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HEALTH

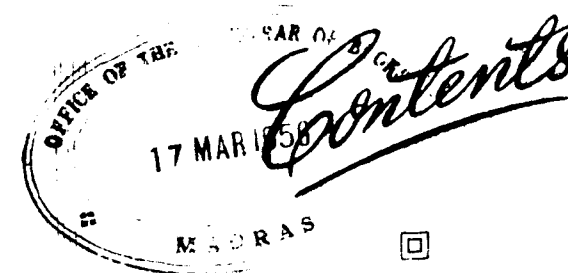
FOUNDED BY THE LATE DR. U. RAMA RAM

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1956

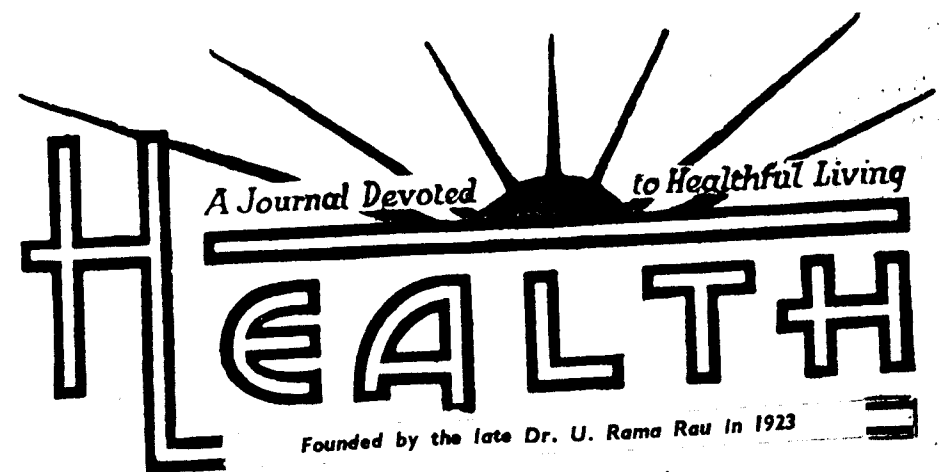


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SOCIAL WELFARE OF DELINQUENTS AFTER-CARE PROGRAMME OF C.S.W. BOARD

It will be remembered that two advisory committees on Social and Moral Hygiene and After-Care Programmes were constituted by the Central Social Welfare Board some time ago. The reports of these committees have since been received by the Board and a Central Advisory Committee was set up under the Chairmanship of SHRIMATHI INDIRA GANDHI, to examine the recommendations of the two committees jointly and formulate a detailed and comprehensive scheme for the provision of after-care social welfare services for the delinquents, discharges from correctional institutions and for women who are victims of commercialised vice and prostitution. The Central Advisory Committee has recommended a conjoint scheme which would serve the needs of both the women rescued from brothels and the juvenile

and adult delinquents released from jails.

A fundamental fact which was stressed by the two initial committees related to the utterly inadequate facilities that exist for after-care and rehabilitation of these groups of delinquents. Many of the institutions for the after-care and rehabilitation of fallen rescued women are in such a woefully bad state that they do not serve the purpose for which they were designed, in any very efficient manner. Facilities are lacking for honourable gainful employment in which these victims of social vice or those discharged from jails or remand homes can learn a trade or craft and earn an adequate living wage. That alone would prevent the ex-criminal or delinquent from drifting back again into criminal propensities and sexual delinquencies.

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The cardinal feature of the joint scheme drawn up by the Central Advisory Committee is an earnest endeavour at rehabilitation of these persons, initially through affording them shelter and monetary assistance for a short period after discharge from a correctional institution; later, after-care by providing opportunities and facilities for learning a trade or craft; and finally providing them employment suited to their capacities and talents in a production-unit before they could secure permanent jobs. This three-stage process of rescue, training, and rehabilitation is proposed to be made available, in the first instance through 330 District Shelters to be set up one in each district of the country and secondly, in the After-Care Homes and Production Units to be set up at the rate of five per State to serve the needs of different categories of discharges.

These proposals constitute the basis of an integrated country-wide scheme requiring considerable co-ordinated effort and pooling of all available resources.

It has been estimated that the cost of the After-care Homes and District Shelters under this scheme would be in the neighbourhood

of eleven crores. The main items of expenditure would obviously be on the establishment of training centres attached to the homes and on the setting up of production units. In this context, we would like to suggest that the cottage industries development plan of the Industrial Co-operative Scheme formulated by the Industries and Commerce Ministry of the Union Government will be a very suitable organization for financing and helping the scheme of rehabilitation of delinquents.

It is imperative to bear constantly in mind that in a Welfare State there must always be a sustained and determined attempt to bring about and maintain conditions in which all anti-social elements are given short shrift and are not allowed to raise their ugly heads.

The Fifth Session of the All-India Conference on Moral and Social Hygiene which was held at Jaipur on the 28th January 1956, with Mrs. DURGAJI DESHMUKH in the chair, stressed the importance of training in crafts for delinquent women, and the need for increased police vigilance in tracking down brothel keepers and other unsocial elements.

The Children's Charter—The Declaration of Geneva

Men and women of all nations declare and accept it as their duty that beyond and above all considerations of race, nationality or creed

"The child must be given the means requisite for its normal development both materially and spiritually.

"The child that is hungry must be fed, the child that is sick must be nursed; the child that is backward must be helped, the delinquent child must be reclaimed; and the orphan must be sheltered and succoured.

"The child must be first to receive relief in times of distress.

"The child must be protected against every form of exploitation and must be put in a position to earn a livelihood.

"The child must be brought up in the consciousness that its talents must be devoted to the service of its fellowmen."—(C.M.J. 2: 4, 55).

HOOKWORM DISEASE AND ITS CONTROL

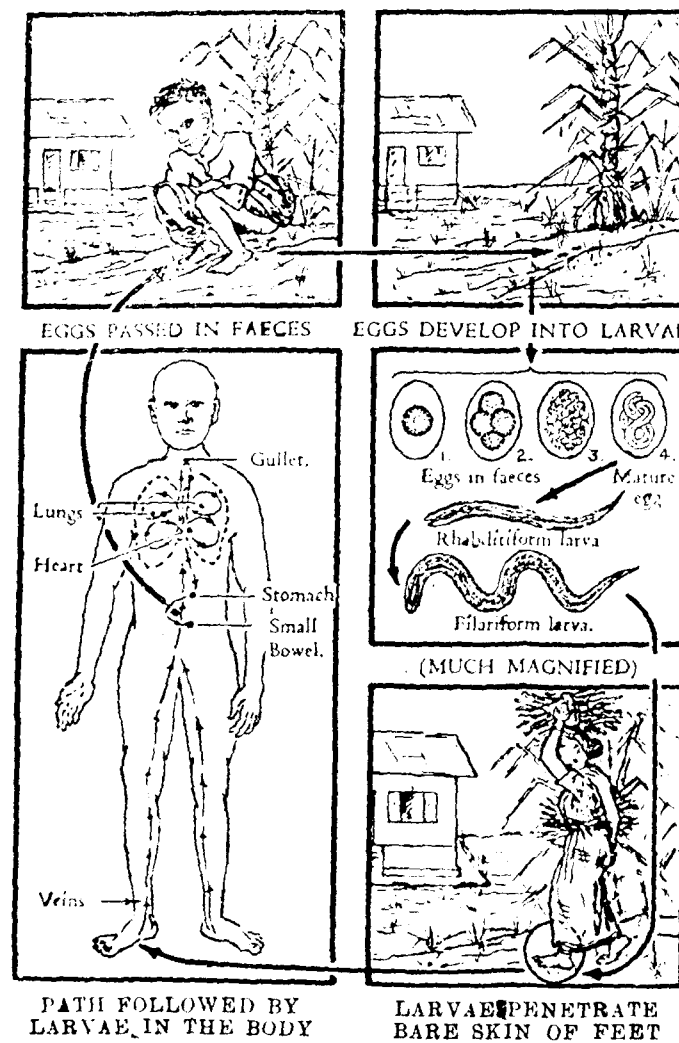
(A PUBLIC HEALTH WORKER)

HOOKWORM disease is a disease of insanitation; faecal contamination is responsible for the dissemination of this disease. Investigations conducted by several eminent scientists have revealed that nearly 90% of apparently healthy persons, particularly among the labouring and poorer classes

harbour round worms and/or hookworms in their system.

Hookworm invades the body by active penetration, usually of the bare skin of the foot, and then enters foot circulation. The blood stream carries these worms to the lungs where they break

through the walls of small blood vessels and burrow into the bronchi. They are then carried with the mucus up the trachea and pass down the oesophagus into the small intestine, where they become mature and breed. The worms attach themselves by their buccal apparatus to the intestinal mucosa and feed on it. (Vile picture). By their constant bites, they produce small hæmorrhages; they also excrete a toxin. The presence of these unwanted intruders into the digestive system causes irritation which adversely affects the secretion of the digestive juices and/or the absorption of the digested food. This may have a serious



(The above is a diagrammatic representation of how hookworms spread in a community; copied from Macdonald's "Small Sewage Disposal Systems," 1955).

effect on nutrition and is particularly important in the labouring classes, whose diets are woefully inadequate in some of the essential food-factors and contain barely enough of others.

It has been estimated that a single hookworm sucks from its victim between 0.38 cc., and 0.85 cc. of blood daily. When present in numbers, as these worms frequently are, the occurrence of anaemia associated with some degree of malnutrition is not at all surprising. Even a moderate infestation with these worms sows the seed of laziness and so the vicious cycle of reduced output, lower wages, and lower standard of nutrition is soon established. In a bare-footed community such as we have in the vast majority of our numerous villages in India, the rate of hookworm infestation is necessarily very high; and the relief obtained through the use of specific drugs will be merely temporary; so temporary in fact, that treatment repeated once every three months or even oftener extending over a whole year, though it minimises the degree of infection, reduces but little the number of persons infested.

The remedy for this state of affairs lies then in scrupulous care

and constant attention to environmental sanitation, more especially in the proper disposal of sewage and other refuse material accumulating in houses and streets. The prevention of this disease is not after all a very difficult matter, if only the sanitary and civic conscience in our people is roused by means of suitable well-planned public health propaganda carried out assiduously throughout the rural areas of our large continent. Safe and pure water supplies, uncontaminated food, and an organised war against flies are also equally important as they constitute the second lines of defence since the basic causes of infections like cholera, typhoid, dysentery, and of hookworm and round worm infestations, reside in human excreta. There is thus a very strong case for efficient disposal of sewage and other waste products found in human dwellings. Safe sewage disposal involves the provision of efficient latrines and more particularly the proper utilisation of these latrines to the fullest extent by the rural population. The fundamental reason for providing latrines is to protect health, but no system of sewage disposal, however perfect can prevent diseases if the latrines are not used.

Some Simple Rules for those Bitten by Poisonous Snakes

Keep calm. Don't run. Don't drink any spirituous liquor. Snake poison spreads relatively slowly, but panic, excitement or alcohol will accelerate its action and spread.

Most snakebites occur on the legs or hands. Apply a tourniquet above the bite but not too tightly. (You should be able to insert a finger under it). Loosen it for a few seconds every ten minutes.

With a knife or razor—sterilized with a match-flame if nothing else is available readily—make a cross-cut (X) a quarter of an inch deep over each fang mark. Squeeze the wound to encourage bleeding and get out as much venom as you can. Get to a doctor as promptly as you can without rushing.—(From *Nature Magazine*).

INFANT WELFARE

11. INFANT CARE WHILE TRAVELLING

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

TRAVELLING with an infant has to be well planned before the journey is undertaken, in order to ensure comfort and safety to the infant during the journey, in the matter of proper feeding and protection against chances of infection and accidents of a foreseeable nature.

Mode of travel.—Modern travel is being made more and more comfortable to the travellers. Air travel has conquered space and time and within a few hours hundreds of miles are traversed, while on land the same journey would take a few days to cover. The air hostess is a great help, especially to mothers travelling with babies; she helps in preparing the feeds and looking after the infant. All home comforts are made available to passengers who travel by ship. Land travel is either by road or by rail. Road travel by car or bus is convenient for short journeys but long distance travel by road is particularly tiresome to the young infant. In India, railway travel is the most popular mode of transport.

Feeding while travelling.—The feeding of infants during journeys is a real problem to most mothers; the infant is usually given whatever is had on the way, like coffee, tea or adulterated impure milk. Such foods often cause digestive disorders even before the journey is completed. Infants fed on breast milk, are however, not subject to such gastric upsets, because there is no interference with the normal feeding schedule.

Difficulty is felt only with children who are hand-fed with cow's milk or tinned milk powders. In such cases, undiluted well-boiled cow's milk should be carried in a thermos-flask and hot water in another thermos. When the child is to be fed the required quantity of milk is diluted with hot water in proper proportion. Hot water is available in most refreshment rooms and in dining cars attached to trains. Boiled milk should not be kept too long in the thermos flasks, as the chances of germs breeding and spoiling the milk are greater when the milk is warm. Further, due to the constant movement of the flask the milk might turn sour and get spoilt.

To obviate such difficulties milk powders are used by most mothers which not only keep sterile but also yield good fresh milk when needed. Some mothers wisely enough change the infant's diet from cow's milk to powdered milk a few days before the commencement of the journey and keep it up till they return to their homes. It is difficult to get good cow's milk in many places and so baby milk powders are definitely safer than the cow's milk ordinarily available during travel and at some out-stations.

Sweetened condensed milk may also be used, as it is easily carried in tins. It will keep for 24 to 36

hours after opening without refrigeration. It should not however, be used for long periods as it may cause rickets, scurvy, and fermentative diarrhoea on account of its high content of sugar.

Oranges, good biscuits and rusks may with advantage be included in the child's food-basket on journeys. The juice of 1 or 2 oranges, diluted with enough water and sweetened with a little sugar may be given to infants to allay thirst. Good biscuits and rusks are useful to give to older infants. Home-made foods carried in tiffin-carriers or fly-proof baskets are suitable for the older children.

Clothing.—The infant's napkins and clothing should be carried in a separate bag which must be readily accessible during journeys. Soiled napkins may be thrown away or stored in a separate basket well covered with old newspaper to be washed at the end of journey. While travelling in trains, the indiscriminate throwing of waste matter out of the windows should be discouraged as they might splash into the rear compartments; so also would the washing of hands or spitting out of the windows of a train in motion, cause annoyance to the occupants of the rear compartments. The latrines or commodes and the wash basins should be used only for the purposes they are intended for.

The infants' clothing should be suitable to the climate of the region through which they travel i.e., woollen garments during the cold season and light cotton dress during summer.

Sleep.—When the infant is inclined to sleep, it is supported on the mother's lap or placed on an improvised bed on the seat. The infant might roll down from the seat, if the mother goes to sleep. To prevent such a mishap a basket 2 ft. long, 1½ ft. broad and six to nine inches in depth may be carried and used as a cot. This is useful in the case of very young infants. The basket will also serve to carry the infant, without disturbing its sleep.

While travelling in the train the infant's ears are best plugged with cotton wool, so as to prevent the child from getting frightened by the whistling and roaring of the engines. The window shutter near the child's seat should be kept closed to prevent coal dust from getting into the eyes and face of the infant.

On long journeys, the baby can be freshened up, during hot summer evenings by sponging its body, care being taken to clean the folds of the buttocks, neck and arms; some good talcum powder may then be dusted over.

Prevention of infection.—Dirty habits spread infection, which lurks in crowded places e.g., railway stations, compartments and waiting sheds which are always crowded. The seat of the carriage should be dusted clean before the infant is placed on it. The feeding utensils of the infant should be well washed in running water and then rinsed in clean hot water before giving the feeds. Only boiled and cooled water should be given to the infant to allay thirst. These will reduce chances of gastrointestinal infections.

Clean habits in the passengers travelling will reduce the chances of spreading infection. Spitting and blowing the nose and spreading the nasal secretions on the seat and sides of the compartment should be scrupulously avoided. Spitting, especially of *pneumonia* out of the windows while the train is in motion should be avoided as the spittle might splash into the rear compartments and on the passengers in them.

Kissing infants on the lips should be totally avoided. Coughing and blowing the nose near the infant are to be forbidden.

Sick infants.—Sick children should not be taken in public

conveyances. If they *must* be taken, the doctor's advice should be sought before the journey is undertaken. In any case, children with infectious diseases should not travel in public vehicles.

Sick children should be well covered with woollen clothes, to prevent draughts of air. Extra napkins should be taken in case the infant has diarrhoea or loose motions. Moist cotton wool should be used in cleaning the buttocks after the infant has passed a motion. Prescribed medicines for the sick infant should also be carried and administered according to the doctor's advice during the journey.

SOME STRANGE PET FEARS

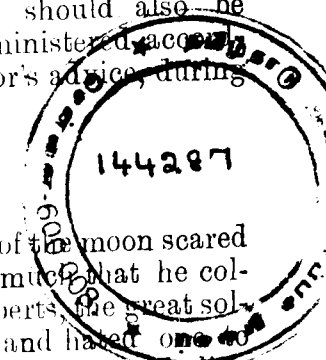
SCIENTISTS and doctors have been discussing the quite ordinary things that make some of us shudder. One of them quoted the amazing case of a young man who had a horror of glass and shuddered whenever he saw one. A specialist discovered that this fear had possessed him since he was a boy of six. He had stared one day into the curved plate glass window of a shop and had seen reflected in it the houses opposite, looking as if they were about to fall and crush him. Another man was known to faint whenever he entered a room where many flowers were displayed. The perfume always overcame

him. An eclipse of the moon scared Lord Bacon so much that he collapsed. Lord Roberts, the great soldier, feared cats and hated one to cross his path. And an Italian named Nivanor was so sensitive to the sound of a flute that he swooned if one was played in his presence.

Satin, silk and peaches have been known to inspire unreasoning terror in some people. Insects, especially spiders and cockroaches are a very common aversion. A famous author once declared that, provided he had a sword handy, he would rather meet a lion than feel a spider or cockroach crawling upon him in the dark!—(*Sc. Digest*).

Cold and Constipation

These two go together. If you must have something hot when you are chilled, let it be hot lemonade or a little clear soup; then get warm and relaxed before taking solid food. For a laxative, warm a grapefruit in the oven enough to take the chill off and eat it with a spoonful of thick cream or ground-up almonds, cashew or groundnuts, first thing each morning for a week.—(*Good Health*, London, Jan. 1956).



MODERN APPROACH TO MENTAL ILLNESS

DESPITE all propaganda of recent years there still exist feelings of fear and mystery among the general public about mental hospitals in spite of efforts to remove the stigma of the asylum, by explaining that there is no difference between having an illness of the body and having an illness of the mind.

Much has been achieved but there is no doubt that those who have been treated in a hospital for psychological or nervous diseases do feel that they are looked upon as outcasts from society, or at any rate, different from the ordinary persons. They are different in that they have undergone an experience which other people, unless they have suffered similarly themselves, cannot begin to understand. If everyone knew facts about mental hospitals and the ways and methods of treatment, as well as they now know about general hospitals, a great deal of the fear would be removed.

People who go into hospitals that specialise in the treatment of psychological and nervous diseases are naturally very sensitive and impressionable at the time of their admission. In consequence, nowadays, the reception arrangements are made with a view to dispelling any feelings of enforced incarceration.

The contrast between the old and the new can be shown by a short account of my two admissions to such hospitals. In the first case, the hospital building was dark and forbidding. The windows were not only barred but all the glass was covered with

wire-netting. On arrival I was shown into the sitting-room of the ward, which consisted of a partitioned-off portion of a large room all tiled in a hideous orange and white. In the room were a few armchairs and a table but no mat on the dreary tiles.

I sat down and was brusquely asked if I had any scissors and, if so, I was to surrender them immediately. No explanation was offered and I felt as though they thought I was going to sever my jugular vein there and then and make a nasty mess on their horrid tiled floor. Having given up my scissors, I was put to bed in the sleeping portion of the ward, which was a dismal, high-ceilinged room, empty of anything except for four hospital beds standing desolately on the bare tiled floor and four lockers and nothing else. Feeling unutterably depressed, I crawled into my hard, unwelcoming bed and lay there in misery.

Very different was the welcome given at a modern and up-to-date mental hospital. I was received in a large pleasant hall, furnished with brightly upholstered armchairs and small tables, and coffee was obtainable from a canteen. After a few minutes, a smiling nurse came to escort me to the ward. I was taken straight into a bright dormitory of ten beds, leading out of a sitting room, which had bow windows overlooking a well-kept garden. Everywhere were masses of beautiful flowers. I was put to bed and my clothes were listed and my scissors taken away from me, but with the explanation that they must not be lying about, in case a

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MODERN APPROACH TO MENTAL ILLNESS

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less reliable patient should get hold of them.

The other patients seemed to make a point of being welcoming and friendly, remembering as they did the feelings of dread and fear of the unknown they had had when they were new patients. I was immediately made to feel a welcome addition to the group.

At first a new patient will look apprehensively at his fellows, having probably, before admission, had some very exaggerated ideas about their possible behaviour. He will be relieved to find that, on the whole, they act as normally or even more normally than some he meets outside the hospital and that is due only to some special circumstances in their lives that they have had to seek medical advice. Their little eccentricities reveal themselves in time but a remarkable degree of tolerance and understanding is exercised.

On admission to the hospital the patient will probably stay in bed for a few days, to give him a rest and afford the nurses and doctors an opportunity to observe the individual and make a diagnosis and decide on the form of treatment to be followed. After this the patient is allowed up and lives as normal a life as possible under the circumstances.

The day is planned so as to keep everyone occupied as much as possible. There is a wide variety of choice and the occupations may include anything from basketwork to making a pottery vase on a rotary wheel or even language classes.

Sports and physical training

are usually included in the daily routine. In some places attendance at them is voluntary and at others compulsory. Entertainments such as dances, whist drives, cinema shows and concerts provide a relaxation in the evening. The patients usually organize the entertainments themselves.

Treatment naturally varies very much with the individual and none of it can be described as pleasant anymore than any medical or surgical treatment of a physical illness, but none of it is unbearable or warrants the acute fear that people have, mainly because they do not know what to expect.

Staffing these hospitals presents a great problem now when there is such an acute shortage of nurses. In consequence the hospitals are forced to take what they can get, rather than what they would choose.

By reason of the type of work they do, the nurses must become, to a certain extent, hard in order to build a defence around themselves. Otherwise they would not be able to carry on with their own lives unaffected. Some naturally manage to do this more effectively than others and yet display a calm balanced personality in dealing with the patients. Others are not so successful, and although to sympathize with these patients is not good, to understand and treat them with a rather detached kindness is necessary. Sometimes more supervision is needed than is available, for overwork can make even a nurse impatient. (Nurse Nadine Whittal in *Health Horizon*).

Plain Facts About Adolescence

PETER BLOS

EARLY in the second decade of life, every boy and girl enters the stage of sexual maturation—adolescence. The physical changes in the body have a profound effect on the total personality—emotionally, intellectually and spiritually.

Adolescence is a time when childhood dependency and ways of life are abandoned more or less for good. This cannot be achieved without conflict and confused feelings—moodiness, loneliness, self-doubt. Each adolescent must begin to find his own identity, his own place in relation to work, to citizenship, to his spiritual and moral commitment. Each must learn the intimacies of loving and being loved in preparation for the adult role of husband or wife, father or mother. It takes years for this transition to adulthood to approach a degree of stability. Adolescence makes its appearance gradually. Between the ages of nine and twelve—the period of pre-adolescence—the child loses some of the charm and tractability of childhood; he begins to grumble about accustomed routines at home, to resist rules and challenge regulations. His language and habits become sloppy. His attention and concentration suffer; his home work becomes an ordeal. In every way pre-adolescents and parents get on each other's nerves.

The child at this age is at war with time. He never begins anything soon enough and refuses to accept help in planning. Boys enter the 'gang'-stage full of adventurous play and fantasy, and

become secretive about life outside the home. They avoid girls and prefer to play among themselves. Girls behave either as tomboys or as 'little women', eagerly engaged in teasing the opposite sex. It is the function of adolescence to bring order and direction into this fitful beginnings of 'growing-up.'

Puberty, the period at which sexual maturity is reached, begins with hormonal changes in the reproductive system; these in turn initiate secondary changes. Boys develop facial hair and change of voice. Girls, who mature one to three years earlier than boys, show a rounding of the hips and the development of the breasts.

The adolescent swings rapidly from independence to dependence and back. He is fearful one day, over-confident the next day. He is moody, over-sensitive, never sure of what he wants, apparently wanting quite opposite and irreconcilable things.

At about 14 or 15 another change appears. The child is still unstable, moody, unpredictable, in conflict with adult authority and with himself, yet in many ways he is more grown-up. His or her interest in the opposite sex has been awakened and is openly expressed.

At this stage the growing child can be as meticulous about his appearance and manners, as he was careless a few years before; he is considerably more responsible; he may throw himself into

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PLAIN FACTS ABOUT ADOLESCENCE

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work with new vigour and direction. He still lapses into introspection and uses childish patterns of problem solving—bragging, swaggering, sulking—but he is making an attempt to solve his problems in a mature level.

Because the adolescent is deeply engaged in a struggle for emotional emancipation from his parents, their help is resisted rather than sought. Often a teacher or other adult serves as the adolescent's model. With the advent of sexual maturation the young person's love-needs are directed away from his family towards the members of the opposite sex outside. The fact that the adolescent begins to withdraw his affection from the people closest to him makes him lonely and intensely self-centred.

Young people hope to discover Utopia—a world better than the one they inherited from their elders. If they cannot create it and sustain their idealism and hopes, then they may try to wrench adult privileges from the older generation by force. They rush ahead disregarding obstacles, yet they are easily discouraged by the magnitude of the struggle towards maturity. Great optimism and pessimism alternate; these swings of mood result in an extreme show of independence, of apparent cynicism, opportunism or callous anti-emotionalism. An understanding adult is the only safe bridge for the adolescent as he moves from child to adulthood.

The loving parent desires to spare his child the anguish and the errors of his own youth. But this is possible only to a limited degree. We cannot protect our children from the exigencies of their own lives and their own growth. Life starts anew with each generation; and life's lessons must be learnt anew by each person in his own way and through his own experience. An adolescent thus has to make many wrong decisions in order to learn. If allowed to do this the minor situations (which jacket or dress to wear to school? at what time to cut the lawn?), and the more important demonstrations of rebelliousness may be avoided.

But no matter how much care is exercised, clashes between the generations are inevitable. The challenge of adolescence to parental authority can be resolved only by a sincere respect for differences and the need for compromises. Adolescence is a profound learning experience for both parent and child. A parent should realise that since his own youth, great changes have taken place in manners, in clothes, in social contacts, in recreation and slang and language patterns.

However the adolescent behaves, he still very much needs his parents. More than anything else the adolescent needs his parents' trust in his essential goodness. And the parent still bears the responsibility for his adolescent child!—(Condensed from "Look" for Reader's Digest, Dec. 1955).

Our responsibilities to our juniors are great, and it might be well if we worried more about how much we are doing for them and less about how much they are doing for us.—James T. Priestley, M.D., in *Archives of Surgery*, p. 139, Aug. 1954 (via *USAF Med. Jour.*, Jan. '55).

THE PSYCHOLOGY OF THE TB. PATIENT AND HIS RELATIVES

Miss GLADYS MARY CARTER, Matron, East Lothian Hospital

IN recent years we have seen wonderful advances in the treatment of tuberculosis. The changes in treatment are dramatic and revolutionary in some ways, particularly in our conception of the place of rest in our curative programme. We realise now that carefully regulated, harmonious activity engaging the whole personality will more readily assist the healing processes of the body. The aim of doctoring and nursing, is to endeavour to create *all* the conditions, physical, mental and spiritual, in which the healing and recreative action of the tissue cells can function fully.

But each patient, however happy he may be in a well-ordered and pleasant hospital-ward, is primarily and deeply attached to his home, his family, friends and workmates. Therefore, all our efforts to create conditions which will be conducive to health must include a consideration of this unit to which the patient belongs and with whom he is, moreover most anxious to maintain close association.

Relatives who are considerate and thoughtful tell the patient of all the home-doings which will interest without worrying him, thus enabling him to keep in touch and to feel that he is still a member of the family circle. There are many instances of difficulties or illness at home which it is better to tell the patient about. If he is not told, he may worry far more and wonder why the person concerned is not paying his usual visits. It is not uncommon to find that relatives, through stupidity or thoughtlessness, recount

happenings which excite and worry the patient.

Another factor is the publicity given in the press to new drugs which claim to work rapid and miraculous cures for tuberculosis. This encourages some anxious relatives to urge the patient to ask for these wonder-medicines! Such suggestions make the patient dissatisfied with his treatment and he wonders whether something is being withheld, which would be of value to him.

We know that many victims of tuberculosis have a deep-seated feeling of resentment against *fate* on account of their illness and are only too ready to grasp at a suggestion that something which will help is being denied to them. Such patients do not readily believe the explanation given as to why that particular remedy is not suitable in his or her own case.

Our greatest problems arise when the relatives readily fail the patients either by cruelty or neglect or thoughtlessness. We nurses can never take the place of the relatives, however much we show our real desire to help, but we can help patients to put up with such reverses, by letting them know that we are with them and will do all that is possible. Although life apparently flows smoothly for some people, we know that all have difficulties of some kind to face. We can help our patients to see that, by the grace of God, the hard things of life can become our greatest opportunities for growth and may prove blessings in disguise.—(Proc. of N.A.P.T. Conference, 1955).

PREATURE greying of hair is an external manifestation of some internal disorder, which is insidiously affecting the health.

GREY HAIR

DEBSARMA,

Jorhat, Assam

disorders.—The scalp and the hair thereon may be affected by some local disease which may accelerate the loss of colour in the hair.

Greying of hair may be considered as a deficiency disease of the hair mainly characterized by its gray or white colour due to deficiency, or absence of the colouring matter—melanin.

Synonyms.—Canities, white hair and grey hair. The hairs on different parts of the body, chiefly those of the head become gradually gray or white in part or in full. The affected hairs show some irregularity in the continuity of their surfaces. Some of them become fine and others coarse, and the whitening starts at the roots of some and at the ends in other hairs. In a great many instances the persons having discoloured hair may appear melancholic and dispirited at times.

Canities may be hereditary or acquired. The abnormality develops as a result of some hereditary systemic defect transmitted from the parents. Many young boys and girls have grey hairs, due to this factor. Some people acquire this early in their lives through neglect of health, malnutrition, mental worries and leading fast lives etc. Grey hair is very commonly seen amongst modern civilized people.

Certain races of people possess naturally light-coloured or more or less grey-coloured hairs. This is not canities.

Local and constitutional

Other affected parts also should be searched for evidence of any local disorders. Constitutional ailments comprise disordered metabolism, disordered functions in certain ductless glands like the thyroid and suprarenals, nervous diseases, intestinal infections leading to blood-poisoning etc.

The colouring matter (melanin) of the hair and skin, is formed by certain cells called melanoblasts. Activity of these cells may be inhibited by a toxic condition of the blood, avitaminosis and other deficiencies and by ultraviolet ray treatment to diseased skin for a long time.

Diagnosis.—The hereditary and the acquired forms are to be distinguished from each other. Age, mental state, general nutrition of the body, presence or absence of any other hair disease etc. will help in distinguishing one from the other. Conditions like albinism and vitiligo (leucoderma) should also be borne in mind while examining a case of canities.

Prognosis.—Except for the unsightly colour of the hair and the consequent mental depression, nothing manifestly detrimental to health can be prognosticated; white hair *per se* does not appreciably affect the health or the life-span of man. Grey hair is seen also in apparently healthy persons of different age for no assignable reason.

Treatment.—There is no satisfactory treatment for this condition. Hair dyes and patent hair-oils that are widely advertised for grey hair give no lasting benefit and at best colour the hair black for a while. Rational treatment should be directed towards the removal of the causes, if they can be found.

The following suggestions may however prove helpful in some cases:—

1. *Improvement of general health:*—By proper treatment of any associated ailment, by the use of good nourishing food and by good habits conducive to health.

2. *Massage:* Daily massage with a simple harmless hair oil applied to the root of the hairs will help by improving the blood

circulation and affording nutrition to the affected areas. By increasing the pigment of the skin, this may help in restoring the original colour of the greying hair.

3. *Medicaments:* Pantothenic acid, para-aminobenzoic acid, and thyroid have been suggested for the treatment of the condition; but they may be used only under directions from a qualified doctor. Pyridoxine, Vitamin B₁₂ may also help in the protein metabolism. The patients should be encouraged to use foods rich in these vitamins regularly and in adequate quantities.

Intestinal antiseptics, and specific treatment for worms and for the dysenteries may be helpful in some cases.

PSYCHOLOGICAL ASPECTS OF TUBERCULOSIS

APPARENTLY there are forces operating which have the capacity of influencing a given set of physical and environmental factors in such a way as to induce or inhibit a tuberculous breakdown and, once the disease is begun, to affect its progress and cure. Specifically, it is a combination of emotional stress and maladjustment that is capable of producing such disruption in bodily processes as to reduce normal resistance to the point where, together with the tubercle bacilli and appropriate environmental adversities, the necessary and sufficient causes for an attack will be present.

The treatment of tuberculosis has long been recognized as requiring a psychological approach.

From the time that Sir William Osler so aptly stated "*the cure of tuberculosis depends more on what the patient has in his head than on what he has in his chest*," it has been conceded that a patient's state of mind can exert a marked effect on the outcome of treatment.

In the absence of mental and emotional repose, physical bed-rest alone will often fail to heal tissues damaged by tuberculosis. And even after recovery, there is good reason to believe that the same personal and emotional agitation which contributed to the initial breakdown will tend to bring about a reactivation, if it persists following discharge or if it arises at some future time.—(Sol. L. Warren in *Jour. of Rehabilitation*).

RABINDRANATH TAGORE ON THE SOVIET UNION

INDIA'S greatest poet, philosopher and thinker, the sage Rabindranath Tagore visited Moscow in September 1930, and fulfilled his cherished wish "I do not want to die without having seen the Soviet Union."

During this memorable visit, which has been fully and ably recorded in great detail in the "*State Central Archives of the USSR October Revolution and Socialist Construction*," the great Indian Savant acquainted himself with Educational, Scientific, Public Health, and Medical Institutions and museums and theatres, and met writers, artists, workers, peasants, college students and school children, doctors and health workers. Upon his return home, Tagore wrote a series of articles in which he spoke of the USSR with considerable warmth and deep sympathy. He wrote that the prejudice with which he went to Russia had completely disappeared after his arrival there, that the Soviet system had given the people the fundamental right to work freely, and that he had found in the Soviet Union a friend of the Indian people. Tagore called for strengthening of that friendship. How prophetic was this call made 25 years ago, is reflected now in the mutual high level visits and public joint-declarations which we have been witnessing recently in India. Here below, are given some excerpts from the speeches and statements he is reported to have

made in 1930 and which are to be found in the state archives of that country.

"It fills me with enthusiasm that you

have, for the first time, made education available to all. I praise you for that. I myself am deeply interested in problems of education and my dream has been to create a free man who is at the same time cultured and connected with work, with life.... I have heard from very many people and now see for myself that your ideas are very like my own dream, my dream of the full life for the individual, my dream of an all-round education. In your country you not only give the individual a scientific education, you turn him into a creative personality. In doing so you are making mankind's loftiest dream come true. I have been extremely interested in how you here in this great country are solving the problem of education, the problem of enlightenment of the masses. I am a poet. Nevertheless, I have taken upon myself the mission of promoting in every way the enlightenment of my people. My country suffers greatly from lack of education. All the misfortunes of my land are, to a significant degree, due to lack of real enlightenment. Poverty, unhappiness and ignorance and chronic illnesses paralyze our entire national life. All that is, primarily to be explained by the meagreness of the education which our population receives.

"You have completely changed the soul of your people, and you have done so in a very short time. I am happy that your common

people, who are creating public and cultural values in this great country, partake on an equal basis with everyone of the cultural riches of life. Involuntarily, I dream of the happy time when in my unhappy country, too, the common people will also be able to partake of the benefits of human culture.

What Young People Need

MARIO PEI, Ph.D. Columbia University

As a man who taught teen-agers for close on 20 years, I know that there is one quality above all others that the youngster wants from the grown-up world. That quality is not 'love,' not 'sympathy.' It is not even 'understanding,' save in a special sense. What he really wants and respects is 'justice.'

The kind of justice the teen-ager wants is that which is prescribed by a code that he must follow, under penalties that need not be unduly severe but must have certainty. To such a code he will subscribe, as is proved by both the gangs and the army. When a youth gets into either, he does not violate their codes, because he knows that they are rigidly enforced. He wants a system of rewards and punishments, with the assurance of both; he considers himself not a child but an adult.

Successful teachers are those who recognize this fact, set down the law and stick to it. It shouldn't be a harsh law. Merely a just law, universally and rigidly enforced. Treat youngsters from the age of seven upwards as normal human beings. Tell them what is expected of them and what

"You have given me the opportunity to understand, and not only to understand but to see as well, the dream which I have nursed all my life, which has enthralled me all these years, the dream of an emancipated new life, of liberating a people enslaved for centuries."—(G. Volchenkov, Director of the Central Archives in U.S.S.R.).

will happen if they don't live up to it. And see that it unfailingly happens.

Give them a sense of normal responsibility. Don't encourage them to think of themselves as irresponsible "children," beyond the reach of law and discipline. Let them know that "underprivilege" is no more of an excuse than "over-privilege" is a licence to do wrong.

The roster of great men is filled with people who rose from abject poverty. Let each child know that he is on terms of absolute equality with all others, in the sense that he is free to rise or fall, be rewarded or punished, in accordance with his own efforts and achievements.

It would be idle to deny that there are many subsidiary causes of juvenile delinquency—economic insecurity, broken homes, TV programmes, and films that glorify crime!

What we most need to do to cure the disease of youthful crime is to secure the cooperation of the patients themselves by setting up standards of rights accompanied by duties, discipline accompanied by justice—the things the teenager can respect.—(R.D., Dec. 1955),

Domestic Felicity and How to Have It

WHY do women nag their husbands? For several reasons. Sometimes nagging is a symptom of some bodily disorder. Regular medical check-ups help to insure good physical health.

Chronic fatigue often manifests itself in a tendency to nag. The cure is to organize one's life more efficiently; find the cause of the fatigue and eliminate it.

"Hidden hostilities," the psychologists tell us, often cause nagging. In-law problems, sexual frustration, lack of love, deep-seated dissatisfaction with life—these are typical causes of hostilities that express themselves outwardly by nagging, whining, or complaining. Analysing oneself to find the hostility, bringing it into the open and doing something about it is the best way to remove it—whereas nagging only adds fuel to the fire.

Nagging is a devastating emotional disease. Is there any remedy? Here are six suggestions that may help:—

(1) Enlist the co-operation of your husband and family. Ask them to fine you every time you show irritation, give a harsh command, or harp on a sore point.

(2) Train yourself to say a thing once only—then forget it. If you have to remind your husband repeatedly six or seven times that he promised to do a thing—he probably isn't going to do it anyway, so why waste your strength? Nagging only makes him balky and determined not to give in.

(3) Try to get results by softer methods. "You can catch more flies with sugar than you can with vinegar," my grandmother used to say. "Darling, I'm so glad you keep our lawn looking neat—Ellen Smith said she wished her husband were more like you." This, and similar approaches, will get the job done if anything will.

(4) Cultivate a sense of humour. It will give you a better sense of proportion. To make tragedies of trivialities is to bankrupt our emotional bank account. Yet some of us will squander our tempers, put lines in our faces, and turn love into hatred over trifles that don't matter anyway.

(5) Talk over major grievances calmly. Try writing down the items that irritate you on slips of paper as they occur. Later, when you and your husband are both calm and serene, take them out and look them over. You will be ashamed to mention the trivial and unimportant grievances and throw them away, but discuss the major causes for irritation *unemotionally* and see if they can't be eliminated by mutual trust and co-operation.

(6) Take pride in your ability to get results without nagging. Study and practise the art of human relations. Learn to inspire, not to drive, people to do what you want. That is the secret of handling man.

As the song says, "you can't get a man with a gun—neither can you keep one by nagging."—(Mrs. Dale Carnegie in *World Digest* for April 1955).

Postural Defects in School Children

CHILDREN attend school for at least ten years (many for longer) and during that time spend some hours everyday sitting at desks or tables. These years at school are a time for rapid growth of the body and development of the skeletal system. Poor posture is relatively common among school children and, it is very likely that there are more older children with postural defects than younger. In this connection many educational and health authorities have expressed concern at the badly designed and ill-fitting chairs and desks which so many children still use. Recently the British Standards Institution set up a Committee to prepare standards for school furniture, and the first standard to appear is for dining chairs and tables used in school lunch rooms. Later, there will be standards for the full range of school furniture. School authorities will then be able to equip and furnish their school in a way to suit the students.

Simply stated, the new standard aims at fitting the equipment to the child and *not* the child to the equipment. This is the common-sense approach which is so often overlooked by makers of furniture in everyday use. The new standard although specifically relating to chairs and tables, is of more general application than its title implies, for the chair and table sizes, (atleast the height of the working plane of the latter) can be taken to apply generally for all chairs and tables in use in schools. In fact, the chairs with their appropriate tables are used—thus

Condensed by T. N. S. R. Chari

recognizing the social training that can be had from the school meal.

An outstanding feature of the new standard is that it includes dimensions for a range of chairs and tables of five different sizes suitable for children aged five to eighteen. These sizes were derived in the first place from actual measurements of Birmingham children measured by the Birmingham Anthropometric Survey. The Anthropometric Sub-Committee of the School Furniture Committee of the B.S. Institute whose task it was to recommend the chair and table sizes to be included in the standard, in conjunction with manufacturers of school furniture, arranged for "mock-up" chairs and tables to be made and with these a number of "fitting trials" on children in schools in another county were carried out. These trials included visual assessments of correctness of fit and posture, supplemented by standard photographs to serve as a permanent record. The object of the trials was to see if any modifications were desirable on anatomical and physiological grounds. Later, some modifications were introduced to meet structural and manufacturing requirements, although these in no way conflicted with the underlying anthropometric considerations. The table and chair sizes are in consequence based upon up-to-date knowledge of seating requirements.

A useful feature of the standard is that it includes figures showing

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the proportion of the chairs of different sizes required by infant, junior and secondary schools and for children of different age-groups. These again are based on the actual measurements of children taken throughout England. They will serve as a guide to supply officers when equipping schools and class rooms.

The extent to which chairs and tables conforming to the standard find their way to the right children depends, first on the school authorities ordering them of the right size and secondly, on the extent

to which teachers recognize the value of proper seating and take the trouble to see that individual children use the proper chairs and tables. Proper seating should go a long way towards preventing postural defects and poor physique and it should also add materially to the comfort of the child at school and so enable him to derive the maximum benefit from the time spent at school by reducing the distraction due to attempting to adjust himself to unsuitable furniture.—(Condensed from *Medical Officer*, London of 4-11-55).

OUR LEGACY FROM A MURDERED MAN!

CHAPMAN PINCHER

Who is the man who deserves most credit for the unprecedented health and vigour of Britain's children today?

Five child-health specialists to whom I put this question gave the same answer: Sir Jack Drummond, the diet expert who was murdered with his wife in France in 1952.

Drummond's achievements while serving as scientific adviser to the Food Ministry throughout the War were so far-reaching that they are still bringing benefit to mothers and children, and are likely to do so for generations.

It was his brilliant foresight which improved the feeding of expectant mothers so much that the still-birth rate in G.B. has been halved.

It is no coincidence that since he brought in welfare foods for nursing mothers and their babies the infant mortality rate has fallen from 55 per 1000 to 25.

Drummond's determination to protect what he called 'the specially vulnerable groups' against the U-boat blockade ensured that children and mothers got milk on top-priority.

As a precaution against deficiency of the protein which the youngsters needed for growth—brought about by the meat and fish shortage—he extended and improved the limited pre-war scheme for providing mid-morning milk in schools.

This move and the fortification of margarine with vitamins, and the supply of cod-liver oil—both Drummond innovations—almost eliminated rickets in Great Britain.

He expanded the school-lunch service at a time when food was critically short, to make sure that children got at least one meal which would provide most of the proteins, fat and vitamins they needed.

Always a tremendous worker, he found time to help in the improvement of hospital meals. The sound principles on which Drummond based the nation's rations gave many families a more balanced and more health-giving diet than they had ever eaten before.

Before the War, thousands of mothers had unwittingly given their children a diet deficient in protein and vitamins. When necessary war-time rationing came, these mothers naturally made sure that they collected the foods to which they were entitled; so gradually their families developed new eating habits which have persisted in the more plentiful times.

Thus after a recent survey of children's diet in ten major towns, scientists reported: "A striking feature is the importance of milk as a source of calories and nutrients, especially for the younger children." This unexpected benefit from war is believed to be partly responsible for the fact that there is now little difference between the infant mortality rates of poorer and better-off families. Before the War, infant mortality among the labourers' children was 50% higher than among those of the professional classes.

When Drummond joined the Food Ministry early in 1940, he realized that there was his chance to introduce some of the principles of sound diet which his own re-

searches on vitamins had helped to establish.

The result was that in spite of the bombing and national food-shortage the health of Britain's children during the war was better than ever. Studies since then have proved that the babies of mothers fed on a balanced diet have a substantially better chance of surviving the first critical year than those born to poorly nourished mothers.

There is evidence too that the baby who is reasonably heavy at birth has an advantage which continues throughout childhood. Thus, according to Professor Illingsworth of Sheffield, seven-year-old girls who weighed 9½ lbs. or more at birth are about 11 pounds heavier than those who weighed 5½ pounds or less.

Writing about Drummond's death, Sir Wilson Jameson, formerly Chief Medical Officer of the Health Ministry said: "There's no doubt that his measures which are still in operation have helped to bring about the decline in maternal and infant mortality and are largely responsible for the good health and sturdiness of so many of our children."

After his senseless murder, while camping near Digne, it was suggested that no memorial to Drummond would be necessary. The sturdy children of Britain would be his living memorial.—(*Daily Express*, London).

Basic Principle in All Treatments

"We should never champion any treatment without consideration of the individual patient. Is the indication for radical mutilating operation a pride in one's technical capability or an actual need by the patient? Is it the principle or the necessity that dictates the choice of the operation? Shall it be a routine or elective procedure? Is the human residue happy?" (Dr. Atkins of Guy's Hospital, London).

COFFEE: SOME PHYSIOLOGICAL ASPECTS

REVIEWING briefly the work on certain physiological aspects of Coffee, Mr. C. P. Natarajan of the Central Food Technological Institute at Mysore, said at the weekly technical seminar held on 8th October 1955, that although conflicting opinions exist in the published literature, there is fair indication that coffee in moderate amounts does not harm the consumers. Investigations have shown that the action of coffee is not the same as that of Caffeine. Further, roasted coffee being a complex material whose composition has not been well established, all the constituents responsible for the action of coffee on the human system have not so far been determined. Caffeine increases muscular power to do muscular and mental work and as stimulant its action is well-known. Studies were undertaken *in vitro* and *in vivo* on the effects of coffee on the growth and metabolism of phosphorus, calcium and nitrogen in rats and its effect on the digestion by gastric enzymes. It has been observed that coffee powder as such retards the growth in rats and causes falling of hair. A decreased utilization of calcium, phosphorus and nitrogen was also noticed in metabolism experiments with the powder. The decoction was not so injurious as the coffee and its action is being studied. *In vitro* digestibility studies, using trypsin and pepsin on coffee and milk have shown

that at high concentrations of the enzymes, there is no difference in the digestion rate of coffee and milk.

Preliminary studies on the digestibility of coffee and milk on six human subjects showed that coffee had a stimulating action on gastric digestion and secretion. The free and total acidity increase with consequent increase in the peptic activity as shown by the *in vitro* digestion of casein by the gastric juice. Rennet gives a curd whose cut surface looks like a precipitate with coffee as compared with the smooth and hard curd of milk. Coffee stimulates the gastric secretions and so a small cup of coffee taken after food will probably aid digestion by enhancing the gastric function. In the case of persons producing high acidity in the stomach however, it would not be advisable to have the gastric acidity stimulated still further by even a small cup.

There was a keen discussion after the talk, on various points like the effect of coffee on appetite, the influence of coffee tartrate on the system and the inhibitory action of the enzymes due to coffee. It was felt that the metabolism experiment conducted with the rats should be extended to humans also in order to confirm the results, and that the various constituents of roasted coffee should be estimated.—(*Bull. C.F.T.R. Inst.*, Mysore, Nov. '55).

Health Education:—Emphasis in health education must not be on subject matter and text-books but on helping boys and girls to live healthfully. Schools will then take into account their maturity, their needs and their interests.—(Jour. H.P.E.R., Oct. '55).

Parental Education to Prepare Children for Surgery

PARENTS should be given instructions in "how to prepare their children for surgery."

Parents can play an extremely important role in preparing the child psychologically and emotionally before admission to the hospital:

"Actually it is important that all three—the mother, father, and child—know in a general way what will ensue. The parents should possess sufficient information in order to answer those questions the child is certain to ask.

"Parents, and mothers particularly, need guidance in preparing a child for a hospital experience. A gigantic step forward in terms of parental education could be taken if the medical profession together with hospitals would routinely issue instructional leaflets to parents of children who are about to become surgical patients." Reactions of children having their first surgical experience in a hospital vary. Children over five years of age seem to forget quickly the stay in a hospital, while those under five years

are more likely to show transient behaviour-changes such as fear of the dark, fear of being left alone, and such regressive behaviour phenomena as bed-wetting, wanting to be fed, and fear of doctors and nurses. Disobedience, temper tantrums, increasing dependency, and spiteful, defiant behaviour are more likely to occur in older children.

It has been found that the three principal anxieties which concern children who are admitted to a hospital for the first time are:—(1) separation from the home, (2) the nature of the anaesthetic, and (3) the operation itself.

A simple, forthright explanation of the operation, anaesthetic, and hospital personnel will help to alleviate part of this anxiety. The bringing to the hospital of a familiar toy, pair of slippers, or a pillow will create a tangible tie to the home in the child. Admission to the hospital some twenty-four hours before an operation often will enable the child to overcome a sense of initial panic. (Editorial *J. Am. Med. Assoc.*, Feb. 1954 via *N.Y.J.M.*, 15-6-54).

OPERATION SAFETY

SPEED control—when it comes to controlling a motor car or motor bike—is a form of self-control. It is keeping your faculties alert to all conditions that affect your driving maintaining only a speed consistent with other conditions. If speed alone were the danger, what about pilots who fly jet planes at speeds as fast as—or faster—than sound?

When you think of speed on the highway, you also think of other factors which are operating. For instance, road conditions may affect safe speed. Perhaps 50 miles an hour on a straight, well-paved, uncrowded highway may not be dangerous. But the same speed on a narrow, unknown dirty road can be a way of flirting with death. Weather conditions such

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as rain or fog demand a lower speed than a clear spring or summer day with high visibility.

And certainly you should not drive as fast in a car that is several years old as in one fresh out of the showroom—one in which every mechanical feature is perfect.

The time of day is also a factor. Dusk and nightfall bring hazards that do not exist in bright, daylight hours.

BRAVERY AND COWARDICE

PERFECT bravery and thorough cowardice are two extremes which are seldom preached. The space between the two is great, and comprehends all other kinds of courage, between which there is as much difference as between countenances and dispositions. There are some men who expose themselves readily at the commencement of an action, and are disheartened and discouraged by its duration; some are content as soon as they have satisfied their reputation with the world, and do very little beyond this. We see some who are not, at all times equally, masters of their fears; others suffer themselves to be carried away by general panic; others go to the charge because they dare not remain in their

posts. Lastly, what about the condition of the driver? Is he nervous, upset, worried, half-ill with a cold or headache? If so, he should take the fact into consideration before he "steps on it."

Any of the above conditions, or any combination of them, call for reduced speed, if drivers are to operate their cars in accordance with sound principles of speed control. (*National Safety Council via Efficiency News*, Oct. 1955).

We find some in whom an acquaintance with petty dangers strengthens their courage and prepares them to expose themselves to greater ones. Some are brave when sword in hand, and yet dread the fire of musketry; others are steady under fire, and fear the sword. All these different species of courage concur in this, that night, by augmenting fear and concealing good or bad actions, gives the privilege of being discreet. There is another species of discretion which is more general, for we never see a man perform as much in an encounter as he might do if he were sure of coming off safe; so that it is evident the fear of death subtracts something from courage.—(*La Rochefoucauld*).

The Weather Starts Conversations—Why?

Those who despise the weather as a conversational opening are ignorant of the reason why human beings wish to talk. Very few join in a conversation in the hope of learning anything new. Conversation should be a sympathetic buzz. That is why "the weather" is a very useful subject. It brings people at once to an experience which is generally shared and enables them to buzz on the same note. Having achieved this harmony they advance by miraculous stages to other sympathies and, as note succeeds note, a pleasant and varied little melody of conversation is made, as satisfying to the ear and mind as the music of a humming top. The discovery of new notes of sympathy is the secret of all good conversation.—(*The Money Box via Reader's Digest*, Jan. 1956).

Pleasant Topics from Periodicals

Flattery with a Vengeance

The following incident was reported by Dr. A. of Washington, as having occurred in his clinic one day. It made him wonder if the General Practitioners look as shabby as a patient of his would have led him to believe. Says he, "I had just gotten my middle-age spectacles for reading and was wearing a suit recently returned from the dry-cleaners. The patient, a woman of about sixty who had been under my care for about twelve long years drew back and exclaimed "Doctor, you look so nice today with your glasses and that pretty suit. Why, you look exactly like a Specialist!"—(Medical Times).

Night Call?

While doing a pelvic examination on one of the brighter of the opposite gender, I discovered two large uterine fibroids. Lacking previous knowledge of internal examinations, I questioned this subject, "When was an internal done last on you?"

Without hesitation the response was "Two o'clock this morning Doctor"—(M.S.H., Chicago in Medical Times of August 1954).

It's Herb Stein's story of the movie producer who returned from a vacation in Las Vegas—the Casino of that State—and was extolling its virtues to a friend. "I had two wonderful weeks of exercise, fresh air, golf and wonderful food and of course, the gambling tables," he raved. "And I must say I came home feeling absolutely fit—not an ounce of superfluous CASH on me!"—(Jour. Amer. Med. Assoc., 1-10-1955).

As the doctor anxiously hovered over a five year old being examined, the boy fell, stepped out of bed and began to walk, clutching both hands tightly against his side.

What's the matter, asked the doctor. "Can't you move your arms Son?"

"No," said the boy.

"Do your hands hurt?"

"No."

"Will you try to move them for me?"

"Uh-uh," replied the boy. "I've got to hold up my pyjama pants."

"Wives of great men always remind us As we skim their mien and gait That the men who were as blind as that Cannot have been so great."—(Poetry Corner: J.A.M.A.)

Sign in Navy Yard Shop

To women workers: "If your Coveralls Are Too Big, Beware of the Machines; If Too Tight, Beware of the Machinists."—(Jour. Am. Med. Assoc., 1-10-'55).

The Large Edition

"May I print a kiss on your lips?" asked he. She nodded her sweet permission. So they went to press. And we rather guess They printed a large edition."—(Tonics and Sedatives).

Mother had just finished a stern lecture on the subject of Barbara's wayward little play-mates.

"Now tell me dear" she concluded in a kinder tone, "where do bad little girls go?" Barbara smiled and said "Everywhere!"—(Tonics and Sedatives).

Higher Education for Women and Domestic Duties

KEY TO SUCCESS. One morning I dropped in to see a young married woman who had recently moved to our town. Marie met me at the door and asked me in. "I'm just ready to bathe the baby," she said. "Come on through to the kitchen."

The kitchen looked as though a cyclone had struck it. Baby's bath in the middle of the floor, washing machine churning, unwashed dishes in the sink, bottles, squeezed oranges and egg shells littering the table-space. Put the baby was adorable and Marie in her shorts and jumper, her hair drawn up in a pony tail, looked like a little girl. Hanging above the sink was an Honours Degree certificate. Marie saw me looking at it.

"I keep it there to remind me," she grinned, "that if I was clever enough to get that, I'm clever enough to get myself out of this mess."—(Mrs. Frank Casselman).

The vicar was calling on a parishoner, and while his hostess was getting tea, he observed that the four-year-old daughter of the house was very busy drawing. "What are you up to, Mary?" he asked. "I am drawing a picture of you," she informed him. The minister sat very still, to aid the young artist in her work, but soon the little girl seemed discouraged. She sighed and put the crayon down. "Doesn't it look like me?" inquired her subject. "Not so very," she said disconsolately, "but I know what," she added brightly, "I'll just put a tail on it and call it a donkey."

The Leisurely Five

There are five things that should be accomplished without haste: the acquiring of knowledge; the acquiring of wealth; the climbing of mountains; the fulfilment of one's cherished wishes and desires; and the achievement of Dharma.—(Garuda Purana.)

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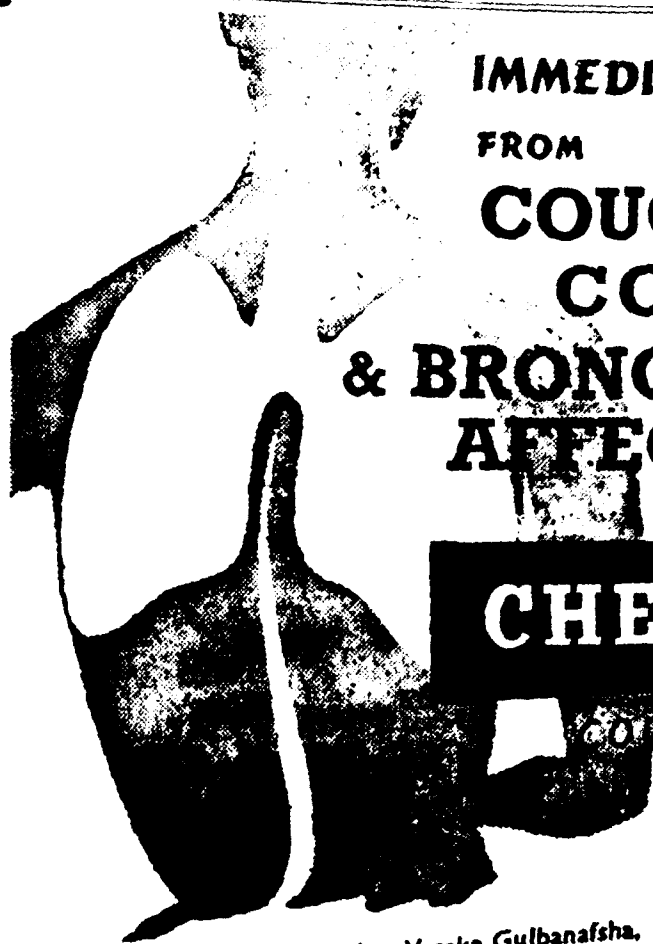
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BHEEMAVARAM	GUNTUR	ONGOLE	TRICHINOPOLY
CANNANORE	HUBLI	PODANUR	TRICHUR
COCHIN HARBOUR	JALARPET	QUILON	TRIVANDRUM
TERMINUS	KATPADI	RAJAHMUNDRY	CENTRAL
COIMBATORE	MADRAS CENTRAL	RENIGUNTA	VIJAYAWADA
	MADRAS EGMORE		VILLUPURAM

22
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**IMMEDIATE RELIEF
FROM
COUGHS...
COLDS..
& BRONCHIAL
AFFECTIONS**

CHESTON

COUGH SYRUP

Some Indian herbs such as Vaaaka, Gulbanafsha, Malethi and Hansraj are well known to the Medical Profession for their therapeutic value in coughs and bronchial affections. Among the Western remedies Pot. Sulpho-Guaiacolate, Terpene Hydrate, Sod. Benzoate and Codeine are most effective for the same purpose.

Cheston is an unique and judicious combination of these Indian herbs and Western chemicals put up in the form of a palatable syrup. The lightning effect of Cheston can be readily realised by administering Cheston in all types of coughs, colds, & bronchitis. The relief will be immediate.



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