any blood-group—but usually this is done only in emergencies. If you have a blood transfusion your own blood must first be tested to find the group to which it belongs.

This discovery marked a step forward but other difficulties had to be overcome. Blood clots soon after it is removed from the body, making it difficult to transfer it to another person and required to be kept fluid.

In 1914, three different scientists working independently in America, Belgium and the Argentine, found that sodium citrate added to blood prevented it from clotting.

Efficient storage of the citrated blood was the next problem. If it was frozen the blood cells would be destroyed, but it had to be preserved at a low temperature to prevent decomposition. A system of blood "banks" was started in the United States in 1937.

Often, however, it is not really necessary to give a patient whole blood. It is better to reserve it for the dangerous cases where nothing else will help. Further it is not easy to get enough people to donate their blood regularly to maintain an adequate blood bank service. We are told that some countries have no blood banks at all, even now.

Blood substitutes which can be readily stored for issue, came to be considered and evolved. First of all blood plasma was used. The plasma is the fluid portion of the blood from which the red cells have been removed. It is a valuable transfusion fluid and can be stored for many months without deterioration. But a blood donor is necessary to provide the blood from which the plasma can be separated and stored.

A working substitute for the plasma, was then thought of; because there is no substitute for blood itself.

Many substances were tried *e.g.*, gum saline, gelatin and is inglass. All of them were able to replace temporarily the plasma which had been lost from the blood stream. They however produced certain reactions—some of them passed through the body too quickly to be useful for the purpose, others lingered in the body too long, and caused damage to various organs.

It was only after the second world war that an ideal substitute satisfactory in every way was produced, from sugar by converting it into crude dextran; this was then processed for safe use in transfusion, by a suitable method devised by a team of scientists working with chemists at the Benger Laboratories in England.—*(Benger's Bulletin).*

Psychiatric Aspects of the Menopause

There is no single psychopathological entity in the menopausal period. The emotional illness of this time of life are not directly related to glandular deficiency but, rather, are the results of the individual's reaction to physiological, physical and environmental changes taking place. Significant dynamic factors are fear of the menopause itself, reaction to physical ageing and loss of physical attractiveness, psychosexual conflicts, the end of the child-bearing period, the feeling of uselessness when the children are grown, and the death of loved ones. A prophylactic approach is indicated, in particular, a healthy and scientific attitude of the patient, toward the menopause, and the development of personality assets and interests for the better use of leisure time.—*(West. Virg. M. J. 50* : 169, 1954).

THE BAUDOUIN TEST

For Detecting Adulteration of Ghee with Vanaspathi

T. N. S. RAGHAVACHARI,
Madras-14

THE Vanaspathi Manufacturers' Association in answering a suggestion made by the Bombay's State Minister for Health, that the manufacturers should finance research for finding a solution to the problem of adulteration of ghee with cheap vegetable substitutes, stated that the following simple test known to pundits as the Baudouin test will give the answer to the question: "Is your ghee adulterated with Vanaspathi?"

Technique of the test.—"Take equal quantities, say a teaspoonful of the ghee to be tested and pure concentrated hydrochloric acid.

"Melt the ghee and dissolve a few white sugar crystals in the acid. Mix the two and shake well. *(It is presumed glass test tubes alone must be used for the test).* "If Vanaspathi is present, the mixture will turn pink."

The Association claims that any layman can perform the test. But with due deference to the pundits, and to the Vanaspathi Manufacturers' Association, let me say that the test is one which the majority of people will *not* be able to carry out and even so, the majority of people will be well advised not to try it for the results might easily be very serious indeed when lay people not acquainted with chemical procedures and techniques of handling dangerous chemicals and strong acids, attempt in their enthusiasm to try it out. Further, pure concentrated hydrochloric acid is a substance which cannot be easily had and certainly cannot be purchased these days by the general public without a permit. It is a dangerous acid which dissolves quite a number of metals and can inflict very serious injuries if spilled on the person or his clothes.

The Association is also reported to have stated that research on further simplification of the Baudoin test was being carried out at the Central Food Technological Institute. I think the public must be told to wait for the simplification of the test, one fraught with less risks, before attempting to detect Vanaspathi in their ghee.

Ghee—the real one—is no doubt fast becoming a *rarity* and will perhaps soon become a *memory*, unless effective checks are placed on its adulteration, the kinds and varieties of which are becoming increasingly numerous everyday. I may tell the readers that those who trade in adulterated spurious products were recently described by Shri Saru Prasad, Chief Justice of the Assam High Court as "worse than degenerate fiends."

Co-operation

All of us know quite well that the aim of co-operation is "*each for all and all for each.*" A Co-operative Society is a voluntary association of sincere individuals having a common purpose to achieve an economic goal through thrift and self-help.—*(R. C.).*

SEX EDUCATION

A Major Health Problem

SEX needs no apology. For the continuation of the human species, it is no more likely that man's sex needs will be abated than that his food needs will be eliminated. The nature of sex, however, is so intimate and so often repressed or disguised that a great number of complex problems of sex-expression in civilized society arise. Some people, honestly but short-sightedly motivated, consider sex to be indecent or unsuitable for consideration in public and particularly in schools. Such being the case, any discussion of sex or reproduction in school must be conducted with dignity and discretion. Any school programme of sex education should be developed in close co-operation with parents and parents' groups. It is essential that parents understand what is done and are willing that it be done. Invitations to assist will often result in helpful co-operation and yield surprisingly fruitful results. In no case should sex education be attempted until teachers are adequately prepared.

Some specific suggestions.—Experience indicates that in the development of the "*Sex Aspects of Health Education*," schools should be guided by the following:—

1. *Sex education*—good or bad—really begins at home, long before the child starts to school.

2. *Sex education* in schools should be integrated with the total health education programme at all grade levels. It should *not* be singled out for separate or undue emphasis.

3. *Example* on the part of parents and teachers is far more effective than *precept*.

4. *Sex education* should be couched in terms easily understood by the child and should make use of examples within experience.

5. *Sex information* should not be forced upon the uninterested child but should be adapted to maturity level at each stage of growth.

6. *Sex* should be presented in a dignified vocabulary.

7. *Sex* should be taught positively by showing its nobility in terms of creative drive and family happiness rather than negatively through the enumeration of horrible examples of immorality.

8. *Venereal diseases* should be taught in conjunction with units on other diseases.

9. *Sex anatomy* and physiology should be considered as just another body system; due allowance must be made for modesty.

10. *Reliable source* materials for further study and information should be furnished; books should be left on open shelves.

11. *Sex-education* should point toward fuller, better home and family living so that young people may be better prepared for marriage and adult life.

12. *The medical profession's* role in all such matters should be made clear.

13. *The many relations of sex* to all phases of normal, private and public life must be discussed in an objective manner.

14. Except when topics peculiar to a single sex are being considered, sex instruction should be in mixed classes and groups and the materials and methods of instruction should be adapted to this situation.

In a good many instances sex has been taught as a subject for apology and young people have been consistent when they despised such teaching. *Sex*, needs to be taught as a life-function that is *normal, clean, respectable and admirable*. We may then hope to have children accept it accordingly.—C. C. Wilson in *Health Education*, 1955).

India's Heritage of Moral Values

"WE are passing through a stage of transition in India. All old values, all old ideas, are more or less in the melting pot, and new things in India, new conceptions are also equally in the melting pot. We have to make our choice whether we should stick to our old ways as far as possible, of course adapting them to modern conditions or whether we should give up what was ours and adopt what is not ours and so go into the wilderness for ages.

Today we are carried away by a current and we are trying to adopt things, physically bringing them from other countries and establishing them in our midst. We are not able to see that many of those things which look so noble and splendid have not lasted long enough and have not been tested by time. But, in our own country we have things which have stood the test of time and the test of experience and which have still maintained us. Why should we give them up? Why should we not try to understand them and adapt them to modern conditons, or rather adapt modern conditions to our own ideas as far as possible?

By discarding spiritual values and imbibing foreign ideas we will at best only be successful imitators of the West. We cannot have anything original to contribute to what they in the West have possessed and invented. But we have something which is absolutely original so far as they are concerned and I am quite sure in my mind that the world needs what we have got and what the rest of the world has not got.' It is that which we have to preserve at any rate and present it in a form which would be easily intelligible to the modern man and which modern world can understand and accept. This is a great responsibility which has devolved on us after independence.

Undoubtedly, it is correct to say that you cannot have big and high ideas with an empty stomach. So we are doing our best to fill the stomach. But we should not be content with filling the stomach and starving the mind and the spirit. We should also try to fill the mind with noble thoughts and to develop that kind of spiritual and moral force which have enabled us even in our difficulties to reach the stage we have reached. It is really astonishing to find how soon after Gandhiji's death we have forgotten so many of the things which

appeared to us to be absolutely clear and open and almost self-evident while he was living. It is really amazing how the very things which appeared to us self-evident now appear to us to require proof and even appear to be wrong in many matters. What was the fundamental thing that Gandhiji said? Of course he often spoke about the importance of the economic conditions of the people *about the removal of hunger and disease*. All this, he was not ignorant of or indifferent to. In fact, he did his best to remove these but, at the same time he built the whole thing upon the solid foundation of the spirit and morals. This foundation we are not able to see today but if we build upon it we shall be able to build greatly and strongly in future". —(*Rashtrapathi Rajendra Prasad* in Madras on 14-11-'55).

Indian Snakes and Their Venom

India has more than 350 different *species* of snake, and although most of these are harmless, it is estimated that over 25,000 people die every year as the result of snake bites. The commonest poisonous varieties are: the Cobra, the Russel's viper, the Krait, and the Saw-scaled viper.

Snake *poison* is used in making anti-venene supplied to hospitals all over India, by the Haffkine Institute of Bombay. Anti-venene is used against all forms of snake-bite. The Institute maintains its own snake farm, and also exports snake venom to other parts of the world for research and therapeutic purposes. The latter include the treatment of hæmophilia (failure of the blood to coagulate after injury, sometimes with fatal results) and epilepsy and also for the relief of intractable pain in cancer.—(*Reader's Digest*, Dec. 1955).

REVIEWS OF JOURNALS

***Arogyam*: A Monthly Tamil Journal devotod to Healthful Living**—Edited and Published by Sri V. B. Nataraja Sastriar, Vaidya Visaratha: 28, Tennoor Road, Tiruchirapalli. Annual subscription–Rs. 2/- only.

We are in receipt of the first 7 issues of this new Tamil Journal which contains interesting and instructive articles on several topics dealing with health and with hygienic methods of living. 'Prevention is better than cure', and so the emphasis must shift from the curative to the preventive aspect of medicine. All efforts in this direction therefore, deserve, popular support and active cooperation: 'Arogyam' is therefore, a welcome addition to the ranks of popular lay journals devoted to the task of educating the public in hygienic modes of living. T.N.S.R.

Medical Digest—Family Planning and Social Hygiene Number, Part I, October 1955. Edited by Dr; U. B. Narayan Rao, Nagindas Mansions, Opp. Tram Terminus, Bombay 4.

The subject of Family Planning is assuming greater and greater importance. It is one of the measures advocated for the solution of many of our difficulties. The Editor of the *Medical Digest* is therefore, to be congratulated on his boldness in bringing out an issue of his very popular medical journal for discussing this important aspect of social life. There are some useful and interesting article. We are sure that this number will be found useful by those who are interested in this subject. U.K.R.

Pleasant Topics from Periodicals

Can you Beat It ?

One of the most absent-minded men was Painleve, who was Premier of France three times in his life. He would take a taxi home when his own car was waiting for him ; when the taxi driver asked for his address, he often gave his telephone number. Once, expecting a friend he pinned a note on his own door. "Painleve will return in fifteen minutes" On returning he saw his own note and sat down on the door step and waited for himself!—*(Scientific American* Oct. '55.

* * *

When success turns a person's head, he is facing failure.—*(Newman Club Bulletin).*

* * *

In the window of a dress shop "Our clothes not only make girls look slim ! they make men look round."—*(Reader's Digest).*

* * *

The most difficult thing in the world is to know how to do a thing and to watch somebody else doing it wrong, without comment."—*(The Atlantic Monthly).*

●

The trouble with being a bread-winner these days, is that the Government is in for such a big slice."—(Mary McCoy *in Reader's Digest).*

* * *

Nearly all men can stand adversity, but if you want to test a man's character, give him power. —*(Abraham Lincoln).*

* * *

At twenty I wanted to save the world. Now at thirty-five I would be quite satisfied just to save part of my salary.—(Quoted by *Earl Wilson).*

* * *

Many people have the right aim in life—but they just never pull the trigger.—*(Femina, S.A.)*

* * *

Teen-agers—are people who get hungry again before the dishes are even washed.—*(Household)*

* * *

The Real Politician

Sir Winston Churchill was once asked what qualifications he thought were the most essential for a politician. Without the slightest hesitation he answered, "It's the ability to foretell what will happen to-morrow, next month and next year—and to explain afterwards why it did not happen.....!*(R.D.)*

* * *

" You have reached middle age, when all you exercise is mere caution ".—*(Saturday Evening Post).*

* * *

The father trying to explain to his little son the difference between the ordinary rifle and an automatic one wound up " It's as if I spoke, and then your mother spoke."—*(Farm Journal).*

●

Indispensable

" You look poorly, old bird ! Why don't you avail yourself of a holiday ?" asked Raman. " I should very much like to, dear Ramu but I can't stay away from the office " said Kittoo.'

" Couldn't the firm do without you for a week ?" asked Raman.

" That's the trouble, I don't want to let them find out that they can" confided Kittoo.—*(Illustrated Weekly).*

●

Special Work

U. S. Government employee, classifying his job in a report for Washington officials wrote " I am responsible for maintaining the obsolete material as up-to-date as possible ".—*(Tempo, U.S.A.)*

* * *

Philosophical is a cheerful attitude assumed all people who are not directly involved in any trouble".—*(H. C. Crimson)*

* * *

Tight shoes are the greatest blessings on earth, as they make you forget all your other troubles.

* * *

Grief can take care of itself ; but to get the full value of joy you must have some one to share it with.—(*Mark Twain*).

●

Before and After

Men never recognize a dictator in advance ; to the average fellow, before the wedding, she seems no more than a sweet girl.—*(Wall Street Journal).*

* * *

Americans tend to place too much faith in figures. You recall the sad story of the man who was drowned crossing a stream that *averaged only two feet deep !—(Henry J. Taylor).*

* * *

The dog is mentioned in the Bible eighteen times—the cat not even once.—*(W.E.F.)*

* * *

Most people like hard work. Particularly when they are paying for it.—*(F.P.J.)*

* * *

Very ugly or very beautiful women should be flattered on their understanding—mediocre ones on their beauty.—(*Lord Chesterfield*).

* * *

People seldom think alike—until it comes to buying wedding presents.—*Wall Street Journal.*

* * *

No matter how well a woman carries her years, she's bound to drop a few, sooner or later. —*(Photoplay).*

HEALTH

An Illustrated Monthly Devoted to Healthful Living

Founded by the late Dr. U. RAMA RAU in 1923

Editor :
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Author and Subject

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