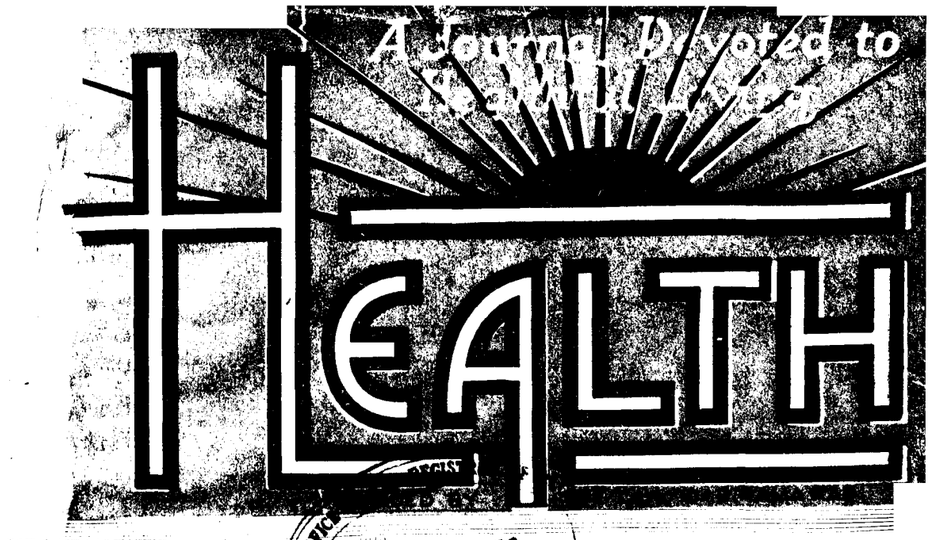

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Contents

What's New in the News?

Cortisone from the Sisal Plant

Cortisone and hydrocortisone produced for the first time from a chemical derived from the waste of the sisal plant were shown to doctors at a Medical Conference in London last month. A few years ago the Medical Research Council discovered that waste sisal juice freely available in East Africa was a copious source of the rare chemical *Hecogenin* and offered prospects of acting as a suitable agent for the synthesis of cortisone. This has now been achieved and takes place in a 20 stage process.—(*The Mail*, Dec. 12th 1955).

●

New Finnish Antibiotic

A Finnish antibiotic drug from reindeer lichen and claimed to be more efficient and cheaper than most other drugs of this class will shortly be on sale at Helsinky. Called *USNO*, it belongs to the same group of antibiotics as Aureomycin and Terramycin. At first it will be used for skin complaints but later will also be used for internal diseases.—(*Press Report*, Dec. 25th 1955).

●

Shortest Man in the World

The smallest man in the world—Walter Boehning died in Jan. 1955 at Delmenhorst in Germany. He was 48 years old and only 1 ft. 10½ inches tall—or rather short. The most famous dwarf was an American, Charles Sherwood Strattan who was named "General Tom Thumb" by the great Showman P. T. Barnum. Tom Thumb was not much more than 2 feet in height when Barnum discovered him, but well proportioned. Mentally he was a normal man with a jolly nature that endeared him to Queen Victoria to whom he was introduced. He had the honour of meeting also the Royalties in Spain, Belgium, Prussia and Italy.

He married another dwarf and amassed a considerable fortune. He spent thousands of dollars on yachts, horses and diamonds. He was very fond of smoking big cigars, which did not however stunt his growth. At the time of his death at the age of 45 he had grown to 3 feet 4 inches.—(*The Sunday Standard*).

[Recently *The Mail* of Madras had published the photographs of a happy dwarf couple who were married about two months ago in Andhra Pradesa (Kurnool). They were both only about 3 feet tall.—Ed. HEALTH].

●

A Novel Press for Suits

A device for pressing a man's suit—from the inside—has been shown at a Paris exhibition of equipment for laundries, dyers and cleaners. The suit is put on a canvas dummy which is then blown up with hot air and gets the wrinkles out in a few minutes.

●

Keeping Blood Warm for Transfusion

Two Australian firms (Insulwool Products and Containers Ltd.) have combined their technical resources to develop an insulated container in which blood for transfusion can be carried without deterioration. The containers are claimed to maintain the temperature of the blood at a constant level for not less than 6 hours. Each will hold two standard medical bottles of blood or plasma as well as the apparatus for administering it to the patient.—(*World Digest*, Dec. 1955).

●

Scooting Down the River

A Berlin firm has started producing a plastic "water-scooter" which has an one-cylinder motor, claimed to be capable of ten miles per hour. The driver stands astride the motor-cowling to grip the steering bar.—(*New in Science* in *W.D.*).

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1955 AND AHEAD

THE year that has passed was one of striving for the establishment of world-peace on solid and enduring foundation. Commonsense has prevailed, thanks to the untiring efforts of our Prime Minister Shri JAWAHARLAL NEHRU, and prevented open hostilities; while there are still however, many danger spots and many problems in various spheres of human activity remaining to be solved, there is a growing realization by every nation of the futility of war. Not much progress has been made with the disarmament proposal and nuclear weapons continue to be made and tested; but efforts also continue to be made by many well-meaning and sincere politicians all over the world to evolve an agreed formula which will remove the danger, and this is indeed a hopeful sign.

The outstanding historic event of the year was the announcement by Prime Minister NEHRU at the Avadi Congress Session, of the goal aimed at: a Welfare State, and a Socialist economy, as also a Socialistic pattern of Society in the next five years. The world-tours of the Prime Minister were directed towards the fostering of peace and good-will among nations and securing the acceptance of his Panch Shila as the foundation for peace. India sent cultural and other missions abroad and received many such, all of which have resulted in the creation of friendships and amity between nations. In a few months a fresh start may be expected in India's Second Five Year Plan.

On the Public Health side considerable improvement has been made, a detailed reference to which has been made in our editorials month after month. The outstanding event is the formulation of the Second Five Year Plan

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referred to above, in which 30 new major schemes and the continuance of 24 old ones relating to Public Health have been envisaged at a cost of over 200 crores of rupees. These include water-supply and drainage schemes, malaria control, leprosy relief and research, venereal disease control, drugs manufacture and several other important measures of national importance.

The opening of the Penicillin Factory, DDT and Quinine Factories, the effective checks imposed on the manufacture and sale of drugs by means of legislative enactments and the enormous progress made in health schemes *e.g.* malaria control, BCG mass inoculation campaign and similar measures for combating other diseases in S-E Asia (India included) were amongst the other notable events of the year.

The problem of rural medical relief continues however, to be as difficult and as baffling as ever. We hope, however, that when we come to write five years later on this subject we shall have a more rosy picture to present with regard to the progress made in this direction.

We take this opportunity of wishing our numerous readers a very happy and prosperous New Year and we thank them most heartily for their hearty cooperation and good-will extended to us during the year that has passed.

A "Must" for Every Doctor

Doctors have many obligations and they all too often forget some of them in their pursuit of the practice of medicine. After the work-day is through, there is but little time for them to fulfil their family obligations—that of being good fathers and husbands. There is little time for the doctor to be a good citizen by aiding in some community endeavour. There is little time for him to satisfy his obligation to himself—to keep his body and mind up to par through participation in some active form of enjoyment—some hobby, if we may use that shop-worn term. Finally, he has little time to spare in fulfilment of his obligation to the profession—that of keeping up with medical progress, by study and attendance at medical meetings.

Doctors owe it to the profession (and to themselves) to attend at least one high quality medical meeting per year. This meeting should be of state, regional or national calibre. Attendance at these meetings serves to shake them out of the complacency engendered by every-day-practice. At the meeting they realise that other men are doing things to promote medical progress while they sap the benefits of their labour. Doctors realise that they have been asleep and that they had better do a little studying on their own when they get home. Their eyes are opened when they become cognizant once again that medicine is not as simple as they had believed.

Attendance at meetings affords opportunities for getting reacquainted with old friends and teachers—of widening their vista by absorbing their ideas. And in addition, practical and philosophic discussion with old friends is pleasure beyond measure.—*(Jour. Iowa St. Med. Journal).*

If your eyes adjust poorly to darkness, increase your vitamin A foods, *e.g.*, carrots, green vegetables, milk and dairy foods.

INFANT WELFARE

10. TEETHING AND DENTAL CARE IN CHILDREN

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

Eruption of teeth.—Usually a normal healthy child cuts its first teeth about the 7th month, when the two lower front teeth—lower central incisors appear. A couple of months later the four upper teeth —upper incisors appear. Just after the child's first birthday (12 to 15 months) the other two lower incisor teeth and the four molars (grinders) are cut. By his second birthday (18 to 24 months) the canines, four in number, appear in the spaces between the incisors and the molar teeth. When the infant is 2½ years of age, the last molar erupts. In short, the normal healthy child should have 6 teeth by the end of the first year, 12 by 1½ years, 16 by two years and 20, the full set of milk teeth by 2½ years.

The time of eruption of teeth varies even among normal healthy infants. For example, there have been a few cases where the baby was born with teeth. Teeth may erupt as early as the 4th month or as late as the 12th month. Teeth erupt earlier in breast-fed infants than in artificially fed children.

Teething is delayed in malnourished children and also in those suffering from rickets or cretinism. Irregularities in the order of appearance of the teeth have been noted in idiots and mentally deficient children.

Troubles during teething.—Teething is usually attended with pain and some infants may become irritable and have mild fever with loss of appetite and sleep. The gums may be swollen with dribbling or saliva. Some infants may start fretting and salivating even a few months before the actual teething. Some may show signs of vomiting and may even pass a few loose motions. As diarrhœa and convulsions are common in this age period (6 months to 2 years) some parents naturally but wrongly believe teething to be the cause of the malady.

Due to irritation set up in the gums, the infant has a tendency to chew and bite whatever it comes across. It is good to give the child some clean rubber, plastic or wooden toy, suitable for it to bite. The mother can gently rub the gums with a little oil or ghee as it will soothe the infant. Rusks and biscuits may be given to munch.

The milk teeth start shedding when the permanent teeth start erupting. The average time of eruption of permanent teeth is as follows: First molar 6 to 7 years; incisors 7 to 8 years; bicuspids (premolars) 9 to 10 years; canines 12 to 14 years; second molars 12 to 15 years; and third molars 17 to 25 years. (Wisdom teeth). Total number—32 teeth.

Care of the milk teeth.—Care of the milk teeth is as important as the care of the permanent teeth. Parents might wonder why the milk teeth should be taken great care of, when they are there for only a short while, only to fall away a little later. Milk teeth are essential for the proper mastication of food by the infant. A decayed tooth is painful and a neglected

one may later produce infection of the gums and of the jaw resulting in more serious complications. If the milk teeth are neglected the permanent set may not erupt properly and there may be considerable deformity in the teeth and in the jaw.

Even though the teeth actually erupt about the 7th month, they start forming in the gums long before the child is born, as early as the 4th month of pregnancy. So for the proper development of strong and healthy teeth in children, the mother's diet during pregnancy and lactation must be rich in calcium, phosphorus, Vitamin C, A and D. These needs will be met if, in addition to her normal food, she has a liberal quantity of milk, butter, cheese, fresh fruits and green vegetables. Eggs may be included if she is used to them. Vitamins A and D are best given in the form of codliver oil or shark liver oil.

The infant's diet is equally important for the proper development and eruption of teeth. Breast milk, which is a well balanced food containing enough calcium must be given atleast till the teeth erupt–say the 7th month. Cow's milk may be given later as supplement. The child's diet, even after the eruption of teeth, must contain liberal amounts of milk, butter, fresh vegetables and fresh fruits and codliver-oil or sharkliver-oil to supply enough calcium and vitamins.

Cleaning of the teeth.—The children's teeth must be kept clean. During the second year the mother must clean the teeth with a little cotton wool wrapped round her finger. When the child is able to use a brush, a small soft brush is given and for a few days the mother must teach the child how to brush the teeth properly. A good dental paste or a dental powder must be used, and the teeth brushed twice a day, in the mornings and again at night before going to bed. The brushing must be done upward and downward so as to facilitate the dislodging of food particles from the crevices of the teeth. After every meal the child should rinse its mouth with water to which a little salt is added. By observing the older children or parents in the act of brushing their teeth, children get into the habit of brushing their own regularly and properly

If brushing is neglected there is every chance of germs lurking in between teeth, causing tooth decay. The other important cause is improper diet *e.g.*, the eating of too much sweets especially chocolate, which offers a suitable medium for the germs to grow. The dentist should be consulted in the very early stages of tooth decay. For if neglected, it may result in loss of the teeth and other complications. As the proverb goes 'For want of a nail, the shoe was lost; for want of a shoe the horse was lost; and for want of a horse the rider was lost.'

Solid food (soft) is given successfully to babies nowadays from 5 months old; they thrive well and it makes weaning easier. Milk pudding, and well boiled rice and cereals may be given.

WHAT YOU SHOULD KNOW ABOUT STROKES

If you heed the warning signs you may avoid this tragic and wide spread affliction

Strokes, which doctors term cerebrovascular accidents, or apoplexy, have advanced from seventh to third place among the natural causes of death, and are now behind only heart disease and cancer. Hundreds of thousands of people are killed by stroke each year, and many more suffer non-fatal strokes. Yet stroke receives less attention than many maladies that affect fewer persons.

To appreciate the mechanism of stroke, let us review the relationship of the blood and the brain. Oxygen, minerals, hormones and other vital materials are conveyed to all parts of the body by the blood, flowing through the arteries from the heart. In the brain, if one artery is damaged or destroyed, it is often possible for the blood and its oxygen to reach the area *via* another artery. But brain cells completely cut off from oxygen live for only a few minutes. Once killed, they cannot grow back. When this happens to the cells of a brain centre, the body-function controlled by that centre is paralysed.

Strokes fall into three classifications:—cerebral embolism, which accounts for five percent of the strokes; cerebral thrombosis, which accounts for 40 to 60 percent, and cerebral haemorrhage, which accounts for the rest.

Simplest to understand is cerebral embolism After surgery and under some other conditions, a blood clot, or embolus, may break away in the body and be carried through arteries to the brain, where it blocks a blood vessel. Embolus is from the Greek word meaning "a plug." When strokes occur in young people, a cerebral embolism is usually responsible.

Once lodged in the brain, little can be done about an embolus. But administration of an "anticoagulant" drug will slow coagulation of the blood during surgery and prevent formation of clots. It may also prevent formation of additional emboli after one has been detected.

Cerebral thrombosis is more complex. Something causes a clot or thrombus, to form in a brain artery or blood vessel. In many cases the something is atherosclerosis, a form of hardening of the arteries in which fatty substances thicken the lining of the vessels.

Sometimes the artery seems to be closed by a nervous spasm. Occasionally the spasm relaxes or the brain manages to establish *some* circulation round the obstruction. When this happens, a large part of the impaired brain-abilities returns and much of the paralysis goes.

In cerebral haemorrhage, long considered the most hopeless type of stroke, an artery or blood vessel actually ruptures in the brain, owing perhaps to high blood-pressure or a weakened arterial wall, or both. In any case, the damage is double. The oxygen in the spilled blood does not go where it is needed, and the portion of the brain immediately about the break

is mechanically damaged, and other parts may be hurt by pressure.

If the hæmorrhage is massive, as in the case of President Roosevelt, death may come swiftly. But most hæmorrhages are small. There may be only a slow leakage of blood, only a few tiny arteries and capillaries broken down. Damage may not be enough to cause the patient to lose consciousness.

Some clots resulting from cerebral hæmorrhage may be removed by surgery. Where the clot has not hardened, the surgeon may drill a small hole in the skull and drain the liquid clot through a hollow needle.

What can you do to avoid a stroke? You can, first of all, have a thorough annual physical examination that will include checking your blood-pressure and your heart action. Strokes usually do not come without warning signs.

Approximately one out of every four individuals with blood-pressure of over 200 may eventually have a stroke according to the Life Extension Examiners, an organization of U.S.A. doctors which has made nearly three million health examinations. Early detection of high blood-pressure sometimes gives you the opportunity to reduce it. In doing so, you reduce your chances of having heart attacks as well as strokes.

Additional premonitory symptoms of stroke include :—severe aches in the back of the head and neck, dizziness or fainting, motor or sensory nerve disturbances, nose-bleeding and certain hæmorrhages in the retina of the eye. These symptoms, however, can be found with other diseases and are not necessarily indicative of high blood-pressure or impending stroke.

The causes of high blood-pressure remain in dispute, but doctors have come up with several methods of controlling it: (1) avoidance of overweight and strain of all kinds; (2) various diets; (3) surgery—the severing of nerves which constrict the arteries; (4) drugs which temporarily relax the blood vessels.

It should be emphasized that a stroke does not necessarily mean the end of a career. Louis Pasteur, the great French scientist who fathered microbiology, lived for 27 years and did his greatest work after suffering a stroke at 46. Sir Joshua Reynolds produced 100 canvases after a stroke at 59. George Frederic Handel composed his immortal *MESSIAH* and lived for many years after a stroke.

Great advances have been made in the treatment and re-training of stroke-patients. Special exercises and water and electrical devices are employed to restore function to limbs and teach undamaged brain-centres to take over the tasks from those that have been injured.

Much, of course, depends on the patient's own courage and desire to regain his faculties. It is humiliating for a man to have to learn to speak again, to have to teach his left hand to do what his right did, to have to learn to tie his shoes. He needs all the understanding that his friends and family can give him.

When Pasteur was stricken with a cerebral thrombosis, his condition seemed so hopeless that construction was stopped on a laboratory which the government was building for him. Pasteur learned of this, and declined rapidly. His friends appealed to the Emperor, Napoleon III, who ordered construction to be resumed. Pasteur then began to recover and in the new laboratory conquered rabies and half a dozen other diseases.—(Condensed from *Am. Legion May.* by *Reader's Digest).*

THE SURGEON, THE PHYSICIAN AND THE SPECIALIST

THE personality traits and aptitudes that go to making the good physician differ from those that are needed in the make-up of the good surgeon. The surgeon performs in the limelight. He is the *virtuoso* of medicine. His professional work consists to a considerable extent in dealing with crises. At least to the patient the surgical operation is a crisis. The surgeon, who enters and often leaves the patient's life at this time of crisis, in a sense is always on the spot. He must take (resilient) vital decisions with great rapidity. He must know his way around inside the human body with utter *accuracy, certainty and confidence.* He must be a robust, resilient, *psychologically extroverted sort of person.* If he did not have such qualities he could not take what the surgeon has to take.

The function of the physician is quite different. He is less concerned, at least if he is of the category that I have called "generalist," with crises, than with the sustained care of patients, keeping them well if he can, or trying to restore them to health if they become sick. He applies any sort of treatment that he is qualified to give and calls in specialists when skills beyond his competence are indicated. The qualities required to make a good physician are *understanding, insight, purposeful sympathy, responsibleness and patience.* Also, his personality must be one to inspire confidence. He is not on the spot as the surgeon is, and can more readily admit error without losing either face or patient, provided the patient has trust in him. His concern is with the whole patient. Heis indeed the personal physician.

The specialist occupies an intermediate position between the physician and the surgeon. Often, he retains charge of patients for long periods, but he is only taking care of a part of them. The difference, between the three categories of practitioners of medicine mentioned is that the surgeon is interested primarily in the operation and the specialist in the disease, but the nonspecialized physician or generalist is interested primarily in the person.—*(New. Eng. J. Med).*

How Not to Let Children Become Naughty

ARE your children obedient? Do they come in to meals when you call them? Do they go to bed when they are told? Will they do little jobs when they are asked?

If your answers to all these questions are "Yes," you need read no further. What follows is meant for parents whose replies are in the negative.

Magistrates, teachers, and others in authority are constantly criticizing the lack of discipline amongst the children of today.

On the other hand, psychologists and child-guidance experts insist that it is kindness and example that count; severe punishments are all wrong, they say. What are we poor, confused parents to do?

Some years ago, I was let into the secret and have since used this good old-fashioned idea on my own young family, starting as they reached the age of three—with, I believe, great success.

It all works on the principle that children need attention and affection. Withhold these, and they will do their utmost to regain them. Therefore, when little Radha insists on tearing up your new magazine, and noisily refuses the alternative of an older one, simply send her to her room, thereby depriving her of the attention and affection she values so highly and prizes so much.

"Isolate the child for two or three minutes," the psychiatrist told me. "She will soon decide that it is better to behave herself and regain the love and companionship of the family than to remain unnoticed in solitude."

Perhaps young Anujan is screaming persistently for another chocolate-biscuit..... A few minutes of isolation, and he will realize that there is not much fun in screaming when there is nobody to deafen.

It is important to remember not to argue or to lose your temper on these occasions. Calmly take your son (or daughter) bodily if necessary, and put him in his room. Make it clear to Kannah that when he is prepared to conduct himself properly, he can come downstairs again. Then close the door firmly behind you.

One to three minutes alone should be long enough for the younger members of the family, but as long as fifteen minutes may be necessary for the really naughty older boys and girls.

Allow Kannah to rejoin the family when he shows that he is prepared to behave properly and then—most important of all immediately reward him with attention and affection as the rightful due of obedient, well-behaved children.—(Adapted from *Weekly Scotsman*, Edinburgh).

Do you know that cigarette smoke contains about 1 per cent carbon monoxide, the gas that suicides use when they put their heads in the gas oven? It also contains nicotine, pyridine and ammonia gas.

GROWING OLD GRACEFULLY

MARJORY WARREN, M.R.C.S.,
West Middlesex Hospital, London

ALL who escape the hazards of infancy, childhood, adolescence and middle age, will get old and therefore, it must be of great interest to all to know something of old age and the way in which to grow old gracefully.

The well-being of a nation or community of people depends upon full health and happiness. It is well-known that full health depends not only upon organic physical conditions, but also upon mental reactions and environment, and that happiness depends partly upon physical well-being and very greatly upon environment. Mental distress, anxiety and unhappiness, are all responsible for physical ill-health, and the ravages of physical illness on mental harmony, are well-known.

A race of people can only be fully satisfied if all sections are cared for adequately. For example, a healthy infant community is not enough, if by keeping the infants fit, their parents are so overworked as to fall ill themselves. Similarly the older group must be so cared for, that they do not become a burden to themselves or their children. Misfits and maladjustments, are found, mainly among adolescents and the elderly.

Both adolescence and old age are periods of great insecurity of place. On the one hand the adolescent is about to leave the family home and no new place in adult life has been made, and on the other hand, often the place made and held for many years has been lost or surrendered by the elderly.

Condensed from 'Health Horizon'
by
Rao Saheb T. N. S. RAGHAVACHARI,
Royapettah, Madras-14

To be at their best, the elderly need four things: (1) good health; (2) useful congenial occupation, commensurate with strength and mental alertness; (3) security of place with independence; and (4) friendship from those who want or need them.

Good health.—Old people especially should remember that it is *easier to keep well than to get well.* Full physical health depends therefore, upon an intelligent prevention of all illness, which can be obviated, and upon early and adequate medical attention for all conditions as soon as they appear.

Special attention should be paid to the care of feet, teeth, eyes, ears and to clothing and diet.

Care of feet:—If feet are uncomfortable, painful or sore, then the individual will probably become housebound and later bedfast. This results in loss of fresh air, in loss of appetite and in an inclination to sleep irregularly by day and night. Such a state of affairs may cause loss of interest and contact with friends. Such a small beginning with such serious results must surely call for preventive measures.

Teeth:—As people get older, teeth often loosen or decay, and not infrequently are lost. Such losses should be replaced at once by well-fitting dentures for without

teeth, many kinds of food cannot easily be taken and cannot be properly masticated. In addition to dietetic difficulties, which are very important, a teethless person fails to speak.

Eyes and ears:—Impairment or loss of vision and hearing, greatly reduce a person's activities, and capacity for enjoyment. As soon as eyes or ears fail, medical aid should be sought, for often in the early stages both can be substantially improved. In passing, it should be noted that glasses need to be prescribed personally for an individual, and should not be handed on from one person to another, as the wrong lenses may do considerable harm. It is normal, as folk get older, for their eyes to change and such changes require new glasses from time to time.

Clothing and diet:—Clothing must be comfortable, and light and warm. If an elderly patient has some disability, such as arthritis, then clothing should be adapted in such a way that either no help or the minimum assistance is needed in dressing.

The diet should be varied, adequate but not too heavy, especially at night. If teeth are maintained in good order, there should be no difficulty in masticating green salads and green vegetables. Too much carbohydrate and too little fresh fruit which is common amongst elderly people leads to several bad results such as obesity and avitaminosis and constipation.

Appearance and personality.—Personal appearance and character are two of the most valuable assets, and in the later years of life these become absolutely indispensable. The man who remains spruce in appearance, gallant in manners and can be interesting and amusing without boring, will not lack company. But those who are careless in dress, slovenly in appearance with uncared for hair and ill kept teeth, will attract none and will even repel some. Let all take heed how easy it is to lose charm (and therefore, caste) and yet how much better to remain attractive and therefore acceptable.

Useful and congenial occupation has the best influence on personality and this varies tremendously with the individual. Some may continue to work in a part-time capacity, while others will develop a hobby or hobbies after retirement. It does not much matter what the work is, so long as it is constructive, satisfying, congenial and not too strenuous for the individual's physique or too exacting for his mental condition. While an individual is working, he is carrying out man's function, as soon as he is idle he becomes introspective and a parasite.

Securily with independence.—If an elderly person has a home of his own or lives with relatives or friends, if he has sufficient money to sustain himself congenially, and if he enjoys good health, then in most cases independence is his for the asking, and he should remain self-supporting and happy. In many cases, however, elderly folk have not all these conditions and may even have none, and it is when such conditions are lacking that the fear of insecurity is born and bred.

Friendship.—The best conditions for normal and satisfactory relationships are: friendliness, independence for personal needs; cleanliness; and a happy nature.

These conditions cannot be cultivated in a day and as a rule will be the outcome of a personality developed in the earlier decades. As they are essential to the greatest happiness, then it must be agreed that the individual is largely responsible for his own happiness, and also for his own independence.

The fashions of most things change with changing time and the elderly must remember that they are the privileged guests of the next generation and should not act as the intolerant overbearing owners of their present age. At the same time they should be proud of their heritage of years and modest but generous with their wisdom and knowledge.

Much philosophy is needed in order to grow old gracefully and this must be learned during the earlier years by studying old age and old people and noting the personal reactions of individuals and environments. Younger and middle aged people must associate with the elderly for two reasons. Firstly they can always help to enrich the lives of those who are older either by material service or by their own experiences, and secondly the only way to learn about old age is to associate with it and to study the effects of environment upon old people. By so doing, each must learn either positively how to grow old in the best way or negatively what *not* to do.

It will be observed therefore, that to grow old satisfactorily and gracefully is an active process, the success of which depends upon the individual's knowledge of fundamental principles, development of personality during the whole of one's life time and to some extent upon environment.

STOP ALL THIS NOISE

It is not only the sudden BANG or the unexpected CRASH that unnerves people, but the daily exposure to noise of high intensity. A distinction must be made between pleasant and unpleasant noises. To most people the sound of metal coins is most pleasant at any place, any time. Two sorts of noise that most people cannot endure listed in the *Daily Mail*, London are:—the spluttering thunder of pneumatic drills, the scream of jet-air craft, ill-silenced motor cycles, lorries grinding uphill, telephone bells, chair scraping, refrigerator hum, banging of car doors, uncontrolled blaze from radio and television sets. [We may add the screams of ill-mannered unruly children, Ed. HEALTH].

COOL TOUCH FOR DENTISTS

The American Dental Association reports the use of a new device that generates gradually refrigerated air to deaden pain in dental patients. The temperature of the air stream developed by the device is lowered from 98 to 33·8 degrees Fahrenheit, thus anæsthetizing the gum tissues.

When the work is complete the air stream is warmed to body temperature. Dentists using the method report that out of 100 people treated, only six reported any pain.—(*World Digest*, Dec. 1955).

World Problems of Nutrition

A Joint Expert Committee on Nutrition of the FAO and WHO presided over by Professor B.S. Platt and composed of high authorities from several countries has recently issued a 58-page-report which contains a summary description of the principal nutritional needs in different parts of the world and an account of internationally aided efforts to meet these needs. The committee has considered it necessary to revise the 1950 FAO report on caloric requirements, which has served as a guide for studies in a large number of countries. Specific problems in nutrition are dealt with in the report, amongst which the education and training of nutrition workers; anthropometry in the assessment of nutritional status; endemic goitre; food additives and problems of diet and health including deficiency diseases figure prominently. Protein malnutrition and its solution through the provision of greater supplies of protein-rich foods for the more vulnerable population-groups—pregnant and nursing women, infants, and children—are given particular consideration. It is suggested that there is need, in certain regions, to develop foods which utilise good sources of protein other than milk.

The enrichment of skimmed dried milk with vitamins A and D has come to be acclaimed as a sound process in the promotion of nutritional status. It is coming into increasing use as a valuable source of easily assimilated animal protein is supplementary and emergency feeding programmes. The skimming process removes vitamin A, but provided that technical difficulties can be solved, the addition of Vitamins A and D to dried milk for use in nutrition programmes in areas in which deficiency of these vitamins is prevalent could do much to increase the value of this "surplus" food. Regarding pellagra, it is emphasised that the information available on this disease needs to be assembled and published in order to call attention to the disease as a public health problem and to stimulate research and control efforts.

The report contains also a section devoted to the relationship between diet and the development of degenerative diseases not suspected to be nutritional in origin. The evidence to suggest, for example, that degenerative heart disease, which is the most frequent cause of death in many countries, may be due in part to habitual diet, particularly to high fat diets, is a subject which warrants internationally co-ordinated investigation.

Another problem of increasing importance which is considered in the report is that of the addition of non-nutritive substances to food—colouring matters, flavouring and sweetening agents, preservatives, and other additives, the number of which is increasing and the nature of which varies greatly from country to country. International study of this problem is proposed with the object of laying down acceptable, general principles for popular use of food additives.—(*Med. Officer*, London, 14-10-'55).

THE MOTHER—CHILD RELATIONSHIP

IN THE TREATMENT OF MALADJUSTED CHILDREN

With the usual form of relationship therapy in treatment of maladjusted children in which separate individual sessions with parent and child were conducted by different therapists it appeared that the more "live" the material presented, the more generally effective the result. However, a *common* basis of experience with the child was not available; the child's behaviour in the family constellation was available only to the parent. In the search of a more direct method of dealing with the relationship difficulties a technique which allowed considerable variation to fit in with the needs of the child was devised. The author describes the method used and gives extracts from case records.

The theory adopted was that maladjustment was the result of blocks to the natural development of the child caused by disturbances in the parent-child relationships. Therapy modified or removed these obstacles by freeing the child through play therapy and through development of insight by the parent. In the new procedure parent-child play sessions observed by the therapist by one-way vision screens were introduced when the mother in theraupetic sessions, had come to recognise the vital importance of the relationships between herself and the child. Sessions consisted of weekly play periods of between herself and the child. Sessions consisted of weekly play periods of between 30 and 45 minutes. The mother was advised not to change her attitude for the occasion and to play as at home. As soon as possible after each session the records were discussed with the mother by the observing therapist. The process continued until it was agreed that the task was completed, or until the mother felt able to deal with the problems.

The method has been used successfully with about 100 children aged 3½ to 10 years who showed a variety of problems. It is particularly appropriate for the younger child. Because parent and child are not separated in therapy, the method has a continuity with ordinary life experience. There is, therefore, little unnecessary traumatic effect, and a really continuous form of therapy takes place. Steps taken up in sessions are naturally followed up by parent and child in all contacts. The technique is valuable diagnostically and therapeutically. Its effectiveness is limited according to the intelligence, amount of insight, and desire to help the family on the part of the mother. It places responsibility where it belongs and gives parents an opportunity to make up for their own failures. Severely disturbed, especially paranoid, parents are not likely to be able to benefit. As a technique which can be varied and used with other procedures, this approach may prove specific for certain types of problems in young children. It has obvious advantages in that it provides a ready method of checking therapeutic results and is an effective means of training.—(*Br. Jour. Med. Psychol.*, June 1955).

HOW TO MAKE LIFE WORTH LIVING

I FIND it quite impossible to describe fully the natural power that animates all around me and the unity I feel with the earth and with all living creatures.

It is a feeling of agelessness, of well-being, goodness and kindness. I feel myself to be part of the miracle of life, part of the Divine Plan which has existed for all time and will outlast man on this planet.

Even when I have been desperately ill, or facing great danger, I have had no fear of death. Certainly I should be sorry to die, as I feel I have much to do in the world, but the thought of a physical ending of my life means nothing to me.

Concerning death itself, I feel immense calmness and trust.

This faith of mine is the secret of my fearlessness in face of physical danger. I can meet it calmly, knowing that death will come in its own good time and is not a matter of fear.

If we pass each day as well as it can be passed, without causing sorrow to others, then our life will be worth living.

I have the feeling that every moment of life is precious and must be used to the best advantage. There is a great deal to be done in our life-span and it is essential to do it to the best of our ability.

For instance, I will fight to the last to prevent the brutal extirmination of animals, the senseless chopping down of trees, the spoliation of native peoples and the waste of the world's wealth.

To bring happiness to the very old and sick, to give children confidence in real values, is life to me. These are the important things. Money is unimportant. It cannot purchase freedom or happiness, for these are attributes stemming from spiritual sources within ourselves. (Michæla Denis in *World Digest*, Oct. '55).

ETIQUETTE FOR EVERYBODY

We all enjoy giving advice, and it often takes a good deal of self-control not to tell our friends how to run their lives. But they'll like us better if we don't.

1. Resist the temptation to give unasked-for advice. If you're wise, you won't tell Joe to take his money out of Consolidated Bananas and invest it in United Pickles, even though you're convinced it would be advisable. And you'll let Josephine hang those burnt-orange curtains in her newly decorated living-room, in spite of the fact that shocking pink is obviously a better colour.

2. Beware of giving advice you're *not* qualified to give—even though you are asked for it. When Tom consults you about his fibrositis, do not tell him how your Uncle Abner used neat's-foot oil on his back and hasn't had any trouble since. When Dick says that the roof of his house is sagging, don't show him just how to prop it up. If, after such advice, Tom's shoulder gets worse and Dick's house caves in, you'll have a few pangs of conscience.

3. Avoid the most serious temptation of giving people advice on their emotional problems. When Jane comes to you with her marital troubles, or Jim tells you a tale of woe about his unreasonable boss, the only safe thing to do is to listen sympathetically and say nothing. Otherwise, in their emotional state they may act on your advice, but when they simmer down they may be sorry they did so.—(*This Week*).

ISLANDS OF IMMUNITY

MEDICINE'S MOST AMAZING MYSTERY

DEEP in South America, Eugene Payne, M.D. found nine areas, each magically free of a major disease.

Scattered across the mountains and jungles of Bolivia, Brazil, Ecuador, and Peru is a handful of primitive villages, so tiny that some of them are not marked on maps. Hidden somewhere among them in the water, soil, food, perhaps even in the minds and bodies of their inhabitants are six medical secrets so precious that their discovery might alter the course of history.

Each of these villages is an island of immunity to a particular disease that challenges modern medicine: heart disease cancer, malaria, hookworm, tooth decay, mental illness.

All round them, almost right up to their front doors, there is sickness and death. Their inhabitants live for the most part in what we would consider poverty and filth. When an outsider carrying one of the infectious diseases comes into the area he should, by all scientific rights, set off an epidemic. But nothing happens except that, in some cases, the outsider gets well. *Why?*

On my way to an assignment in the province of Loja, Ecuador, on the eastern slopes of the Andes, I heard of a British engineer who had developed high blood pressure and severe heart damage. Medical treatment did not help, and it was soon clear that he could never work again. In Loja the mountains are beautiful and the simple scale of living inexpensive; so he went there, a semi-invalid, to spend his few remaining years.

I looked him up. To my astonishment he was completely well. His heart was in good shape and his blood pressure, over 200 when a doctor last saw him, was normal. He told me that as long as he stayed in Loja he seemed to be perfectly well, but as soon as he left the area his blood-pressure zoomed and his heart gave him trouble.

But heart disease is almost unknown among the inhabitants of the 4,400-square-mile province. Outsiders who come there with poor hearts often report within six months that they are well.

Loja is no paradise—there was plenty of dysentery, malaria and typhoid. And 40 miles away, the incidence of heart and circulatory disturbance is about what it is elsewhere.

In 1943 he undertook a special mission to see what could be done about cleaning up several areas where a malaria epidemic was spreading rapidly. As they made their way through swampy jungle and up the steaming Amazon he had never seen better country for malaria, and there was a lot of it. In a town called Breves (population 557) he found 100 per cent incidence.

They did what they could for the suffering people, and moved on. Eighty miles up river was another village (2000 population) known as Gurupa. It was poor, insanitary and located barely

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above the level of the surrounding swamp land.

But its people looked at them blankly and said, "Malaria? We have not had a case for nearly a 100 years!" It might be well true for he did not find a single one. And remember that malaria is the world's worst killer, causing three million deaths annually.

On the same mission he ran across the amazing case of two Brazilian villages, Peixe and Porto Nacional. The former was so ridden with malaria that many of its inhabitants could scarcely do a day's work. The latter, only 90 miles away, was entirely free of it. "It is always so," the residents told him. They added that if one of them went to work in Teixe, he usually came home shaking with fever. Yet, once home, the victim did not spread the illness through the local mosquitoes.

The immunity does not appear to be inherited. Intermarriage between the two villages is common The new family and their off-spring, contract malaria or escape it, according to which village they live in.

The only difference he could discover in the two towns was the water supply. The malaria-ridden town drinks from a river. Porto Nacional drinks from bubbling springs, which appear to have a strange mineral content. He would like to analyse that water, and that of two other malaria-free villages that he briefly inspected—Tingo Maria, in Peru and Riberalta, hundreds of miles away in Bolivia. The malaria-carrying mosquito in these areas lays her eggs, as usual, in any patch of still water, but you never see the "wigglers" transform into the newly born mosquitoes. Something present in the air, soil or water prevents the metamorphosis.

Some years ago when he was working in the interior of Brazil he learned from a resident health-officer that cancer is an extreme rarity in his area. While there, he recorded 60,000 case histories —and found no cancer.

In central Bolivia, in the districts of Cochabamba and Chuquisaca, mental illness is so rare they have no word for *insane*.

These Bolivians work hard, want little. They are not driven by ambition but are content to stay tranquilly in their hidden mountain valley. These, some observers have concluded, explain their freedom from mental illness but other isolated areas with a similar self-sufficient philosophy have their quota of paranoids and schizophrenics.

He discovered another island of immunity in Callejon de Huaylas, a 75-mile-long mountain valley in Peru. There the people have complete freedom from that debilitating and often fatal intestinal parasite we call *hookworm*. Even when exposed to what seems like sudden infection, they resist it. Yet their neighbours in the surrounding areas know hookworm as their greatest misery. What is the secret?

Scientific researchers must be extremely cautious about reporting hopeful possibilities until they are proved to be facts. He did not have the opportunity to conduct a full scale investigation of these mysterious islands of immunity. Consequently he is concerned lest people who are suffering from any of the more serious diseases may be tempted to visit these areas to seek relief. We certainly do not know enough at this time to warrant such visits.

Research scientists have reported similar islands of immunity in other isolated parts of the world. To conduct proper studies of them is a job for a multi-talented team of scientists. The project needs the sponsorship of a medical research organization, a private foundation or a Government health department. The results, if successful, could give us tremendously powerful weapons in the fight against six diseases which plague the world.—(From *This Week* via *Reader's Digest*).

Supplementary Value of a Balanced Malt Food to Poor Rice Diet

The consumption of milk by the people of our country (India) is woefully poor (about 2 to 3 oz. per head) as compared with Europe or America where it is nearly 10 times more. The minimum requirements recommended by the Nutrition Advisory Committee of the Indian Council of Medical Research is 10 ounces per head. Even the low figure for India mentioned above, is only an average and does not represent the true state of affairs; for milk is a luxury and a rare commodity to the majority of people in India. Even during illness the poor people take only rice gruel when liquid diet is indicated. Milk being thus a costly item beyond the reach of the poorer classes, there is need for a nourishing but cheap substitute for milk, particularly for growing children, pregnant women and nursing mothers. Dean, in his special report to the British Medical Research Council in 1953 reported that about half the milk in the diets of infants up to one year of age could be replaced by a mixture of malted cereals and soya flour and even more in the diets of older children. The Central Food Technological Research Institute of India at Mysore has, we understand, recently processed a nutritious but cheap malt food, which has been shown by animal experiments to be of great supplementary value to a poor vegetarian rice diet. The main ingredients in this preparation are stated to be; cereal malt, groundnut flour, roasted pulse flour, skim milk powder and sugar, suitably fortified with vitamins and minerals. The results of the animal experiments with this malt food showed that it has a supplementary value to poor rice diet, comparable with whole milk powder.–(Adapted from *C.F.T.R.I. Bulletin* for Nov. 1955).

The correct walking position is feet parallel, toes pointing straight ahead, weight on the outer and fore-part of the feet.

IS THERE A LIFE AFTER DEATH ?

THERE are six categories of mankind into one or more of which every rational individual may be classified. If Job's question were propounded to any group, their answers could be roughly classified as follows :

1. The *crass materialist* would answer with a strong negative on the ground that nothing exists which cannot be known by means of the five senses.

2. The *sceptic* would answer, "I doubt it on the ground of insufficient evidence."

3. The *agnostic* would declare, "I do not know because I have never experienced it, nor I know until my time comes to die; neither can anyone else know for the same reasons."

4. The *atheist* would say, "There is no God, nor eternity for man. Death ends it all."

5. The *infidel* would admit the possibility of life after death, but would insist that in no way should it affect man's existence on earth. He would be simply unfaithful to all he has heard, much of which he accepted as truth in other years.

6. The *believer* would give the only positive answer to Job's question when he declared with the Apostle Paul, "I know whom I have believed, and am persuaded that He is able to keep that which I have committed unto Him against that day." Nor do we find alone in holy writ these noble expressions of faith, hope, and love; poets, artists, musicians, have all left indelible impressions upon succeeding generations to the effect that "it is not all of life to live nor all of death to die." Shakespeare has Hamlet to say in one of his soliloquies :

> And makes us rather bear those ills we have
> Than fly to others that we know not of.

Could we, who are left behind, know the state of those noble physicians who have passed on, we could sing with the poet :

> Life is real ! Life is earnest !
> And the grave is not its goal ;
> Dust thou art, to dust returnest,
> Was not spoken of the soul.

In the meantime you must carry on until many more of the dread and deadly diseases known in this generations shall yield themselves to your skill. We, the people who are your patients, look to you for guidance in our health programme and to bring us through the shadows when we are sick. They who have died left many tasks unfinished and many victories to be won.

> Friend after friend departs :
> Who hath not lost a friend ?
> There is no union here of hearts,
> That finds not here an end :
> Were this frail world our only rest,
> Living or dying, none were blest.
>
> Beyond the flight of Time,
> Beyond this vale of death,
> There surely is some blessed clime,
> Where life is not a breath,
> Nor life's affection transient fire,
> Whose sparks fly upward to expire.
>
> *There IS a world above,*
> *Where parting is unknown ;*
> A whole eternity of love,
> Form'd for the good alone ;
> And faith beholds the dying here
> Translated to that happier sphere.
>
> Thus star by star declines,
> Till all are pass'd away,
> As morning high and higher shines
> To pure and perfect day ;
> Nor sink those stars in empty night—
> They hide themselves in heaven's own light.—(*Texas State Jour. Med.*).

A Basic Factor in the Production of Nervousness :-Security

ON all hands and on all sides of us, we hear the term "Security" being used. There are certainly many phases of security but in a psychiatric sense I like to think of the following units.

The first great security is economic. We must all have shelter, food, light, heat etc. We want this security now and we look forward to accumulating enough so that we will have such economic security when we are unable to work and produce.

In the last 20 years increasing taxation and inflation has conditioned us to make us more anxious and more fearful as to this ecnomic security both in the present and in the future.

In the second place, we want physical security from disease and we want to be secure in our health.

In the next place, we want to remain well *mentally* and not become psychotic and not have to be treated in an institution. In other words, we want security both economically, physically and mentally.

In the next place, we want security so far as our relations with our mate and our family. We want an absence of domestic difficulties within our family and we want real love and devotion within our home.

Probably the last and greatest security that most people are looking forward to, is that of *spiritual security*. They want to be safe in that great world beyond the grave. In general, it is the emotional disturbances over the five great securities that increase people's nervous tension and produce many of the projected nervous symptoms.

The anxiety syndrome was first described by Hecker in 1893. It has been known by many misleading terms, such as neurocirculatory asthenia, spastic colon, nervous exhaustion, nervous breakdown, shattered nerves, etc. The picture varies in the number, character and severity of the symptoms. We must understand that every person is basically anxious and that the anxiety syndrome may be symptomatic of other mental disorders, such as pathological depression, schizophrenia, and even organic disturbances associated with paresis, trauma, and post-encephalitis. The patient may complain of difficulty in sleeping, of being fatigued, of headaches, of pressure on the top of his head, of a band around his head, or of attacks when his heart beasts fast, or itching over various parts of his body, or undue perspiration, or almost any symptom that you may think of. Examination will usually reveal a tense, restless, ~~u~~easy individual with cold, clammy hands and feet. The pulse-rate may be increased, the abdomen may be tender to palpation, and the deep reflexes are usually over-active.

The patient should be permitted to give all of his symptoms and the doctor should be more attentive. A careful physical, neurological, and serological examination should follow, and one should be sure that the individual does not have some structural disease of his body or some organic disease of his central nervous system.

It is very embarrassing to the physician who has treated a patient for nervousness or has treated him for an increase in his nervous tension state, to find out subsequently that the patient was a case of early paresis or has some trouble such as brain-tumour or some other disease of his body. We often hear that the diagnosis should be made entirely by elimination, but, on the other hand, we can find positive evidence of a disturbance in the individual's emotions in the past or in the present. The physician must be prepared to spend sufficient time to be sure of the diagnosis and of the actual development of the illness of that particular patient. One should have a thorough acquaintance with the person's problem, his assets and his liabilities. Engaging in a frank discussion of all his problems and giving the patient an opportunity to express himself, is the beginning of therapy and has been known as æration or ventilation. The physician must be to some large degree, a listening post.

It is very important that therapy begin with the entrance of the patient into the doctor's clinic. A long initial interview and subsequent interviews have a decidedly beneficial effect because they instil confidence in the patient and make him realise that the physician has a definite interest in his problem and can give him prospective relief. With adequate examinations, explanations, and detailed analysis, the majority of patients will be able to see the real nature of their illness and have what is known as insight.

It was in the mid 20's that psychoanalysis or teachings of Freud began to take root in America and gradually this type of treatment began to be popular. A limited number of patients can be treated by psycho-analysis. The objection to the treatment is that it takes too long and is too expensive for the average individual. The emotional conflicts of the individual's past life which have been buried in the sub-conscious, are brought to the surface and discharged or transferred to the examiner.

Treatment—During World War II, narco-analysis or narco-hypnosis was first used on a rather large scale. The patient lies on a bed or table and the physician injects a small amount of sodium-pento-barbital or sodium pentothal into the patient's vein. The patient does not go entirely to sleep but only a sufficient amount is injected to produce a state between being awake and being asleep. This state is spoken of as the twilight state or the dream state. It is quite similar to the first state of general anæsthesia.

In this state, the patient will talk, and, if given a few directions by the physician, he will relate many of his emotional conflicts of early life. It is possible to keep a patient in this semi-sleep state for as long a one to two hours and permit him to talk during this period.

It is amazing how many hidden emotional problems will be related by the patient during this period. When he awakens, it is the duty of the physician to discuss all these emotional problems with him, to analyse them for him and to put them together for him. This is called narco-synthesis. Usually, the patient on awakening has no memory of the emotional conflicts which he discussed with the physician during the narco-hypnotic or narco-analytic state. It has been considered a rapid form of psychoanalysis and has been of great value in the successful treatment of many hundreds of patients. It can be repeated any number of times without any danger to the patient. However, it should be in the hands of a well-trained psychiatrist and should not be used indiscriminately or without discretion — (Condensed from the *South Dakota Journal*).

ARE SPECTACLES ALWAYS NECESSARY?

In his report for 1954, Dr. Davidson, Principal Medical Officer of Somerset, has included certain important observations made by Dr. Higham, Ophthalmic consultant at the Taunton and Somerset Hospital, on the question whether spectacles may not sometimes be prescribed unnecessarily for children. In his experience, in patients with even high degrees of astigmatism, visual acuity may be impaired very little when they have not been accustomed to using spectacles constantly and there will be few symptoms of eye-strain. He feels that there may be a danger in the indiscriminate prescribing of spectacles and is forming the impression that in many cases the emotional harm done outweighs any doubtful benefit of improving the visual acuity from, say, 6·12 to 6·6. He does not feel convinced that in the absence of eye-strain or squint a visual acuity of 6·18 is any real handicap to a child. The decision to prescribe spectacles for a child has to be seriously considered from many angles, requiring far more thought than would be given to an adult patient who is free to accept or reject advice.

Dr. Higham is of the opinion that considerably more attention should be paid to heterophoria (tendency for the eyes to turn away from the position correct for binocular vision; a latent deviation); this condition is probably present more often than suspected. It will cause more disability than refractive errors and may well account for many cases of disinclination to learn. The medical auxiliary has little difficulty in detecting it once the method of testing has been explained. Fortunately it responds readily to treatment. He considers too that alexia (word-blindness) in varying degrees may be more common than we think.

Referring to the screening of children before they are sent to the eye-specialist for examination Dr. Higham considers that this work is carried out efficiently, in spite of many practical difficulties. "I have never had the impression" he says "that an excessive number of children with normal eyes are referred to my clinics, and I cannot bring to mind any case which may have suffered through undetected defective vision."–(*Medical Officer*, London, 26th Aug. '55).

DOCTOR AND PATIENT

There are several problems which beset the medical practitioner in his daily routine :—

1. The doctor, analogous to the patient's closest kin and friends, is a person who can be trusted with the most private and intimate affairs and feelings of the patient. But at the same time the doctor does not admit his patients to intimacies with himself, does not "reveal" himself to the patient, physically or mentally. If he happens to be a personal friend of the patient he will be well-advised to segregate the two roles.

2. The doctor's "trustworthiness" and authority are based on his assumed technical competence. This technical competence, in accordance with the patient's wish to be cured and in keeping with his regressive state, is exaggerated out of proportion. Any situation or occasion which shatters the patient's primitive belief in the doctor's magic powers accentuates previously hidden negative feelings and doubts and may lead to change of doctor in the partly rational and partly irrational hope of finding someone who can repair what perhaps cannot be repaired.

3. The doctor is an authority and wields authority as a technical expert. He can give "orders" but is in no position to enforce them or to penalize a patient for not carrying them out. His authority is strictly segmental in nature; it is confined exclusively to matters concerning the patient's health. He can impose restrictions in diet and on physical activities. He can sometimes justifiably counsel a change in occupation. But he trespasses on his legitimate rights and does more harm than good by telling a woman patient that what she needs is a husband, a child, or sexual intercourse!

4. A doctor should treat his patient equally, regardless of colour, creed, nationality, social and economic status, or other distinctive features. But who of us has not been influenced at one time or another by the appearance and manners of his patients, or by their social status in the community? And who of us has not been guilty at times of giving more careful attention to a wealthy patient than to an indigent one?

5. A doctor is supposed to assist the needy irrespective of monetary gain; but doctors also have to live and support their families. Moreover, living as they do in an acquisitive society with keen and often unscrupulous competitiveness, monetary gain is frequently regarded as a sign of success and as a means of much-needed recognition. Consequently the temptation is often great to place self-interest, before the interest of the patients, to promise "miracle cures" against better knowledge, to prescribe injections which are not needed, or to play up to the patient's request for gadgets which may not be required. There is more than a grain of truth in the charge that the Hippocratic oath is in danger of being replaced by salesmanship, based on the "get-rich-quick" principle.

It is Not All a Bed of Nails!

WHAT does the word Yoga mean to you? Probably like most people you conjure up a slightly absurd vision of scantily clad *fakirs* squatting motionless for hours, or lying contentedly on beds of nails.

If, however, you consult the dictionary you will find that Yoga is defined as 'meditative Hindu philosophy.'

And meditative is the operative word. For the practice of meditation is the cornerstone of Yoga philosophy. The aim of this process of "searching for the oneself" as it is termed is to achieve a new awareness of one's inner self.

There is no doubt that the ancient *Yogis* of the East performed some remarkable feats. They have been known to go for long periods without food; they have walked through fire without injury; they have been buried alive and emerged unharmed.

Adherents of Yoga maintain that the techniques which enabled the ancients to obtain such powers can be applied to everyday life with astonishing results. In fact, they are convinced that Yoga practice is the sure way to healthful and successful living.

There are various branches of Yoga, all of them equally important. These are mainly: Raja Yoga, which strengthens the nervous system; Hatha Yoga, which is the path to robust physical health; Gnana Yoga, which induces inner harmony; Mantra Yoga, the science of vibration; and Bhakti Yoga, which aids spiritual development.

Yoga claims to teach self-discipline, and strict observance of the regimen certainly requires it.

There is a suggested Yoga diet, though the devotees do not insist upon it. Natural foods, such as green vegetables, honey, garlic, to mention only a few, are preferred. Over-eating is deplored, as is the excessive use of alcohol and tobacco.

Personal hygiene is important. The body is regarded as the temple of the spirit, and consequently must be kept clean and pure.

Emphasis is placed on a sequence of slow, deep-breathing exercises, to be practised daily. It is believed that these create an inner harmony and peace, as well as cleansing and purifying the blood.

The Yogic postures, or *asanas* as they are termed, consist of slow, stretching physical exercises, rather like our modern gymnastics performed in slow motion. These are believed to have a beneficial action on the glandular system.

There are also exercises for achieving meditation. These involve withdrawing to a quiet corner and fixing the mind on a certain object or thought.

The ultimate goal is to stop all conscious thought, if only for a short time. There is no doubt that this method does help to develop concentration and a serenity of mind.—(Charles Mannings in *Health and Strength*).

Pleasant Topics from Periodicals

Quality of Mercy

If Shakespeare had been modern: "The quality of mercy is not only strained. it is tenderized, homogenized, pasteurized, filtered, artificially coloured, and flavourited, with 400 units of Vitamin D added.—*(Tulsa. Topics)*.

●

Laundering in Excelsis

Passengers on a crowded bus were thrown into a panic the other day, when just as the bus started—a woman's voice shouted : "Wait ! Wait till I get my clothes off !"

Startled, the driver stopped the bus dead. When he dared turn around, he saw a woman making her way down the bus steps—carrying a large basket of laundry. - *(Yorkshire Post)*.

●

Long and Short

A tourist driving along through the country noticed a farmer and his little daughter sitting under a tree. The tourist pulled up alongside and admired the little girl.

"What do you call her ?" he asked the farmer.

"Amalasyintarosa", the farmer replied.

"Isn't that a rather very long name for the sweet child ?" The farmer looked at the tourist with contempt. 'Listen, Son ! we are not city-folks : we've got time '-(*Copper's Weekly*).

●

Red-tape with a Vengeance

A Colonel was transferring to a new command. On reaching his depot, he found stacks of old documents accumulated in the archives of his predecessors, so he wired headquarters for permission to burn them, Came back the answer in two hours "yes : but make copies first !"—*(Montreal Star)*.

●

A Trick that Pays

After 18 years of answering calls to rescue children who have locked themselves in bathrooms and refused to come out, a fire service captain has worked out this easy trick to make them come out. Ascertaining the sex of the child he goes to the door and if it is a boy calls "come out little girl !" and if a girl "come out, little boy !"

The indignant culprit usually emerges atonce because what girl wants to be called a boy and *vice versa* ? - (*Family Magazine*).

●

Ash-tray for the Light-Fingered

While awaiting his order in a little tea garden hotel a man noticed that the ash-tray on the table had about half an inch of water in the bottom. This struck him as a good idea for extinguishing cigarettes, and when the waitress returned he commented on the fact.

"Yes," she said "and it also discourages people from slipping them into their pockets as souvenirs."—(*World Digest*).

●

Password

The Maternity Hospital was 30 miles away and the road was under repair. Time was getting short and as we waited impatiently for the flagman to wave us on at a road-block my husband stared at the *MEN AT WORK* sign. Suddenly he snatched a piece of cardboard from the back seat and scrawled on it *WOMAN AT LABOUR* and held it out of the window. From then on, each flagman sent us ahead as speedily as possible—and we reached the hospital 20 minutes before our son arrived."—(Mrs. B. Robinson in *Reader's Digest*, Dec. '55).

* * *

One young man to another : "It is not that I spend more than I earn, it's just that I spend it quicker than I earn it."—(P. G. Harris).

* * *

Woman to woman on bus : "Alimony is her idea of a guaranteed annual wage."—(C. Moore in *R.D*).

* * *

Introspection: In Illinois, the State Senate decided for "reasons of efficiency and economy" to eliminate the *Committee on Efficiency and Economy* ! -(Miscellany : *Time*).

* * *

Matrimonial agent : "There is one lady I can offer you, but she has a squint and false teeth."

Applicant : "False teeth ! Are they gold ?' —(*Joker*).

* * *

Customer : "I don't like these photographs. They don't do me justice."

Photographer ; "Justice ! Lady, what you want is mercy."—(*New Liberty*, U.S.A.).

* * *

Glasses can change one's personality, especially if emptied too frequently.—(*Milwaukee Journal*).

●

Book Cases

In an American bookshop in the Argentine, a middle aged woman, trying to master the English language approached an assistant and said haltingly "your Senor Gunther ! - I have read his books *Inside Asia* and *Inside Europe*. Please I would like to know—are any more of Senor Gunther's Insides out ?"—(*Reader's Digest*, Jan. 1956).

*

In a publisher's post, the other morning was one bulky parcel marked in heavy pencil "Do not destroy ; Not a manuscript."—(*Saturday Review*)

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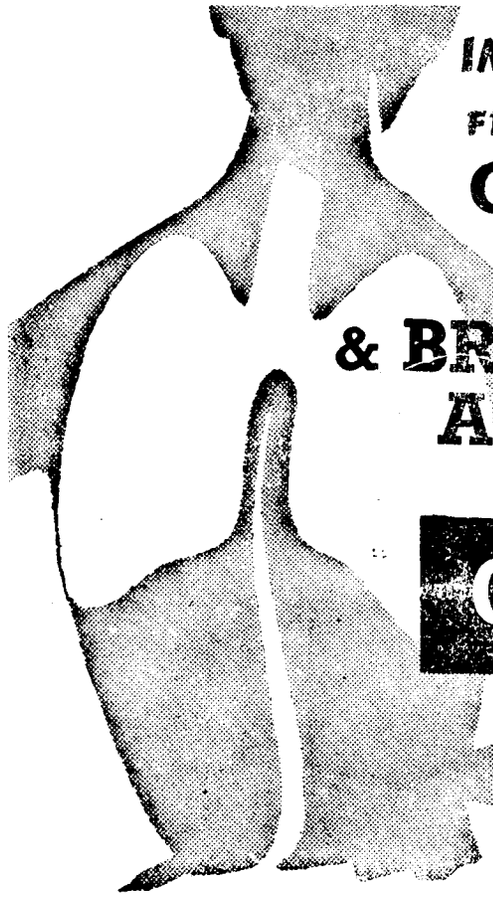

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