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Home Science and How it
Should Develop

—Editorial

Nutrition in Relation to Health

Riddles of Rheumatism

Tuberculosis and Leprosy

Post-Natal Care

The Toddler Problem

Eat Less, Live Longer

What's Wrong with Foodshops in Britain?

Home-Treatment of Tuberculosis

Longevity : Fact or Fiction?

This is What's New!

Sex of the Unborn Child?

Two Canadians have discovered a new method of determining whether it is a he or a she: scraping the buccal mucosa with a tongue blade, the cells obtained are spread on a microscopic slide, the chromosomes examined under the microscope and the answer to this burning question obtained. This, of course, is a considerable improvement over the older method which depended upon a chromosome survey of skin biopsy. One hundred and forty persons were examined; 81 were males and 59 females. The diagnostic accuracy was 100 per cent.—(*The Lancet*, 9: 57, 1955).

New Rupture-Proof Tyres

A new long-lasting tyre for cars and lorries which contains steel wire to protect it against cuts and bursts, has been developed by the United States Rubber Company. The steel wire, which is as strong as the wire used in bridge cables, makes the tyre-tread rupture-proof and doubles its resistance to cuts. It also makes the tyre run 20 to 40 degrees cooler and increases the length of its life. This new tyre contains from one to eight miles of steel wire. During demonstration tests in California the steel-wire tyres were driven over double rows of sharp axe blades, beds of jagged broken glass bottles, and railway-sleepers—without a single failure.—(*What's New in Science in W. D.*, for May 1956).

Radio-Active Baths

Plans are being made in Hungary for the building of a radio-active medicinal bath in a system of thermal water caves found under a fortress hill in Miskolc. Discovered 50 feet below the surface, lofty caves and passageways were found to be flooded three feet deep with hot-water bubbling out of the ground at a

temperature of 86°F at a rate of 200,000 gallons a day. An analysis of the water showed that it contained lithium, strontium, barium, zinc iodine, bromine and fluorine. Gas bubbles rising through the water contained 9.57 Mach units of radium-emanation.

The Hungarian Scientific Research Council, which made the analysis, has recommended the establishment of underground baths and has asked for the hill to be declared a protected area as warm spring caves are a rarity.—(*World Digest*, May '56).

Cancer Research

An event of great medical research-importance is recently published. 96 convicts of the State penitentiary in Ohio, U.S.A., have volunteered to serve as guinea-pigs in experiments that are being carried on in the field of cancer research. The purpose is to find, if possible, why it is not only difficult but often impossible to start cancer in a healthy organism, to determine if possible, what are the mechanisms of resistance. It is no light matter to agree to receive injections of the material from malignant cancer tumours, but that is what a large proportion of these men will get. Previous experiments have been with rats and mice, but what holds good there does not always do so for human beings; hence the great importance of this new experiment, and no matter what crimes these men may have been guilty of, no one can have anything but admiration for their action in willingly subjecting themselves to tests, on the outcome of which might lie new hope for cancer sufferers.

When Mud Pots?

Cooking pots from clay were first made by man about 2000 B.C. Before that, food was eaten raw or roasted in pits dug underground.

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TRUSSES FOR HERNIA

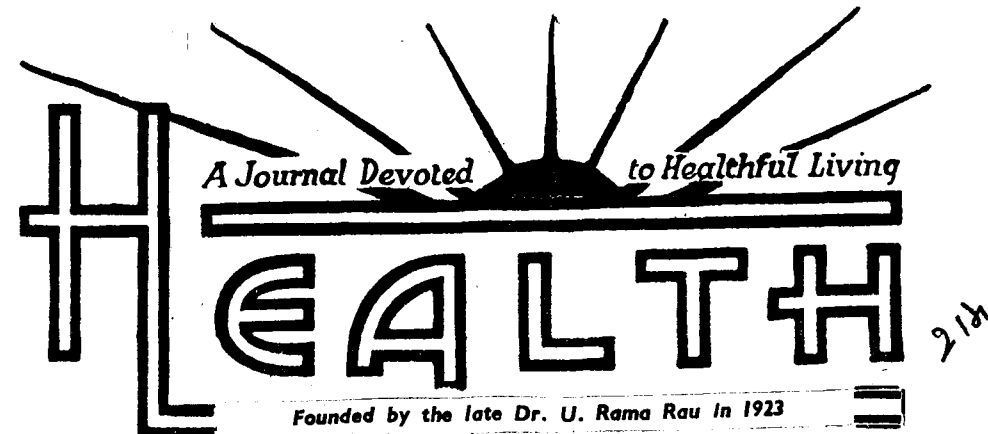
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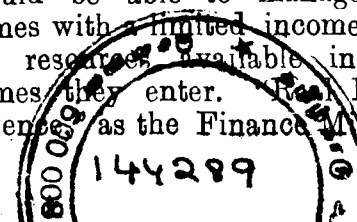
HOME SCIENCE AND HOW IT SHOULD DEVELOP

“HOME Science is nothing but the art of home management; however much one knew the theory, the home will not be happy unless they give a practical touch to it” observed the Madras State Finance Minister, Sri C. SUBRAHMANYAM, while inaugurating the Home Science Camp on the 17th May, 1956 at the Avinashilingam Trust Girls' High School. This camp was conducted by Dr. RAJAMMAL P. DEVADAS, Chief Home Economist of the Union Ministry of Food and Agriculture. The object of the camp was to give orientation to teachers regarding the place and scope of Home Science in secondary and multi-purpose schools.

Our Indian women were managing homes for centuries, and most of our surviving old ladies of sixty and over were managing not only the entire family—which was a

joint one comprising the grandparents, their sons, grandsons and great grandsons—but also looking after the lands and the home; the trouble started when our girls started attending high schools and became acute when they took to collegiate and professional courses. They have, most of them, become “misfits as far as home management is concerned,” said Sri SUBRAHMANYAM and pleaded for proper education to be given to girls in regard to home management. The family is the unit of our society and whatever pattern our society followed or developed in pursuance of special circumstances or conditions of living, women had a definite responsibility in running their homes. They should be able to manage the homes with a limited income and the resources available in the homes they enter. Home Science, as the Finance Minister

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put it wisely and well, "should be able to make the richer sections of our womenfolk manage their homes with considerably smaller sums than they are now spending."

In this connection it would be proper to quote from a recent talk given by the Reverend **ELSIE CHAMBERLAIN**, Chairman of the Congregational Union and the first woman to lead her denomination in Britain, to her Church's Assembly in London.

"The standard of value in the homes of lots of women is to make their homes like the glossy modern magazines; they make their husbands go on working for money that is spent on every modern luxury. I am ashamed of women who do that. You women are largely the spenders of your husband's hard-earned money. Don't demand all the time that your husbands show respect for your wishes by letting you have all the material things of this life. Don't be led astray by the glossy magazines."

Home Science and training in it should, in our opinion, take note of the trend in the "improvident maternity" that has characterized the growth of population in our country during the last forty or fifty years and which has been the cause of much poverty, suffering, misery and preventable morbidity and mortality amongst the people. As we pointed out in a previous editorial, promiscuous mating, absence of restraints, revolt against healthy and sensible parental control, enervating

pleasure-hunts, (e.g., cinemas, theatres, picnics etc.) have all been responsible for this distressing state of affairs. "The average Indian woman gives birth to about seven children during her reproductive period," according to the Census conducted in 1952-'53 and 1953-'54 by the Registrar-General of Census Operations in India. The incidence of this 'improvident maternity' has been found to be higher in the urban than in the rural areas—"a rather unexpected result," says the Registrar-General. But we certainly did expect this from our analysis of the causes of high fertility, viz., fast living, excitement due to sex-stimulating sights, absence of restraint and control in sex-life and also the richer and more nutritious diet which the urban population is able to get in hotels without paying any regard to whether or how much they can spend on such items.

All courses of study in Home Science should therefore, lay particular emphasis on the need for restraint and control—not by teaching artificial birth-control methods—but by fostering in the young girls a wholesome regard and respect for their ancient traditions then religion as well as their moral and social ideals and practices. This will make for increased prosperity, better health, less heart-disease and a greater appreciation of the proper social and spiritual values that should govern the lives of people in our ancient land.

That man is never happy for the present, is so true that all the relief from unhappiness is forgetting himself for a little while...Happiness is not found in self-contemplation, it is received only when it is reflected from another.—(Johnson).

NUTRITION IN RELATION TO HEALTH

WE may say that the modern science of nutrition originated from or at least was greatly stimulated by the researches on beriberi. In the 19th century, the classical science of nutrition was built up by formidable experimental work and scientific interpretation by several great men and in great many laboratories, chemical, physiological and veterinary.

Beriberi is seen mostly in regions where polished rice is the staple food of the local population. In countries where people consume very large quantities of other highly milled cereals, beriberi may occasionally occur.

One of the cardinal signs of human beriberi is the pronounced tendency for accumulation of watery exudates or transudates manifested in oedema (swellings). It is the principal sign by which beriberi is recognized by peoples where it is indigenous....By giving tablets of an acid clay adsorbate prepared from rice polishings to patients with oedema from beriberi, it was found that this sign, too, soon disappeared.

Five years after the isolation of the pure vitamin from rice polishings, Windaus and his collaborators in Göttingen isolated the pure, crystalline anti-neuritic substance from yeast. They demonstrated the presence of sulphur in the molecule and gave the tentative formula $C_{12}H_{17}ON_4S$. It took about four more years before three separate groups of investigators almost simultaneously achieved synthesis and the structural formula was established.

Funk introduced the name "Vitamin" because he thought that the water-soluble substance isolated by him and supposed to be the anti-neuritic factor was an amine and was essential for life.

At the International Physiological Congress in 1938 at Zurich, a whole afternoon was devoted to discussing the name to be adopted internationally for the anti-neuritic vitamin, but without result. After the Second World War, the Commission on the nomenclature of Biological Chemistry of the International Union for Pure and Applied Chemistry, at its session in New York in 1951, unanimously adopted the name "Thiamine."

During the period of the researches on thiamine, many other vitamins were discovered and the whole picture of the science of nutrition underwent a great change. At the moment, we know that, for correct nutrition, at least fifty nutrients are required in balanced proportions and that we are not yet at the end of the list. Since the Second World War, tables have been drawn up, of recommended dietary allowances for some of these nutrients.

Education in applying this newer knowledge of nutrition has conferred great benefits on the health of humanity. The most spectacular effects have been seen in the United Kingdom where, during the Second World War, the Government sought and accepted the advice of nutritional experts on how to maintain satisfactory nutrition for the whole population within the limitations of the necessary system of food supply and

distribution, with the consequence that, during the War, the state of health of the civil population improved considerably in spite of war-time difficulties. We cannot, however, say even now that the nutrition of the Western civilized countries is perfect. Very few persons in those countries go through life without dental disease and we become more and more convinced that imperfect dentition depends on our modern food. It is known that aborigines who change their primitive type of diet to include modern, refined foodstuffs, pay for the change with deterioration of their teeth. Probably traces of certain nutrients (mineral salts and perhaps organic nutrients) play a part in the caries-producing nature of the diet. (Wynn *et al*, 1953).

The life expectation of the Western nations has increased considerably in the last half a century, a change probably due largely to improvement of the diet.

Nevertheless, a man who, in these days, has reached the age of seventy years, has not so very many more years to live than his septuagenarian grandfather of half a century ago. There are signs that the quantity and quality of the diet are important in old age, but "*Gerontology*" is a chapter in the science of nutrition which is only now beginning to be written. Many nutrition workers hold the opinion that the so-called degenerative diseases, particularly arterio-sclerosis and hypertensive cardiovascular disease are connected with faulty nutrition.

So we see that, although the idea of the need for trace nutrients in our food has taken several decades to gain recognition from scientists and the medical profession, it has already led to a great improvement in the health of the nations and there is still room for much research before all the fruits of the idea can be harvested.—(Condensed from an Editorial in the *Nutrition Reviews*, Jan. '56).

Compassion

Compassion is the hallmark of the civilized man. If all of us are compassionate, our most dangerous problems should be solved..... Compassion helps us to share the pain of others. It stays our hand when our old barbaric instincts threaten to get the worst of us. Literally translated compassion means "suffering with." It is more than pity. Pity may be condescending and it can stand inactive on the side lines: at best it is a "giving". Compassion is an active "sharing." The compassionate man not merely says "*There, but for the grace of God go I.*" He must by his nature, actually go with the sufferer, sharing his pain and his fear. Compassion isn't weak or sentimental. It can be stern and realistic. Compassion is the rich soil from which springs a civilized life..... Compassion begets compassion, as courtesy begets courtesy. Much of our individual happiness depends on compassion—the success of friendship, marriage, parenthood, employer-employee relationships and in fact every phase of human endeavour.—(Ch. Herald, Nov. 1955).

If mind is not centred on God, how can the sound of bells sweet and grand make worship true and sublime?—(Sri Thuanarainasami's *Kirtan*).

THE CALL OF SCIENCE

(A Letter to the Youth of India)

WHAT would I wish for the young people of my motherland—BHARATH—who have dedicated themselves to science?

First of all is consistency.—Of this very important condition for fruitful scientific work I cannot speak without emotion. Consistency, consistency and again consistency—all the time consistency. Right from the very beginning inculcate in yourself the habit of strict consistency in acquiring knowledge.

Learn the A.B.C. of science before you attempt to scale its peaks. Never embark on what comes after without having mastered what goes before. Never try to cover up the gaps in your knowledge, even by the boldest guesses and hypotheses. No matter how this bubble may delight the eye by its profusion of colours, it is bound to burst, and you will be left with nothing but confusion in a dazed atmosphere.

Develop in yourself restraint and patience. Never funk the hard jobs in science. Study, ponder, compare and accumulate facts.

No matter how perfect a bird's wing may be, it could never make the bird air-borne without the support of the air. Facts are the air of the scientist. Without them you will never be able to take off; without them your "theories" will be barren.

But when studying, experimenting and observing, do your best to get well beneath the skin of the facts. Do not become a hoarder of the facts. Try to penetrate into the secrets of their origin. Search

persistently for the laws governing them.

The second thing is modesty.—Never think that you know everything. No matter in what high esteem you are held, always have the courage to say to yourself: "I am ignorant". For did not our goddess of learning—Saraswathi-devi—say "what I have learnt is but a handful and what I have yet to learn is vast as the ocean"?

Do not let pride take possession of you. It will result in your being obstinate when you should be conciliatory. It will lead you to reject useful advice and friendly help. It will deprive you of the ability to be objective. In the team of which I am leader, everything depends on the atmosphere. All of us are harnessed to a common cause and each pulls his weight. With us it is often impossible to discern what is "mine" and what is "yours", but our common cause nearly always gains ther by.

The third thing is passion.—Remember, science requires your whole life. And even if you had two lives to give, they would not be enough. Science demands of man the utmost effort and supreme passion. Be passionate in your work and in your quests.

Our country is opening, particularly after attaining independence, wide vistas before scientists. Here, it would seem, everything is quite clear. Much is given to him, much is expected from him. For him, as for us, it is a matter of honour to justify the great trust that our country puts in science.—(With apologies to Pavlov: T.N S.R.).

RIDDLES OF RHEUMATISM

THE British Rheumatism Association reports that over two million people in Great Britain are in the grip of rheumatism. Two hundred thousand of these are farmers and farm workers, and two hundred and fifty million pounds a year is the price paid by the country in production losses, sick benefit and medical care.

No adequate approach to this problem can be made unless the psychological factors are taken into account. This has been clearly demonstrated by the American doctor, Loring T. Swain. In his presidential address to the American Rheumatism Association he said: "No constitutional disease is free from the effects of mental states which are part of life. Rheumatoid arthritis is no exception."

Dr. Swain pointed out that he had made investigations over ten years covering 171 cases. He had discovered that "anxiety and resentment are the two most constant emotional reactions found in the arthritic patients who came to me."

Similar evidence comes from Dr. W. B. Cannon of Harvard University. His experiments show that fear and anger have profound physical effects, and not least in the rheumatic diseases. Patients suffering from soreness and stiffness are familiar in every doctor's surgery. Reports of these doctors reveal that this type of symptom appears at times of domestic difficulty such as bereavement and unemployment. In their turn, these give rise to frustration and resentment.

Physical symptoms of soreness and stiffness may be the outward expression of inner soreness and stiffness. We suggest this in the terms of speech we often use. We say we feel "sore" about something. We speak of "unbending pride."

People with a predisposition to a particular physical or psychological pattern, tend to "bottle up" their emotional tensions when they encounter disturbing conditions. This results in a disturbance of the autonomic and endocrine systems. These in turn upset the metabolism, and a rheumatoid condition tends to develop.

It might be wise to inquire of a person suffering from "neuritis" of the arm, "Whom or what do you want to fight?" In cases of sciatica the question might be: "Whom or what do you want to kick?" Honest answers to these questions would prove illuminating.

When considering physical health and fitness, maladjusted relationships with their accompanying emotional upsets must be taken into account. This applies to diseases of the rheumatic group as much as to any other. As one doctor put it: "It has been repeatedly shown that emotional upsets are frequently associated with the ups and downs of rheumatoid arthritis." Anxiety and resentment are among the enemies to be fought in dealing with rheumatic conditions.

These emotions often attach themselves to people of demanding character and of self-centred life

It follows that a healthy and happy attitude to life, a willingness to "live and let live" can all help in warding off the enemy of rheumatism.—(Leonard Fox, in *Health and Strength*, London).

TUBERCULOSIS AND LEPROSY

W.H.O. Expert Committee on Leprosy, First Report
by the late Dr. John Lowe, C.B.E.

"Leprosy is not a disease apart, it is a general public problem. Public health and not public fears and prejudices should determine leprosy control policy."

WE must put aside the ideas about leprosy which we have inherited from our forefathers, and view leprosy and its control as a public health problem to be dealt with along modern public health lines, based on a clear idea of the nature of leprosy, and of its spread and infectivity.

The nature and spread of leprosy.—Leprosy is an infectious disease, caused by *Mycobacterium leprae*; it originates from association with previous cases. The exact mode of spread is not scientifically established. Air-borne infection, though not impossible, appears uncommon. Insect transmission appears unlikely, as also does infection by food or water. Indirect contact may play some part, but it has not been proved. In general, leprosy can arise only in those persons, in whom *direct contact* is known either to have occurred or to have been possible; even so, the exact mode of transmission by contact is only surmised.

We must further consider the degree of infectiousness of leprosy; is the disease transmitted to contacts readily or only with difficulty? The Norwegian workers of a century ago realized that certain forms of leprosy appeared

much less infectious than other forms. Since then the idea of 'open' and 'closed' cases has been widely developed, and in many countries has been incorporated in anti-leprosy measures.

The classification of cases as *open* and *closed* is based on the results of clinical and bacteriological examinations, as in tuberculosis. But the analogy with tuberculosis must not be pushed too far. In pulmonary tuberculosis *open* cases often become *closed*, and *vice versa*; the terms may merely imply different phases of the same disease processes. In leprosy, however, the terms imply much more than this. They usually imply two markedly contrasting forms of the disease; many leprosy cases classified as *closed*, even apart from treatment, can never become *open* cases because that is not their nature.

Thus, it is generally accepted that certain forms of leprosy are inherently *closed* forms, and the danger of contact with them is very slight; moreover, in many countries these *closed* forms are in the great majority.

Many workers have commented on the difficulties of transmission of leprosy even by *open* cases to healthy adults. Leprous husbands

or wives rarely infect their partners even with prolonged and intimate contact; doctors and nurses rarely acquire the disease from their patients. There are many open cases of leprosy imported into England from abroad, and even without isolation, secondary cases are very rare.

On the other hand, in other circumstances transmission may appear easy. A mother with open leprosy may infect several or all of her own children and the children of other people. Even in healthy adults, occasionally the disease is apparently transmitted by limited contact or by casual unknown contact.

Compared with other diseases, the infectivity of even open cases is low except to young children and to a limited number of adults who, for some unknown reason, are unusually susceptible; it is not impossible that the varying susceptibility of different persons to leprosy may be related to the presence or absence of acquired immunity to tuberculosis.

But it is perhaps right to speak of the low pathogenicity instead of the low infectivity of the leprosy bacillus. It is obvious that many people, such as wives of leprosy husbands, doctors and nurses working for many years in close contact with leprosy patients, must have been infected probably many times with leprosy bacilli (which are discharged, sometimes in fantastic numbers, from the mucous membranes and sometimes from the skin) but they have not developed the disease. Leprosy never spreads rapidly and widely in a population. Even in very

highly endemic areas, an incidence above 10 per cent of a population is very rare, and when the disease has for a time become widespread, it is often mild. Moreover, a study of the history of leprosy in European countries and elsewhere shows how the disease after being endemic for a time, can decline and die out for no obvious reason.

The severity varies widely; in India and in Africa the disease is often common, but is relatively mild; in other countries it may be less common, but much more severe. The most severe leprosy I have seen has been on the one hand in the Chinese, and on the other hand, in persons of European descent, either in Europe or in the Americas.

Susceptibility and immunity to leprosy.—The tubercle bacillus and the leprosy bacillus show many resemblances morphologically, chemically and antigenically; the sera of leprosy patients often give positive results in tests designed to reveal antibodies to components of the tubercle bacillus; tuberculosis patients often react positively to tests made with the leprosy bacillus. These facts indicate an antigenic relationship between the two bacilli, but whether this is accompanied by relative cross-immunity is so far an open question. Chaussinand, and others, think that tuberculosis and leprosy act as antigenistic diseases; that tuberculous infection, even an abortive tuberculin test in a healthy person indicates relative immunity to

leprosy; and that BCG vaccination can induce this relative immunity both to tuberculosis and to leprosy. Chaussinand thinks that the decline of leprosy in many countries has been caused by the natural spread of tuberculous infection rendering the people immune to leprosy; that this protective role of natural tuberculous infection can now be taken over by the use of BCG vaccine; and that in this way susceptible persons can be rendered relatively immune to both tuberculosis and to leprosy. The theories are very interesting, are still in the realm of theory and experiment.

Treatment.—There is, however, another matter in which we are on surer ground. During the last fifteen years the results of treatment of leprosy have improved greatly because of the use of certain chemotherapeutic agents, originally designed to combat tuberculous infection, though not now much used for this purpose. So far, treatments available have

certain big advantages and certain drawbacks. They are very cheap, simple and easy to administer, and most patients can be effectively treated as out-patients; on the other hand, they are extremely slow in their action and have to be continued for years, and even, in the opinion of some workers, maintained indefinitely. Opinions of the efficacy of treatment still vary; and some workers have found it possible, by prolonged treatment, to secure and maintain arrest of the disease in a high proportion of even the severest cases; other workers have found arrest of the disease much more difficult to attain, and, if attained, to maintain. But all appear to agree that there are strong indications that treatment should greatly reduce the infectivity of even the open cases of leprosy. Further, it seems possible or probable that, of the many newer drugs with an antimycobacterial action, some will be found of value in leprosy and thus treatment may improve further.

Poor Nutritive Value of Heated Vegetable Oils

Groundnut, sesame and cocoanut oils were heated in an open iron pan for 8 hours at 270°C. to resemble the usual practice in Indian house-holds, hotels etc., where all the oil consumed is heated. The oils were incorporated in the diet of rats, weighing 45 to 50 g. to provide 15% fat. Comparable litter mates received the oils unheated. Average weekly gain in weight for the controls was 11.3 g. and for the groups receiving heated oil was only 4.6 g. The average percentage of fat in the liver was 4.6 for the controls and 7.3 in the experimental group. The livers of the latter were badly damaged, congested and not of normal colour. When heated fats were given at a level of 30%, all the rats died within a week. At a level of 15%, jaundice was produced.—(Nut. Abst. Rev., Jan. '56).

[Note: The above should serve as an eyeopener and warning against the craze of modern youths for fried foods instead of stewed or steamed ones. It is common knowledge that in nearly all hotels and sweetmeat shops, overheated oil is used over and over again, sometimes for days on end with perhaps a small addition every day to make up for the loss. Cakes and eatables prepared in such oil is eaten with gusto by our people. This is only of recent origin after the terrible increase in the number of hotels and hotel-goers. How it tells on their health is another matter.—Ed. HEALTH].

LONGEVITY: FACT AND FICTION

THE most important thing in assessing longevity is a valid birth-certificate. In order to be able to present such a piece of evidence it is obvious that we must live in a country where vital statistics are kept, and when we hear of people living to be, say, 150 years of age, in Tibet, Turkey or, for that matter, in some parts of the United States, where such figures are not obtainable, it is well to regard the matter as of doubtful authenticity. In this country, where we know that accuracy can be relied upon, people do go a few years past the 100-year mark, but these, of course, are exceptional.

The average expectation of life is a truer index of real health than an odd case of longevity here and there. But even these figures can be misleading. For instance, the Americans, who are fond of such figures, claim that the expectation of life in their country has risen, since 1900, from 48 years to 68 years. They point out that most of the leading countries follow closely behind, whereas in India, Egypt and some other places, the rate is only just over 30 years. And then, just speculating on an intriguing subject, they conclude that in the Bronze Age the expectancy was only 18 years!

If we push this speculation further we might wonder how those of the Stone Age lived long enough to beget their kind!

Of course, this gives us the real clue to such figures. The average is increased by the lessening of infant mortality. When infant mortality has been reduced to vanishing point, as it will and

should be in all socially-advanced countries, the apparent lengthening of the average will be much more difficult to obtain. Many people, in reading the expectancy-of-life figures, are inclined to think that we have learned how to prolong life through medical discoveries; what we have, in fact, learned is how not to lose it in new-born babes.

Ways of prolonging life are news, and that is why newspapers and journals are always willing to carry stories, said to be put out by scientists, on what science hopes and plans to do in the future. *Reynolds' News* (London), dated Nov. 27, 1955, carried the headline: "Scientists on road to longer life," and then told us of experiments on rats and rabbits, and declared: Our future life-span will be far beyond anything we know to-day, but the problem of keeping death at bay may take many years to solve....anything from five to 200 years."

That may sound to some of us a long time to wait, and we suggest to the researchers that a more practical plan would be to start right now, not trying to prolong life, but endeavouring to preserve the life we have for its natural span. It is clear that this span is well over 100 years, as shown by many who live to that age in this country. Well, now that would mean adding about 50 years to the average age, and anyone who likes to dabble in figures should reckon out how much more life that would mean to the 50 million people in these islands (Great Britain and Ireland).—(*Health For All*, Feb. 1956).

THE TODDLER PROBLEM

THE management of an older child, when a new baby is expected, merits careful consideration which it very often does not receive. This particularly applies to a child who is too young to understand explanations. But he can be shown young babies belonging to other women and become accustomed to seeing his mother pick them up.

If the confinement takes place at home, the toddler does not 'loose' his mother or change his own environment. It seems to be fairly easy for these children to make the necessary adjustment from being an only child to being half the family.

If, however, the mother has to be admitted to hospital for her second confinement, the child should, if possible, be kept in his own home. A relation or neighbour generally takes care of him though a post-war solution of this problem has been for the father to take his 'holiday' at this time. This is usually a successful arrangement for the child transfers some of his interest to his father and so resents less his mother's preoccupation with the baby. *It also gives the husband some insight into how hard his wife works while he is away from home.*

If the child cannot stay at home, it is best for him to go to a household with which he is already familiar, and if possible, for his mother to go too for a few days to 'settle him in'.

The worst solution is for an uncomprehending and inarticulate

child to be sent to a residential nursery. He cannot be admitted until his mother is in hospital which is an inconvenient and worrying arrangement. The child is often apathetic with misery and is returned home labelled 'very good', may be with a streaming cold or incubating one of the infectious fevers.

Arrived at his own home, he finds his mother's arms filled by another child who also occupies most of her time. His grief and resentment make him demand attention in any conceivable way—he cries or has temper tantrums; he refuses to eat, to use his pot or to go to bed. He sleeps badly or makes surreptitious attacks on the baby. He wants to be played with, whenever the feeds are due.

If the parents are not prepared for this situation, they are appalled and their first conclusion is that the child has been spoiled and that their careful routine and training have been neglected. Now is the time, they think, for a little discipline and a firm line or they just feel tired and cross and slap the child, driving him further into his dislocation.

How much more quickly the situation clears up if the parents have taken thought beforehand and welcome the child home with love and enthusiasm and are patient while he makes this difficult adjustment. If the baby is treated rather as a gift for the older child and kept slightly in the background at first, it will be found easier to reintegrate the family.—(*Mother and Child*, Jan. '56).

THE MEXICAN FAMILY PATTERN AND NEUROSIS

ROGELIO Diaz-Guerrero, M.D. of the University of Miami School of Medicine, Miami, Florida, states: "The dominant Mexican family pattern, based on the unquestioned and absolute supremacy of the father and the necessary and absolute self-sacrifice of the mother, is derived from a generalized socio-cultural assumption implying an indubitable, biological, and natural superiority of the male. Only after the birth of one or more boys is the birth of a girl welcome in the family, and this because the girl will later be able to serve her brothers. Her education is brief, her destiny is superlative femininity, the home, maternity. Boys are inculcated with the ideals of masculinity and virility and ignore girls until adolescence. Then the pursuit of the female is twofold; one aspect involves the search for the ideal woman—chaste, religious, maternal, but not necessarily sensual—whom he will marry; the other is concerned with finding a sexualized female who will become his lover. Virility in the male is measured by sexual potential, and only secondarily in terms of physical strength, courage, or audacity which are believed dependent upon sexual capacity.

The Mexican wife experiences denial of all her needs in the absolute pursuit of the satisfaction of everyone else. Courtship is the only period in which she is subject to veneration by the proud

dictatorial male. Years later she will again experience an ecstasy of the same quality when her children consider her the dearest being in existence. As a mother she is the source of all tenderness, sentimentality—and the largest portion of the cultural expressions of the Mexican, whose art is full of direct or symbolic reference to maternity.

[The above is also the traditional Hindu family pattern.—Ed. HEALTH].

Evidence for the assumption that the general setting is favorable to the development of neurosis was found in the answers to a questionnaire distributed in Mexico City. He found that in the male there should be problems of submission, conflict, and rebellion in the area of authority; pre-occupation and anxiety regarding sexual potency; conflict regarding his double role; difficulties in superseding the maternal stage; and the Oedipus complex. In the female the main area of stress is in trying to live up to the stiff requirements of the culture.

To be at ease with the "male" set of values, the man must constantly break with the "female" ones. Many of the neurosis-provoking conflicts in the Mexican are "inner" conflicts, more a clash of values than a clash of the individual and reality. Data confirm the masculine-feminine socio-cultural dichotomy". — (*Am. J. Psych.*, December 1955).

Conversation

The spirit of conversation consists far less in the exhibition of one's own talents than in enabling others to show theirs. He who leaves you pleased with himself and with what he has said is also perfectly pleased with you.—*La Bruyere*.

IS THE EXPERIMENT NECESSARY?

ABOVE all things we should ask of those who conduct experiments, particularly those involving suffering, "Is it necessary?" Unfortunately, not all scientists pose this question to themselves, and the progress of science has been beset with stories of experiments that add nothing to our stature as human beings. Weismann's animal experiment was designed to find out if mutilation is inherited; he bred large numbers of rats from animals whose tails he had cut off, and as no rats were born tailless he proved his theory. Obviously he had not asked himself if the experiment was necessary. He must have known that various peoples, for various reasons, religious and otherwise, pierced their noses and ears, cut off foreskins, and damaged other parts of their bodies, not in mere hundreds of cases, but over thousands of years, and still the next generation is born intact.

A report in the *Sunday Times* (London), December 4, 1955, entitled, "Hens Learn to Smoke in Cancer Test," leads one to ask the question yet again. As everybody knows, there are millions of people in the world who have been smoking all their lives, and there are thousands of doctors who attend these people throughout their lives and illnesses and who also preside at their death-beds. The doctors have at their disposal all the up-to-date instruments of precision which scientists have invented for diagnostic and other purposes, and, as physicians, they have been carefully trained to

have a keen sense of clinical observation and judgement.

Yet, when it comes to the point of finding out the effect of smoking upon the human constitution, we do not, apparently, trust the judgement of these men; we turn the matter over to the researchers. We learn from the *Sunday Times* report what the experiments entailed. First, mice were put into a smoke-filled box (as if mice resembled men, or being in a smoke-filled box resembled smoking)! They discovered that this was of not much value because the box did not provide a parallel to the human habit. The mice could not get a breath of fresh air, whereas human smokers take several breaths between puffs. In addition, the smoke clung to the mice's fur which they licked, thus confusing the test results.

What, then, did they do next? The report tells us. "Now the research-workers are using hens by making a small hole in the air sac leading to the lung. This does not injure the bird and it is possible to 'smoke' a cigarette into it by means of a syringe.... Some merely showed surprised interest in the smoke emerging from their beaks. Others closed their eyes and dropped their heads, evidently disliking the experience."

Apart from moral and ethical considerations, how can one compare the results of such ill-treatment of animals with the insidious results in man of what smokers consider a pleasurable habit. There is already plenty of medical and scientific evidence to show that

cigarette smoking is, definitely a predisposing factor in lung cancer, that it has a deleterious effect upon the heart, and that it is harmful in organic nervous diseases. If that is not enough to induce smokers to abandon the habit, does anyone seriously believe that the evidence which may come from ill-treating mice and hens will persuade them to do so?—(From *Health For All*, March 1956).

[NOTE:—We do not subscribe to the views expressed by the journal on the futility of animal experiments in general; we publish the article in order to stress the harmfulness of smoking cigarettes, which is being sought to be confirmed all over the world by various experiments including these on animals. There is no doubt that the results of animal experiments may not be universally true or wholly or at all applicable in the case of humans under all conditions; but they certainly help in understanding the morbid changes likely to occur under a given set of conditions and in looking for them in humans.—Ed. HEALTH].

EAT LESS, LIVE LONGER

WE doubt whether such a headline will ever be used as a title for a popular book, either by authors or by food merchants. Yet there is little doubt that Cornaro perceived a great truth hundreds of years ago when he linked a simple, sparse dietary with longevity. In many scientific circles this is now an accepted fact, and whatever practical tests have been made seem to confirm the theory. The latest comes from Cornell University, U.S.A., where it has been suggested that "fasting and slow growth may help to create a long and healthy life."

The *New York Times*, October 11, 1955, carried the headline: "Sparse Diet Held Key to Longevity," and reported that as a result of a meeting of scientists at the Academy of Medicine, N.Y., at which the subject was discussed, the opinion emerged that "diet, in particular the importance of over-eating, appears to play a vital role in determining how long one will live."

The opinion was expressed, too that the obverse of this statement is true: That a rich diet, so-called, fortified with much fat and commercial sugar, by promoting arteriosclerosis (hardening of the arteries) may be one of the chief reasons for death in early middle life.—(*Health For All*, Feb. 1956).

[NOTE:—Fasts and feasts have been enjoined in all religions of the World. Fasting as an effective expiatory procedure is a comparatively new cult of modern times. Fasting for health has however, been an ancient and time-honoured custom in India. Our ancient Rishis of old lived on fruits and leaves with occasional helpings of solid food in very small quantities. In Indian households numerous 'VRATHAMS' used to be observed by adult men and women alike during which they fasted or had a single sparing meal. Twice a month on *Ekadasi* days the Hindus used to fast completely and this helped to keep them fit for a fortnight. But old times have changed; old manners gone and strange habits and customs have filled the daily modes of life—with resultant illness, obesity, heart troubles, diabetes, visual defects, premature greying and early death. So there is a case for early reversion to our ancient systems of dieting.—Ed. HEALTH].

Understanding Each Other

IF one had hoped that the day may come when scientists, philosophers and poets will speak the same language and understand each other, recent developments indicate that the day may still be long deferred. Our understanding of each other's thoughts and motives is basically a matter of language, and unless our words have a common interpretation and meaning there can be no truly fruitful mental communication. The way to knowledge—all knowledge—should be sign-posted by the plainest and simplest of terms.

Unfortunately, in many scientific and technical subjects, and especially in the medical field, exactly the opposite seems to be the desired object, and jargon that is incomprehensible to the ordinary individual, and indeed to the scientists working in another field, is invented, not to unify knowledge, but to divide and confuse.

The *Lancet*, December 3, 1955, published an address delivered by Dr. G. W. Pickering, Professor of Medicine, University of London, College of Physicians, in which he deplored the tyranny of scientific and technical jargon and its effect upon the acquisition of general knowledge. Turning to the medical field, he

gave examples of such terms and phrases, and showed that even in the departments of medicine there are considerable barriers to easy communication caused by such jargon. He gave, among many other examples, a phrase like "bilateral nephrectomy was performed," and pointed out that to say that "both kidneys were removed" not only made the matter equally clear, but clear to all men. He concluded: "Much of this technological jargon is thus unjustifiable on any grounds whatsoever, and I can only regard it as a bad habit into which we all tend to fall."

With all due respect, we would say that it is not merely a matter of falling into a bad habit; it is the ingrained effect of the conscious effort made by many of the early practitioners of medicine to elevate themselves into a separate class, to monopolize their knowledge and impress upon their patients and others the superiority of their wisdom. We thoroughly agree that it is now a bad habit which should be eradicated as far as possible, so that we may achieve unity in knowledge and hasten the day when we may all speak the same language and understand each other more readily and helpfully.—(From *Br. Jour. Health*).

The Role of Tamarind and Chillies in the Rice-Diet

When tamarind and chillies are added to foods, extra-salt is always required. Rat growth experiments showed that the improved growth rate found when tamarind and chillies were added to a poor rice diet, was due to the extra salt and probably to the calcium and other mineral impurities in the crude bazaar salt used. It is suggested that attempts to improve the keeping quality of salt made from sea water by removal of impurities may impair its nutritive value.—(Abst. 887, *Nut. Abst. Rev.*, Jan. '56).

WHAT DO VISITORS TO BRITAIN THINK?

ONE of the delightful things in London at the present day is to see in the streets so many strangers—speaking different languages, often in costumes more colourful than ours—Indians, or Africans. Others are speaking a strange language—is it Dutch, or possibly Polish? There arises the thought—what are these people thinking of us? We become not merely self-conscious, but also self-critical.

Something these strangers remark upon (when we force them at the pistol point to forget good manners), is the quality, and serving, of our “popular food.”

Americans and Scandinavians are especially critical. Anyone who has travelled in their countries must reluctantly admit that they have good reason. English habits in this respect are *far below* theirs. (*Italics are ours*).

How often do we see in our food shops the jacket behind the counter hideously soiled and stained? How often do we find small milk bars and popular restaurants pervaded by a smell which puts us off our food the moment we enter? Our standards of food hygiene are low, compared with other countries.

The show put on at the counter is only one side, and perhaps not the most important side of food

hygiene. What goes on behind the scenes? Can every employee in the cafe wash her hands frequently? What about the washing up facilities? What about sanitary arrangements? We ask—and we wonder!

Some people say quite frankly that they would rather not know too much about these things. They say you can't be too perfect in this world, that a little dirt does no one any harm.

Why are we so careless? Largely because we dislike dragooning people, even for their own good. A healthy instinct, no doubt. But food, after all, is rather important—to use an English understatement.

Clean food, balanced and well cooked, induces appetite, promotes health, and lessens the chance of disease.

The plain fact is that the English nation is warmly admired overseas for self-discipline, tolerance, humour, and fine tradition.

But we are certainly not admired for our cleanliness in handling popular food. It is doing harm to our prestige in the world.

Is there any remedy—except that we should all become a little more self-conscious of the matter? —(Editorial in *Health Horizon*, Winter, 1956).

Can Diabetics to Tolerate Honey?

Some reports have suggested that honey does not affect the blood sugar. When 40 g. honey was eaten at breakfast by a normal subject, there was a greater rise in blood sugar in the 90 min., after the meal than with a similar breakfast and no honey. In 3 of 4 diabetic subjects tested after breakfast, 30 or 40 g. honey caused higher blood sugar and glycosuria. It is recommended that diabetics should regard honey as sugar and that expectorant mixtures for diabetics should not contain honey.—(Abst., 648, *Nut. Abst. Rev.* 1956)

Is There Something Wrong with Food Shops in Britain?

JYTTE HARDISTY

[Mrs. Jytte Hardisty, who is married to a doctor and lives in London with two children works in the Danish Section of the B.B.C. She gives an honest account of what she feels while doing her daily household shopping when asked by the Editor to do so].

"There are certain standards of living to which one can resign oneself when one settles down in a new country, and there are others which remain a constant source of irritation and amazement. On arriving in this country from Denmark about seven years ago, I found, much to my horror and surprise, a very low standard in many aspects of public hygiene.

I, as a housewife, was naturally most concerned about the hygienic aspect of the food shops, where I spend so much time of everyday life, and I was appalled by what I can only describe as the slackness of the shop assistants, as well as of the customers themselves.

I am still not resigned to it after seven years here, nor am I satisfied that any great improvement has taken place during that time. I know a New Food Bill is to be introduced at the end of this year, and that local authorities are doing their best to improve upon the state of affairs, but somehow I have an uneasy feeling that unless the average Englishman or woman will step out and speak up—in fact leave some of his renowned reticence behind—it will all be to no avail.

It is incredible to me that it is that same Englishman whose daily bath and well-polished shoes are so much a part of him, who puts

up with the insanitary and un-aesthetic conditions with which we are still confronted when we enter so many shops and other places where food is handled. All the disgusting and familiar sights are still there, and I am always coming up against them. For example, the girl at the baker's shop, who has a cold, coughing into her hand before wrapping up my bread, generously distributing her bacteria over my whole meal and becoming offended when I refuse to accept it! And why, if we cannot go so far as to wrap all bread before it is sold, can we not be provided in the shops with sufficient paper to cover it properly? In my local shops we are still given a tiny piece of flimsy paper around the waist of a loaf, which, so far from serving any useful purpose, merely serves to add to the ever-accumulating mass of litter, as the wind whisks it out of the shopping basket and across the street.

The girl at the grocer's is luckier, she has a paper bag and just look how clever she is—she can blow it up! I tell her that by doing so, she is filling that bag with millions of bacteria. She might as well spit on the food before handling it to me! On another occasion, I am bound to point out to her that her overall is filthy, dirty, as indeed it always is, unless perhaps the shop is awaiting an inspection carried out as part of a "clean food week" in our area. What irony in that title, with its implication of further "dirty food weeks" to come!

And while I offer my gentle criticism, the other people in the shop stand in a ring around me and blush for my sake! The lady in front of me does not even murmur when the assistant cuts his finger, sucks the blood away and grasps the sausage again. I yelp and protest and in doing so, cause the greatest consternation on both sides of the counter.

There is no law here, as there is in Denmark, to forbid dogs from entering food shops. No one even objects to a cat lying amongst the bread and cakes in the baker's window. Still, if you must choose between cats and rats.....

I ask the manager of one of our better grocer's shops why they must persist in letting their assistants handle the money when serving, as well as the foodstuffs, such as bacon and cheese. And furthermore, I tell him that I don't think very much is gained by the scrupulous cleanliness observed by the manufacturers of meat pies, for instance, if they are exhibited in the shops uncovered. In many cases they are arranged on a tall counter just at the level of the customer's mouth, where she will be breathing over the counter issuing her orders and even spilling the ash from her cigarette.

I think I can say that I am making myself as unpopular as possible, though most unwillingly, but the pathetic thing is that I do

not find any support from my fellow-shoppers.

[This is exactly what the well meaning hygiene-minded shopper in India meets with in all towns of India.—Ed. HEALTH].

Why? Is it necessary for a whole new generation to grow up before we realize in this country that it is essential, in our sort of life, to maintain certain standards of hygiene in order to avoid spreading diseases? For in order to maintain such standards it is not enough to enact a few laws; it is essential that the whole of the *general public* should realize that it is primarily *their responsibility* to see that such laws are carried out, and to raise their voices in protest if they find otherwise. Is it not time that we ceased to accept slovenliness and thoughtlessness in food-handling as part of the natural order of things? Or am I just a fussy quarrelling foreigner, who is unfortunate enough to have come from a country with different standards of hygiene?—(*Health Horizon*, 1956).

[NOTE:—This appears to be a realistic picture of the state of affairs in what we were wont to consider a very advanced country with very rigorous and highly advanced sanitary and hygienic enactments *in force*; it is high time we profit by this candid criticism and promptly and actively bestir ourselves and make giant efforts to set our food shops, hotels and eating houses in order. Public opinion must veer round candid criticism of insanitary practices and black-marketing of foods which gives ample room for dirty handling and strengthen the hands of our Health authorities in putting down such corrupt and unhygienic practices.—Ed. HEALTH].

True Happiness

There can be no happiness without peace of mind though blessed with wealth, wife and children; lands and produce. Even saints and learned men must have peace of mind to feel happy.—(*Saint Thyagarajaswami : Santamulekha*).

Home Treatment for Tuberculosis in Hyderabad State

DOMICILIARY tuberculosis treatment scheme was started in July 1953 in the twin cities of Hyderabad and Secunderabad. These cities have been divided into six zones; each zone being placed in charge of a Medical Officer, especially trained in tuberculosis work. Each Medical Officer has been provided with transport to enable him to visit a large number of patients in their own homes and also where necessary to transport the patients from their homes to the clinics or to the tuberculosis hospitals and *vice versa*. Recently they have doubled the strength of the medical officers so that they can satisfactorily attend to the increasing number of patients. No patient is brought directly under the supervision of the team doctor. He is first examined by the tuberculosis specialist in the tuberculosis hospital, or in the tuberculosis clinics at Dabheerpura or Secunderabad. Such a patient after examination is given a card showing the details of the examination, the present condition of the disease and the line of treatment to be adopted by the Medical Officer in charge of the domiciliary treatment at the home of the patient in the area concerned. After the patient obtains such a card he is registered with the team and regular visits follow from then onwards. Whenever necessary the patient is taken to the specialist or the specialist is brought to the patient for further examination and for checking the progress made from time to time.

The teams have been supplied with adequate quantities of PAS,

Streptomycin, INH, and other modern drugs. Besides this, each team is supplied with simple remedies like carminative and sedative cough mixtures to be used whenever needed for tuberculous patients under treatment or observation. Every team doctor maintains a register showing particulars of each patient, the treatment followed, progress made and the results achieved. This is in addition to the card already mentioned above and maintained separately for each patient.

Besides visiting the patients in homes on the allotted days, team doctors remain at their headquarters between 12 noon and 1 p.m. every day to enable the Supervising Tuberculosis Specialists to contact them and also to facilitate the patients and their relatives to consult the Medical Officers whenever necessary. The headquarters of the teams are connected by telephone.

Spittoons and disinfectants like phenol or lysol are being supplied free to all patients and Medical Officers carry out education of the patients and the members of their families to prevent the spread of the infection. The Hospital Workers' Welfare Committee of Hyderabad has given valuable assistance in providing extra diet to very poor and destitute patients.

In the light of the experience gained we find that the best treatment at home appears to be the combined administration of ISO-Nicotinic acid-Hydrazide and Streptomycin. Most cases of tuberculosis have benefited from this course of treatment but some

were found to be resistant to it. It must be emphasised that the advent of chemotherapy has in no way lessened the need for bed-rest in the treatment of tuberculosis. The degree and duration of rest will be governed by the character of the disease and the progress of the patient. His domestic circumstances will also have to be taken into account. The ideal is to have complete bed-rest for as long a period as the patient is pyrexial and the sedimentation rate is elevated. Now we have also introduced collapse therapy in the home of the patients in the form of pneumothorax and pneumoperitoneum.

The Department is now considering proposals to incorporate private medical practitioners in the scheme either on a voluntary basis or on a small honorarium.

Patients from the districts and even from the neighbouring States are pouring in to take advantage of the treatment under the scheme, and the general opinion of the tuberculosis specialists is that this domiciliary tuberculosis service is not only useful for patients who are waiting for admission in the tuberculosis institutions but is also advantageous for those who are discharged from the tuberculosis hospitals and sanatoria and who require follow-up. The scheme has met a long-felt need and is a necessary link in the chain of anti-tuberculosis institutions in the State.—(Dr. L. D. Khatri, Director; Medical Health Services, Hyderabad Dn. writing in the *Tuberculosis Bulletin* January 1956).

[Note:—Such a scheme has been functioning successfully in New Delhi for some years now.—Ed. HEALTH].

WINTER ENEMY—COLD

COLDS do not kill but they result in more real misery and more lost time than many other sicknesses.

Colds are infectious—are caused by virus. You catch cold from a person who has it—either through breathing in the air that is contaminated with cold virus or by direct contact from “hand to mouth.” After one has had a cold, he is protected for two or three months against the particular virus that caused it. That is why most people seem to have about two colds a year.

Wet feet, draughts, chilling, ex-

posure to bad weather, etc., do not cause cold but they make matters worse.

When your head stops up, your eyes burn, your head aches, you are hot and ache all over, go home and stay in bed until your fever has returned to normal.

Take plenty of water to drink; your diet should be chiefly a liquid one. Shun rich foods.

Keep yourself warm and take rest.

Call your doctor if you suspect influenza.—(*Tuberculosis Bulletin*, 3: 1, 19 January, 1956).

Pleasant Topics from Periodicals

A very stingy man in search of a gift for a friend went into a glassware shop and spent a considerable time looking at many things, all of which were too expensive. Finally he saw a vase that was broken in several pieces. He inquired about the price and was told he could have it for practically nothing, so he decided to have it sent to his friend hoping that would think it had been broken in transit. Accordingly he asked the clerk to pack and despatch it. A few days later he received the following acknowledgement from his friend:

“Thanks for the vase, my good brick! So thoughtful of you to wrap each piece separately!”

“I want a very careful chauffeur,” said the rich old man. “I want a man who takes no risks at all.”

“I’m just the man for you,” said the applicant. “Can I have my salary in advance?”

Teacher (on a visit):—“Are your father and mother in, Morton?”

Morton:—“They was in, but they is out”

Teacher:—“Why, Morton! ‘They was in!’ ‘They is out.’ Where is your grammar?”

Morton:—“She is upstairs (referring to grandmother) taking her nap.”

Teacher (shaking his head over the geometry paper):—“When George Washington was your age, he had become a working surveyor.”

Pupil:—“And when he was your age, Sir, he had become President of the United States.”

A politician said to Horace Greeley one day: “I am a self-made man.”

“That, Sir,” replied Greeley “relieves the Lord Almighty of a terrible responsibility”

A friend once wrote to Mark Twain a letter stating that he was in very bad health, and concluding “Is there anything worse than having toothache and ear-ache at the same time?”

The humorist wrote back: “Yes, rheumatism and St. Vitus’s dance.”

Bus Conductor:—(Helping stout woman aboard) “You should take yeast, mother, ter’elp er to rise better.”

Stout Woman:—“Take some yerself, lad, and you’ll be better bred.”

And how do you account for your defeat at the polls, Senator Glumly?

“I was a victim.”

“A victim—of what?”

“Of accurate counting.”

The old friends met after several years.

“And is your wife as lovely as ever?” asked one of the other.

“Oh, yes,” was the reply “but now it takes half an hour longer.”

A man was being shown over a large factory. “That machine,” said his guide, “is an automaton—it does the work of 120 men.”

The visitor whistled, “That’s what my wife should have married!”

Isadora Duncan, the great dancer, once wrote to George Bernard Shaw and suggested or so the wits say: “We two ought to have a child, so it could inherit my beauty and your brains.”

GBS reportedly wrote back:

“Madam, I am flattered—but suppose it turned out to have my beauty and your brains!”

President Lincoln was once stricken with what proved to be a mild form of smallpox; of course no one dared enter the White House for fear of contagion and Mr. Lincoln remarked:

“Is it not too bad, that now while I have something to give to everybody, no one comes near me!”—(*Lincoln stories*).

Achtung A Droite

Motoring abroad is exactly the same as motoring at home (England), except that:

(a) instead of driving on the left you drive on the right; (b) instead of cornering on two wheels you corner on one; (c) instead of sticking your arm out to signal your intentions you pull it in; (d) instead of going over cross roads if you know it’s safe, you know it’s safe if you go over them; (e) instead of doing so many miles to a gallon you go few to the litre; (f) instead of hitting telegraph poles you hit trees and (g) you hoot at level crossings!—(*You have been warned: A Rollicking Skit*).

“So that’s your special flood-light for photographing celebrities.

Is it powerful?”

“Oh, yes; it is about 200 scandal power”

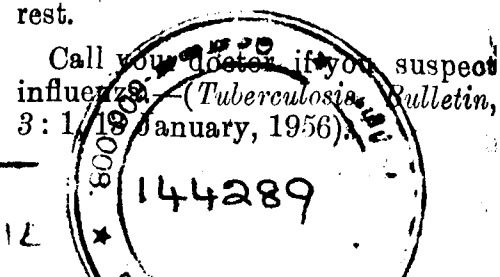
First Mosquito:—“Why are you making such a fuss?”

2nd Mosquito:—“Whoopee! I passed the screen test!”

Grandpa:—“Who is the most popular boy in your school?”

Kannah:—“Last term young Sundar was. He gave us all the measles.”

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ப. எண் :

வழங்கிய நாள். (1)	திரும்பிய நாள். (2)	வழங்கிய நாள். (1)	திரும்பிய நாள். (2)
2-5/3/94	2-5/3		

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