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HEALTH

FOUNDED BY THE LATE Dr. U. RAMA RAU

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Edited by:

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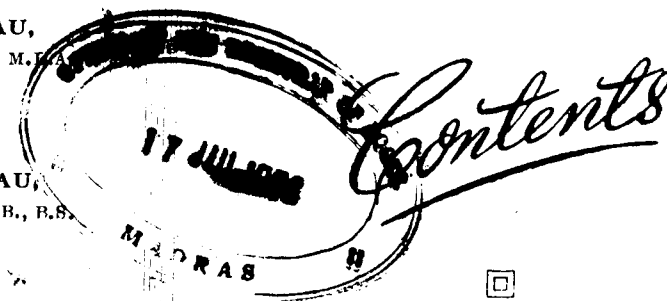
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Rural Welfare in the Second
Five Year Plan—*Editorial*

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Population Trends and Food Problems

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The Myth of the Terrible Tonsils

The Changing Medical Scene

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This is What's New!

Bread from the Sea

A new kind of bread has been introduced recently into Germany and Scandinavia. It is made from ordinary flour to which is added from 2% to 10% "algae flour," a natural product extracted from seaweed (agar-agar which is used by Indian Muslims for making Halwa and confections).

For centuries, various kinds of seaweed have been utilized as food by coastal dwellers in many parts of the world, and a great deal of scientific research has been carried out in order to find ways of making available on a much wider scale the vast harvest of the sea.

A German scientist, Heinrich Mienau, has spent much of his life working on this problem and is the first man in Europe to bake "bread from the sea." The bread is very palatable, and has none of the unpleasant odour associated with decaying seaweed. The reason is that the flour is made from fresh seaweed grown in "farms" off the Norwegian coast, and not from the dirty weed which is washed up on the shore. "Algaeon brot," as the new bread is called, contains vitamins A to H as well as traces of nutritious elements such as iodine, bromine, iron etc. Distribution problems are much reduced as compared with ordinary bread because 'algaeon brot' remains fresh for weeks.—(*Health for All*, April, '56).

War in the Lounge

Two players can wage a mock war on the electronically controlled device invented by Brigadier General L.T. Davis, Commander of the Air Development Centre at Holloman, New Mexico. The opponents face each other across a table filled with controls, and each commands a strong "war machine," which includes strategic and fighter air forces, an atomic bomb

stockpile, and a series of industries. The controls are claimed to enable the players to simulate almost any situation which might exist or arise amongst belligerent countries.—(*World Digest*, April, May, 1956).

Making use of Charcoal and Coal-dust as Fuel

Variable quantities of dust accumulate in coal and charcoal stores and should be removed and taken away periodically. Dealt with in the following way it is a useful source of fuel. The dust must be sieved through a coarse riddle. The pieces of coal which do not pass through are, of course, for burning in the usual ordinary way. The fine dust is mixed with cement and concrete at the rate of eight to ten buckets of dust to one of cement. The mixture should be thoroughly done while dry so as to incorporate the cement well with the dust. Water is then added to the mixture through the rose of a watering can, the whole heap being turned repeatedly with a shovel till a fairly plastic dry mix is obtained. This is then cast into eggs or small blocks, using a small cup as a mould. The eggs are allowed to harden for 24 hours before being stored for use.—(No. 1 of "Help Yourself" Series via W.D.).

Reactions to Electric Shock

Science has proved that women are more easily shocked than men—attested by electricity, according to two scientists who recently measured reactions to shock. These scientists, in their report to the American Institute of Electrical Engineers, state that "women are more easily shocked by electricity, because of their more sensitive nervous system and poorer muscular development."—(*This, That and The Other*, W.D.).

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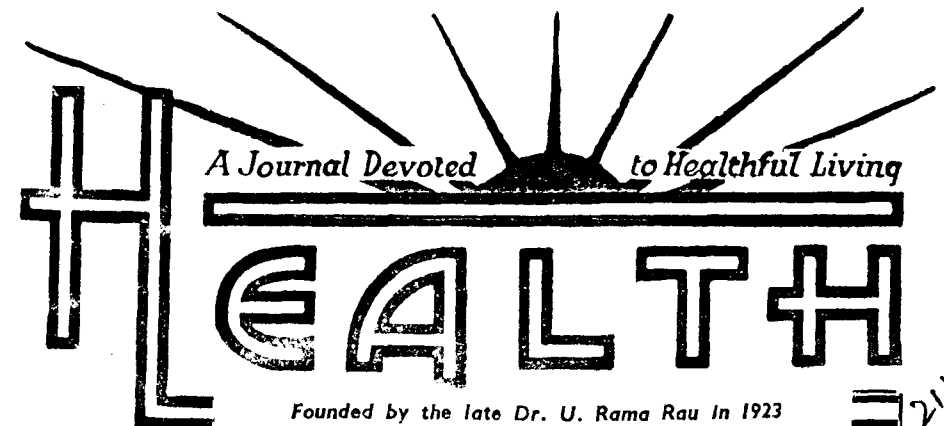
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RURAL WELFARE IN THE SECOND FIVE YEAR PLAN

INDIA is pre-eminently a land of villages and there are at least seventy million families living in the country-side. The vast majority of them cannot lay claim to having the benefit of modern amenities and comforts of life that the urban population—even the poorer classes among them enjoy. The rural folk are leading lives of enforced resignation to the lots to which ignorance and poverty have consigned them. The paramount necessity for changing the outlook of these unfortunate toiling millions, arousing in them enthusiasm for newer knowledge and a zest for the new ways of life and filling them with a desire and ambition to live and work for a better life, has therefore been strongly felt by all thinking men during the last ten or fifteen years. Our democratic Union Government has not been slow to recognize this genuine

desire on the part of the leaders of thought in the country for improving the welfare of the very large majority of the population by raising their standard of living.

To achieve this end, provision has been made in the Second Five-Year-Plan to cover the entire rural India and to convert a substantial portion of the National Extension Service Blocks into Community Development Blocks. A budget allotment of 200 crores of rupees has been made for this programme. It is intended to carry into every family in every village in the country, a sense of participation and a definite programme of work to improve its standard of living. With this object in view, 3,800 additional development blocks are to be taken up during this plan-period under the National Extension Scheme and 1120 of these will be

converted into Community Development Blocks.

We are told that through this programme, during the next few years, besides agricultural production there will be marked progress in co-operative activities including co-operative farming. It is our fervent hope that village panchayats, which are institutions solely responsible for the active development of the villages, will be strengthened and helped to advance the interests of the villagers in all directions, particularly in improving hygiene, sanitation, water supply drainage, and health education as a necessary item in the curriculum for general education etc. While the material conditions of the people are thus sought to be improved, the transformation of the rural areas is essentially a human problem and a very gentle, human and rational approach must be made by those charged with implementing the Commission's programme of National Development.

During the second-plan period, according to the Planning Commission, the National Extension Service and Community Development work will require about two lakhs of workers in addition to

those already serving the programme. These additional workers we are told, will be trained in the Extension Training Schools and similar institutions to be shortly set-up. Thus, for training in extension work and agriculture in the new plan, there will be altogether 61 Extension Training Centres and 95 Agricultural Schools or agricultural wings attached to the training centres.

We are indeed, very happy to know from the report of the Commission under review, that as the programme grows in size, a great deal of the initiative in implementing the schemes must pass gradually to the people. It is heartening to know that some of the simpler and more pressing needs of the people, *e.g.*, village roads, water-supply, drainage, general sanitation, housing, educational facilities for all the children, may be met at a fairly early stage of the implementation of the general programme.

How we earnestly wish and hope that this early stage envisaged in the above paragraph is really achieved in full measure before the end of the Second Five-Year-Plan-Period!

Unity in Diversity!

The whole community may be considered as though it were a single labouring unit, with ten thousand different tasks distributed among its members, all linked together into the one common task which we call civilization. Looking at labour in that synoptic manner, one may say, in homely language, that society has only one job to offer to its members. The name of it is *civilization*, or, if you prefer, *progress*. We may be farmers or statesmen, carpenters or surgeons, stokers or artists, teachers, lawyers, shopkeepers, clergymen—what you will; but these vocations are only the different names we have for our different contributions to the one task we all share in common, that of carrying forward the work of civilization, which is the work of the ages, and which some call the Kingdom of God.

—Jacks.

MATERNAL AND CHILD HEALTH SCHEMES IN THE MADRAS STATE*

Dr. T. ADISUBRAHMANYAN, M.B., B.S., B.S.Sc.,

Director of Public Health, Madras State

PUBLIC Health activities are normally concerned with the well-being of all people in whatever station or walk of life. However, two groups of people require special attention: women during pregnancy and young children particularly in their infancy. There are very good reasons for this. So far as a pregnant woman is concerned, the special attention given to her during pregnancy yields double health benefits; first to the mother as an adult member of society, and second to her offspring resulting from pregnancy. The period of pregnancy is one of particular stress during which the woman, who ordinarily has no difficulties, may have to face the possibility of some unusual risk. External influences during the period of pregnancy may affect the health of both mother and child and may even cost them their lives. If the mother's health is permanently impaired the economic loss to the family is indeed very great. Human welfare depends primarily on the well-being of the children of today who are the citizens of tomorrow on whom depends the prosperity and general welfare on the nation; we cannot consider children, apart from the mothers in any review.

The concept of maternal child health commences from the moment a family is planned by the parents-to-be. Care of the physical, physiological, nutritional and emotional status of the mother during the pre-natal period, expert

guidance and assistance during and after confinement and a positive realistic approach to the physical and mental well-being of the infant, from its inception through his pre-school and school ages, with a view to preventing illness, promoting health and prolonging life, all these constitute the philosophy of Maternal and Child Health. Proper care of the mother and the infant alone are not sufficient for ensuring their well-being. Every aspect of public health, like sanitation, protected water supply and food hygiene, soil sanitation has a bearing on maternal and child health. Lack of these entails sickness, suffering and preventable loss of life. Over twentyfive per cent of infants born die during the first week of life and another 25% during the first month of life, as a result of infections, nutritional maladjustments, congenital defects, and other causes. Infections, toxæmias and hæmorrhages are usually responsible for most of the maternal deaths.

The maternal mortality-rate and the infant mortality-rate enable us to assess the progress of maternal and child health. At the turn of the present century, about 500 out of every 1000 children born alive died before completing one year of age and about 30 mothers out of every 1000 deliveries lost their lives; in all conscience, this was a colossal loss of valuable lives. Even in the twenties the

*From a Broadcast talk given over the A.I.R. at Madras on Saturday 2-6-1956.

situation had not greatly improved. Thanks to the vigorous health measures pursued by various agencies, things improved and in 1940, the infant mortality rate had come down to about 160 and the maternal mortality rate to about 10. By 1954 it was possible to further reduce the infant deaths to 100 (100.6 to be precise) and the maternal deaths to 5.5. We can indeed be really proud of this achievement. We have a still long way to go, before we reach the level in advanced countries of the world, where the mortality rates are at least 5 to 6 times lower than the lowest rates we have now recorded.

The reasons for the enormous wastage of pregnancies are:—Firstly, the lack of adequate facilities, in the shape of properly equipped maternity homes, and maternity centres. Secondly, the great dearth of trained personnel *e.g.*, Maternity assistants, Health-visitors and doctors. Thirdly, ignorance and apathy among the people who freely seek and obtain help from unskilled attendants.

At present, only a fourth of the total number of confinements receive attention from skilled maternity assistants and other qualified people; while three-fourths of the child-births are conducted by the traditional barber midwives, and village grandmothers. On a statistical estimate only one maternity assistant is available for delivering seven hundred babies. Unless this ratio is narrowed down to say, one maternity assistant for about hundred births, much progress is not possible. An enormous expansion

of maternal and child health services in all directions is therefore urgently needed.

The origin of the maternal and child-health movement in Madras State dates back to 1919 when a group of voluntary workers started the Madras Presidency Health Association to enthuse the peoples to welcome public co-operation, create an awareness and interest in the public mind, and initiate one aspect of the scheme. The Red Cross Society was another voluntary agency which blazed the trail, which others readily took up. The earliest Governmental agency to interest itself in maternal and child health was the Corporation of Madras, which introduced a system of "Home visiting of pregnant mothers" by a trained staff. Another significant move during the early years was the starting of a course of training for 'Health-Visitors', which was later developed into a regular school for their training. The efforts of these voluntary agencies in promoting maternal and child health did not evoke sufficient response from all the local bodies. It became therefore necessary for the Government to intervene; and in 1931, a separate Bureau of Maternity and Child Welfare was organized as a special branch of the Madras State Public Health Department to advise, guide and assist local bodies in all matters relating to maternal and child health. This bureau has steadily progressed through its own and the efforts of the State and Central Governments; and as a result of fillip given to the scheme in the First Five Year Plan

and other development projects, we have at present, 64 maternity homes and 704 maternity and child welfare centres in our State, maintained by the various local bodies, voluntary agencies and by the State Government itself (600 more will be set up at a cost of Rs. 22 lakhs). These centres are run by a staff of 88 Women Medical Officers, 175 Health Visitors, 1014 Maternity assistants and 1014 Ayahs, who have all been specially trained. Refresher courses and in-service training are given in modern techniques and developments.

The expenditure incurred by the local bodies and voluntary agencies is about Rs. 12.5 lakhs a year. The State contributes a quarter of this expenditure as grant-in-aid and itself meets the entire cost of running 152 maternal and child-health centres.

Under a special scheme for the grant of maternity benefits to backward areas in the State, sponsored and aided by the Central Government 26 main and 4 subsidiary maternal and child health centres have been inaugurated in different parts of the State during 1955-56.

The State Government, with the help of material and technical assistance provided by international agencies like WHO and UNICEF, particularly the latter, distributes milk, vitamins, diet supplements and other amenities free of cost to deserving infants, pregnant and lactating mothers.

As for our immediate future needs, nearly 75% of pregnant mothers are not able to get skilled

assistance at confinements due to a dearth of qualified personnel; the only practical solution for this lies in giving a minimum course of 6 months' practical training in the elements of hygiene and sanitary methods to the numerous illiterate *dhais* who are the traditional birth-attendants. It is not possible to replace all these untrained *dhais* by trained midwives for several decades to come.

There is always the contingency of losing highly qualified maternity assistants who prefer to go to richer urban localities from rural areas to have better amenities, emoluments and facilities. By imparting elementary knowledge to the *dhais* in cleanliness, sterilization and the need for the same as also in the fundamental principles of prenatal, natal and post-natal care of the mother and infant, thousands of deaths can be prevented. This is what is proposed in the Second Five Year Plan.

A special course of training in Public Health Nursing has recently been inaugurated in the State for qualified nurses who will then be employed for the overall supervision of Health visitors and Maternity assistants, will function as consultants and guides in imparting health knowledge and also act as liaison officers between the department and the public, and eventually make up for the great shortage of doctors.

The scheme of Family Planning though not directly or primarily related to maternal and child health, has a close bearing on it. An elementary knowledge of reproduction, the advantages of planning a small sizable family

the proper spacing of children, to suit the family's resources are certainly matters which are intimately connected with the health and welfare of mother and child, family and society. Maternity centres and maternity homes will radiate knowledge, and information relating to the techniques on family planning, and enable the community to live a fuller, happier and healthier life than ever before.

The Central and State Govern-

ments and local bodies have allotted huge sums of money for maternal and child health preservation; unless there is wholehearted co-operation from the people, as evidenced by an acceptance of an altered philosophy of life, and by the shedding of their shell of apathy, superstition, blind faiths and unsound beliefs, no radical or real progress would be possible.—(Courtesy of the *A.I.R., Madras*).

DRUGS GALORE!

No one can begin to estimate the amount of drugs poured into human stomachs in this country. Official figures reveal very little, because they tell only part of the whole story. No one can be quite sure how much self-medication goes on, and there are numerous unorthodox medical practitioners who rival their orthodox brethren in the amount of medicine they prescribe. Apart from the colossal amount that is prescribed under the National Health Service, there is still a large volume prescribed in private medical practice and through hospital dispensaries which must be added to the total.

The *London Daily Telegraph*, March 9, 1946, stated: "If the National Health Service drug bill continues to rise the Ministry of Health will take special measures to cut the cost." It went on: "The cost of prescriptions, the Ministry pointed out, was running at £51,000,000 a year.... In England and Wales, in 11 months between January and November last year, 206,766,976 prescriptions were dispensed by chemists.... The grand total in England alone of

prescriptions since the start of the Health Service in July 1948, passed the 1,500,000,000 mark this month...."

The Ministry of Health, in threatening to "cut the cost" is, of course, starting at the wrong end. After all, the doctors are responsible people who have been trained in drug therapy and for the Ministry to tell them that they are using too many drugs is like the War Ministry telling soldiers that their ammunition will be cut. If students are taught to believe that they must fight (cure) disease with drugs, surely they are not to be blamed for making free use of them.

The truth is that any reform must start in the medical curriculum. If students were taught more about the healing power of Nature, and to interpret disease from that viewpoint, the problem would solve itself because, first, the doctors would be able to manage illness with the minimum of drug-usage, and, second, the public demand would cease because of the changed attitude of the physicians.—(*Health for All*, May 56).

THE CONTROL OF LEPROSY

(by the late Dr. JOHN LOWE, C.B.E.)

(Continued from page 129, of *Health* for June 1956)

Control.—In the past, the generally recommended measure of control has been isolation in special institutions, usually by legal compulsion as there was no alternative policy to recommend for adoption in its place. Now, the situation has changed and there are alternative policies to suggest, policies which offer far more hope of success. Compulsory isolation, I think, is unscientific; it is usually impracticable; even where practicable it is ineffective; and it is inhuman.

First, let us examine the scientific basis for isolation. The advocates of this policy have said that the disease is infectious, that the precise mode of transmission is unknown, but contact plays a big part, and that therefore, the only control measure is to prevent this contact by isolation, using compulsion if necessary. This may sound logical; but is it? First, has compulsory isolation ever proved of real value in the control of any established infectious disease? A good case can be made out for the isolation, by compulsion if necessary, of persons harbouring infection and migrating into an area where that infection is not present but where conditions favour its spread; but the case for isolation of patients with a disease which has long been endemic is not at all strong. It is true that sanitary authorities have often used isolation as a method of control of acute and highly infectious diseases such as plague, diphtheria, smallpox, cho-

lera etc., but it is extremely doubtful whether isolation has played any big part in the control of even those diseases, once they are established. When the disease in question has disappeared or been controlled, it has been due to causes apart from isolation. The isolation of a long endemic, chronic disease of low infectivity cannot be justified. There are several chronic diseases far more infectious than leprosy; tuberculosis is the best example. No Government of any country, not even those with the most powerful of dictators, ever decreed that all cases of pulmonary tuberculosis must be compulsorily isolated. Such a policy would almost certainly defeat its own ends by driving the tuberculosis problem underground. I feel convinced that the situation regarding leprosy has been the same. Public opinion (or rather public ignorance and prejudice) has been allowed for so long to regard leprosy with such horror, and has forced administrations to maintain some pretence of control by isolation measures with no adequate scientific basis.

Next come the practicability and efficiency of compulsory isolation measures. Most of the countries which have a great deal of leprosy are relatively poor, with few resources in money and personnel for medical and public health services. The compulsory isolation of cases of leprosy, even if confined to the open cases, is utterly impossible in countries such as India and in parts of

Africa. What about countries which are not too poor to apply compulsory isolation? Two examples occur to me—the Philippine Islands and Brazil. Both these countries have reasonable resources and have for about forty years tried to control leprosy by compulsory isolation of open cases, and have spent vast sums of money on this policy. What has been the result? Doull, as the result of detailed epidemiological studies, states: "In the Philippines the attack rate for household associates remained high during the long period that compulsory isolation of bacteriologically positive cases was in force" but he attributes this to the long duration of the disease before isolation. In Brazil, for similar reasons, it is considered that compulsory segregation has contributed little to the control of leprosy. The First Report of the WHO Expert Committee on Leprosy says: "Institutional isolation alone in Brazil has not given the results expected from it, and has failed as a control measure, even when applied rigorously and on an adequate scale."

Now, finally, let us turn to the inhumanity of compulsory isolation. Diseases more infectious and more serious than leprosy are not considered sufficiently dangerous to justify compulsory isolation. The measure may add great mental suffering and hardship to the already heavy lot of the patient himself and his family and dependants. Compulsory isolation of all patients, or even of all open cases cannot be justified. This view is shared by a considerable number of those who have carefully studied the problem.

The principles of the control of leprosy should follow the general lines already established in the control of tuberculosis. I suggest:-

1. The compulsory isolation of all cases of leprosy should be abandoned, and reorganized as far as possible on a voluntary basis. The disease should be notifiable.

2. There should be hospitals, *real hospitals and not prisons* for the admission, voluntary as far as possible, of those patients who, for various reasons, need institutional care.

3. If such information is not already available, find out by sample surveys, properly planned and executed by trained staff, the magnitude of the leprosy problem in the area.

4. Provide centres for the diagnosis and for the out-patient treatment of leprosy patients at strategic medical centres throughout the area.

5. Arrange for home-visiting and repeated examination of contacts, particularly of all known open cases of leprosy and of child contacts.

6. Especially in areas where leprosy is common, make the examinations for leprosy part of the routine medical examination of school children and of other groups such as labour-forces; arrange to deal with all patients so detected, keeping closed cases under out-patient treatment while continuing as normal a life as possible and arranging for supervision of open cases to minimize or prevent contacts with susceptible persons, particularly children.

7. If tuberculin-testing and BCG vaccination are being used or planned as an anti-tuberculosis measure, aim to extend the work to cover the families and contacts of leprosy patients, and to record the work so that it may give evidence on which the value of this measure may be estimated.

These are the general lines of policy recommended; their application will, however, vary greatly in different countries. For example, in the many islands of the Pacific, the only possible policy is to collect those with leprosy in certain central places for the period of their treatment. Further, in some parts of Africa many patients, even closed cases, want and will pay and work for institutional treatment; moreover, the policy of getting all children with leprosy to central institutions with good schools for the period of their treatment, is often justified.

In some countries where the

leprosy problem is big, a special staff will be needed, but it should be an integral part of the general public health service; in areas where the leprosy problem is smaller, the work could form part of the ordinary medical and public health work, but perhaps be supervised by a leprosy specialist.

Certain aspects of the work have an obvious link with anti-tuberculosis work and might be undertaken through or in collaboration with a tuberculosis service if it exists. In one country—Japan—research on leprosy and tuberculosis is being integrated in one institute for mycobacterial disease; it may be that in the future, treatment and control work for these two diseases might also be integrated in all countries.

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

Vitamin A Balance Experiments with Infants

Vitamin A was estimated in the faeces of infants aged from 2 weeks to 7 months, receiving a diet of cow's milk. In 6 infants, with diseases which did not affect their nutritional condition, the percentage of the ingested vitamin which was excreted ranged from 0 to 17.5. In 6 dystrophic children, the percentage was higher, ranging from 10 to 83. The highest excretion was found in a patient with carbohydrate dystrophy. In 4 premature infants, the percentage excreted was respectively 3.7, 28, 29.2 and 71. Very small amounts were excreted by 3 infants fed on human milk, which was alleged to be about 3 times as rich in the vitamin A as winter cow's milk. When Vitamin A was added to cow's milk to bring the content up to 4000 I.U. per litre, the amount in the faeces was usually greater in total amount, but the changes in the percentage excretion after fortification were inconsistent. In a child of 2 years with cerebral palsy and sepsis, no vitamin appeared in the faeces after moderate amounts of vitamin A and only 1% after high doses. When 50 out of 100 young infants attending the clinic were given vitamin A, the percentage incidence of infections was 18 compared with 35 among untreated infants. The average daily weight gain was 21 per cent higher in the infants given the vitamin than in those not given it.—(Nutr. Abst. Rev., Jan. '56).

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SAFEGUARD YOUR HOMES FROM FLIES

THE fly is one of the worst enemies of good health. It carries the germs of dysentery, cholera, typhoid fever or diarrhoea, and also germs which form pus, all of which are a danger to health. Germs are so small that even when looked under a microscope which magnifies 1,000 times, they look smaller than half the size of a pin's head. Germs can multiply very rapidly. The white cells of the blood can destroy many of the germs which bring illness. But if the germs are present in very large numbers, the white cells will be powerless against them. Then the person contracts the illness caused by the germs.

Flies sit on dirt and on food, and carry germs on their dirty, sticky, hairy feet from the filth to food. They suck the food up into their mouths. If the food is dry they vomit on it to make it fluid. They thus transmit disease to the healthy.

There are several ways to fight against flies. One of the best, is to see that there are no breeding places near the house. Flies lay their eggs in wet, dirty places, and especially on heaps of manure and decaying vegetation. The maggot, an active legless crawling creature comes out of the egg a few hours after it is laid. For the next five days it eats ravenously and then crawls on to drier ground where it rests. Its skin becomes tough, and the head end closes up like a box. After 5 days the lid bursts open, and the fly, complete with wings, comes out. In another 2 days, this fly, if it is a female, will start laying eggs.

We should see that there are no heaps of wet rubbish around

the house. This, as well as cow and buffalo-dung should be put into a special compost pit and covered with a layer of earth. Flies do not lay eggs in soil. Any active little maggots trying to reach drier ground at the edge of the pit, should be sprinkled over every week with 'Gammexane' powder which is cheap and easily had.

Special care should be given to latrines which must be built in such a way as to prevent flies from getting on to the stools: A tight-fitting cover may be needed for the hole, or a sheet of wire gauze to cover the opening from which the bucket or tray is withdrawn. Children must be taught to use the latrine, and to wash their hands well after they have used it. If cow dung is used for fuel make cakes and place them on the wall as quickly as possible to dry. Flies gather on the food exposed for sale in bazaars. Such food will be heavily infected with germs. Milk should be boiled for at least ten minutes, to kill all germs. Slight heat only encourages them to multiply faster.

All food must be kept free from flies in the home by using covers to fit over the dishes. A cupboard in which the food can be kept must have a well-fitting door, and its sides made of wire gauze or mosquito netting.

'What a trouble it would be to do all this', you may say. It would be a far greater trouble if any of the family became ill with dysentery or other illness conveyed by flies.—(Condensed from *Jet Series* by Dr. Gladys Rutherford).

POPULATION TRENDS AND FOOD AND HEALTH PROBLEMS IN INDIA

(Contributed)

A GROUP of British Scientists issued about the middle of last year a report on "Political and Economic planning" embodying the results of their study on "World Population and Resources," in which they pointed out that the world's people are increasing by 34 millions every year and that since nearly two thirds of the existing population are already undernourished the anticipated steady growth is calculated to prove catastrophic in the course of, say, the next fifty years. The rate of increase in World population, during the past 5 years according to the UNO's report has been greater than ever before. Thus two different sets of assessors of this problem, have independently come to the same conclusion and so we can ill afford to sit on an ivory tower thoroughly oblivious to these mighty changes in the history of the human race that are occurring daily.

And it is disconcerting to know that the greatest increases have been in Asian countries, which are stated to be amongst the most backward in the world. India, it is revealed, is the country with the second largest population in the world, estimated at 377 millions, which is two hundred millions lower than that of China. According to statistics, the population of India represents about twenty-six per cent of the total for all Asian countries outside Soviet areas, and if the same figure is accepted as India's proportion of the increase in population esti-

mated at twenty-one millions a year, then India's population is growing at the rate of more than three and a quarter million annually.

A country-wide sample census of birth and deaths shows that an average Indian woman gives birth to between six and seven children during her reproductive period.

This is very much higher than the figures for other countries—in Japan it is 5.3 in the United States 3.3, and in England only 2.6.

It must also be noted that the pattern of fertility of women in India is a distinctive one.

In the first place, India has the highest age specific fertility (birth per 1,000 women in the same age-group) for "all ages," as well as individual age-groups, when compared with the U.S., Canada, or European countries like England, Belgium, Denmark, and France, or even Japan.

Secondly, fertility in India follows different trends from those of American or European countries or Japan.

Fertility in this country is low in the age-group 15 to 19, but rises sharply in the next age-group 20 to 24, and rises slightly in the age-group 25 to 29. Then a decline occurs.

Another important factor revealed is that there is a steadily increasing number of people who are now living longer than a few years

ago. The expectancy of life in the country now is put down at about thirty-two years, being a little higher than that for women and slightly below for men, and that compared with about 27 years of not so long ago.

Figures such as these create new problems for solution. The longer expectancy of life is certainly due to the great strides which have been made in recent years and which are still being made in the control of diseases, the improvement of the health and hygiene of the people, and the gradual improvement in the standards of living of the masses.

The Second Five Year Plan however takes note of only an increase in the labour force of about 2 million persons a year; this will have to be revised if the increase in population is really over three millions a year. The problem of food becomes thus a vital one. The targets fixed for the First Five Year Plan were achieved no

doubt to a very large extent, but the economic report of the United Nations on the Far East has spoken of the fact that while this is a commendable achievement, there is still a big lag before *ample* can be said to have been produced as against just *enough*. The fact that people have had more to eat in the last five years has also been a contributory factor to the increase in population.

It is no doubt a very pleasing feature to note that people in India will live longer than before but that very fact would call for a new approach from those who are charged with the task of planning for the future.

Family planning and birth-control are very much in the air but we do not know if the correct and acceptable approach is being followed and if it will result in the success that is expected of it under the conditions obtaining amongst the men and women-folk in our country.

Bottled Tears

What makes us cry? The causes of human tears are manifold, and the chemical constituents of the tear drops vary according to their cause. Tears of grief and tears of joy differ from the tears shed by the housewife when she peels onions for the family stew and from those brought on by "smoke in your eyes."

Dr. Robert Brunish of the University of California carried out some interesting research on the subject. His aim? To find out, through painstaking analyses, what the Los Angeles smogs contain which stings the eyes and makes them water. To enable him to undertake this unusual study, Dr. Brunish has been "bottling" other people's tears. It has not been an easy task. The most satisfactory "criers" have been children; the Los Angeles adults have, as a whole, proved singularly dry-eyed. As to the steady flow of film stars' tears from near-by Hollywood, they—being of the glycerine variety—cannot be put to scientific use.—(*World Digest*, March 1956).

On Gratitude

The gift of heaven and earth is not an equivalent for a benefit conferred when none had been received.

It is not good to forget a benefit: it is good to forget an injury even at the same moment.—(*Tirukkural* of Tiruvalluvar).

The Myth of the Terrible Tonsil's

LOIS MATTOX MILLER

FOR many years parents and doctors considered tonsils useless, evil, disease-breeding appendages. Tonsillectomy was regarded as the simplest and safest of operations. Hence we embarked on a surgical crusade against tonsils and at its peak more than 2,000,000 Americans each year—mostly young children—"had their tonsils out," whether they were infected or not. Ten years ago the "most frequent surgical procedure in the U.S.A., was Tonsillectomy" (*J.A.M.A.*).

Today leading physicians declare that there ought to be a "closed season" on tonsils while parents and family doctors catch up with the modern concept. *The Journal* of the *A.M.A.* sums it thus:—"Tonsils when functioning normally are protective organs and should not be removed. Definitely infected tonsils and especially tonsil-stumps should be radically removed under general anaesthesia and with adequate surgical technique and skill."

Swollen and inflamed tonsils, however, are by no means "definitely infected." In this angry state they are merely doing the job nature intended for them: *viz.*, trapping and draining off infection, and helping to build up immunity for the future. "More often than not," says one specialist, "swollen tonsils deserve a medal for valour instead of condemnation."

The two main tonsils stand guard at the portals of the throat, one embedded on each side of the opening. The pharyngeal tonsils, commonly called the adenoids, are cauliflower-shaped formations,

located behind the nose, up near the root of the nasal cavity. Modern ENT specialists lay stress on the location of the adenoids. For the tonsils are now recognized as part of the lymphatic system, which, in the economy of nature, has the important function of trapping, destroying and draining off infection before it can penetrate deeper into the system. They form the first line of defence against invasion from the infective germs we meet with during our lifetime.

Significantly, a baby's tonsils are almost always sterile at birth. Yet within 24 to 48 hours tonsil cultures show a variety of germs. The first to appear are usually those organisms commonly present on the skin of the nursing mother. The types commonly found in adult throats appear later.

The trap-like function of the tonsils has been demonstrated by a number of investigators. One doctor injected Indian ink into the nasal membranes of patients scheduled for tonsillectomy. When the tonsils were removed he found the ink particles trapped within the spongy capsules. Vaccine virus, injected in the arms of infants, turned up to the tonsils three days after the injection.

Tonsil flare-ups occur most frequently in children under ten years of age. This is the time of life when the body is waging a constant fight against a host of infections, building up immunities that

will last a life-time. In an evaluation of tonsil function, published in the *Eye, Ear, Nose and Throat Monthly*, some time ago, Lederer and Grossman of the University of Illinois College of Medicine warned that the tonsils were intended by nature to play an important part in the development of "auto-immunization" in the young child. They stated that at the age of 5 or 6 years the immunization was far from complete. Repeated infections were necessary to build it. Immunization will increase steadily if the tonsils are left intact, even though the tonsils themselves occasionally become swollen and inflamed in the process. But if the tonsils and adenoids are removed before immunization is complete, the doctors say, "the child will remain unprotected and may be endangered later in his lifetime."

Formerly, tonsillitis attacks usually prompted doctors to say, "Let's have those tonsils out in the spring." School nurses and medical examiners were even more adamant; any child with "enlarged" tonsils was likely to be sent home with a note ordering tonsillectomy. Lederer and Grossman strongly urge that "public health authorities make it clear to school examining physicians that this practice is unwise and should be discontinued."

Tonsil flare-ups are often warning signals, indicating some other trouble. Extraction of bad teeth or treatment of sinus infection puts an end to tonsillitis attacks in a surprising number of cases. Allergic conditions also can cause the tonsils (like the other parts of

the lymphatic system) to enlarge. Treat the allergy or remove the infection, the doctors advise, *but don't just remove the tonsils.* Tonsil surgery in such cases is like trying to put out a fire by silencing the alarm bell!

The old idea that tonsillectomy "prevented" colds and respiratory diseases was thoroughly debunked a few years ago in a ten year study made by Dr. Albert Kaiser of Rochester, N.Y. Dr. Kaiser and his associates examined 4,400 children who, according to conventional standards, should have had their tonsils removed. For various reasons only half that number had the operation. But the entire group remained under study for the next ten years.

Comparison showed that removal of tonsils had no effect on the incidence of colds, ear infections, sinusitis, laryngitis, bronchitis, pneumonia or tuberculosis. Indeed, there seemed to be more colds and respiratory diseases among the children whose tonsils and adenoids had been removed!

However, modern paediatricians point out that most childhood diseases—including rheumatic fever—now can be either prevented or controlled by the use of penicillin, aureomycin and other new antibiotics. With these drugs available, tonsil surgery is clearly obsolete as a "preventive" measure.

When the tonsils are definitely diseased, or the adenoids are so enlarged as to interfere with breathing, surgery is obviously in order. Then the operation should be performed by an experienced

surgeon. The common belief that tonsillectomy is always "simple and safe" is now greatly tempered with caution.

"We regard tonsillectomy as a major operation and not without danger," Drs. Lederer and Grossman state. "The more skilled the tonsil surgeon, the greater is his respect for this supposedly simple and minor procedure." One of the great tragedies of the tonsil-snatching-era was that the operation was often performed crudely or hastily. Instead of being "shelled out" carefully, the tonsils were snipped off in such a way as to leave stumps or tags. These remnants created an entirely new problem.

The tonsil stumps became sealed over with scar tissue. No longer capable of performing the eliminating function of normal tonsils, they became blind traps for infection. When this infection spilled over into the lymphatics and veins it often caused remote troubles—fatigue, heart palpitations, vague muscular pains, allergic reactions—that were often difficult to diagnose. Many authorities believe that infected tonsil stumps are a far greater problem today than the tonsils themselves.

There is some question among doctors as to whether or not the removal of tonsils predisposes a child to poliomyelitis. Several surveys made during different epidemics

indicate that polio incidence was three times greater among children who had recently had their tonsils out.

Some doctors disagree with these findings, but all are now agreed on one safe rule: Because respiratory ills are commoner during the winter months, tonsillectomies should be performed in the spring or summer, but never when there is polio around. Fortunately, even a necessary tonsillectomy is seldom urgent and can almost always be postponed.

Simply stated, the new view of tonsils is this: Have them removed *only* if they are definitely infected, enlarged to the point of obstruction, or the cause of repeated attacks of tonsillitis. That is something for the doctor to decide.

Otherwise you can count them among nature's blessings and forget the old bogey about the "terrible tonsils."—(*Today's Health*).

[The removal of tonsils and adenoids became the vogue *a-la-mode* amongst aristocratic people in India also and at the slightest appearance of a cold or the suggestion of adenoids being responsible for the stunted growth, loss of tone or appetite etc. in children, the ENT expert was consulted and the tonsils and adenoids were removed even in cases where the expert himself counselled waiting or less radical measures. Luckily, conditions appear to have altered with the increased knowledge and realization by the educated people of the limitations and operative and postoperative hazards in such surgical procedures.—Ed. HEALTH].

Motion Pictures in Health Education

Some authorities consider good motion picture films one of the best mediums for presenting health problems in easily recognizable terms. For example, the results of studies show that health films have increased the health knowledge and interest of large numbers of people. Health films have been found effective, in influencing thought and behaviour from the primary grades through high school and college and into adult life, because they tie words and thought to emotions and to action, and tend to encourage participation in the action of the film.—(*School Health Education*, Irwin, et al).

THE CHANGING MEDICAL SCENE

(Dr. ANDREW JACKSON WARREN, Ex-Director, Rockefeller Foundation)

MANY of the things we consider almost commonplaces today were unknown as late as 1914. For example, there was no insulin, no sulpha-drugs, no vitamins, no antibiotics, no radio-active isotopes, and for all practical purposes, filterable viruses were unknown.

When we look even sketchily at the developments of medical science, we must admit that the progress achieved in the last hundred years has been stupendous. The development of the medical sciences was in line with the development of science in general. The progress in medicine has been a steady one, and if we want to realize what has been achieved in a single life-time, all that is necessary is to read the first edition of Osler's text-book, published the year after I was born, and compare it with our present day knowledge. The advances in the last hundred years are far greater than in the preceding 4900 years. However, the advances of the last hundred years would have been impossible without the pioneering activities of the many centuries that preceded them.

Bacteriology explained the cause of infectious and contagious diseases and provided important methods of protection of individuals and communities. But when a disease became manifest medicine was in many instances still helpless and many thousands died every year from such diseases as pneumonia, meningitis, and puerperal fever. Bacteria, our chief enemies, once they were firmly entrenched, seemed resistant

against chemicals until the beginning of our century, when Paul Ehrlich, in 1910 produced Salvarsan which was highly effective against certain spirochaetes and trypanosomes, without doing too much damage to the body-tissues. The action of the sulpha-drugs was discovered in 1935, and only a few years later the antibiotic. Bacteriology and chemistry became our chief weapons against infectious diseases and at the present time chemotherapy is yielding most gratifying results.

Now that the acute infectious diseases of childhood and youth have greatly receded and pneumonia is no longer a major cause of death, more people are becoming older and the health professions are being presented with an entirely new set of problems, the so-called degenerative diseases or chronic diseases of the ageing. The first half of our century will probably be known as the age of *paediatrics*, and the last half as the era of *geriatrics*. Diseases of the heart and circulation are the chief causes of death in the United States today. Cancer is still an unsolved problem. Its incidence has increased and as the age of the population increases so will cancer proportionately, unless we learn more about it. A great deal is known about the pathology of these conditions but more must be learned about their aetiology before ways and means can be devised for their prevention and treatment. It seems quite clear that during the last few decades, the problems confronting medical science have been

radically altered, and the problems of today bear little resemblance to those of 1914. The sciences of bacteriology and chemistry have reduced the major problems of that era to minor ones today, but the opportunities for scientific advancement in medicine are still abundant. Many of the advances are so new it would seem that the opportunities for additional discoveries are now greater than ever. As a matter of fact the science of medicine is far ahead of its full utilization, and this situation presents the health professions and the public with the most complex and difficult problems. It would seem that new scientific developments are never simple in their effects upon society.

The present framework for the delivery of health services, both public and private, was developed to meet the needs and problems of the late nineteenth and early part of the twentieth centuries. Some of the problems, it was designed to meet, no longer exist. The early triumphs of preventive medicine were almost all in the field of the infectious diseases. This set a pattern of community-wide programmes for the control of infection by the control of the spread of the infective agents through the improvement of water supplies, disposal of wastes, eradication of intermediate hosts and so on. These were community problems requiring community action and had relatively little to do with individual people. As the control of contagion became more and more routine, preventive medicine turned its attention increasingly towards such matters as nutrition,

child care, diabetes, cancer, the cardiovascular disorders, and mental illness. The frame-work which served so well in the past in dealing with community problems does not lend itself to the most effective handling of the problems with which we are now confronted and fresh approaches are being explored.

The great advances in knowledge of diagnosis and treatment, together with the complexities of present-day society, have altered the earlier simple relationship of patient and doctor. The needs, however, for the preservation of health and the treatment of illness are still to a large extent individual. It is a matter of common knowledge as well as common concern that the family practitioner has not always been able to play his full and proper part in the health service of the nation. Yet his is a key-position since it is at his request that specialists, hospitals, health officers, district nurses, pharmacists, and ambulances come or at all events should come into operation; and the after-care of patients who have been treated in hospitals, the neglect of which can nullify the benefits of hospital care, is largely in his hands. Close links between the family practitioner, hospitals and specialists, as well as the local public health authority and the medical school are therefore, necessary. Each depends on the other for full efficiency. The clue to the epidemiology and aetiology of the diseases which are our major problems today probably lies within the so-called healthy population. It is this group which public health

departments and departments associated with a public health faculty, and family practitioners are peculiarly adapted to study. The skeleton personnel of the usual health department can never alone solve the problem of preventive medicine and public health. Under a free-enterprise system their solution must involve the private practitioners of the health professions. Any other solution is out of the question because of the all-pervading

nature of the problem, the number of trained personnel required, and the financial outlay that would be necessary. "The over-all problem is to devise ways and means to provide and integrate the required facilities, qualified personnel, and necessary financial support to apply our present and new knowledge to the needs of individuals and the community."—(Condensed by T.N.S.R. from the *Jour. Tulane Medical School and University*).

Women's Place in Family Life as Queen of the House

MUCH has been written and talked about the emancipation of women and their freedom during recent years. It would appear that there is a popular idea, almost a grouse amongst the women themselves that having gained their freedom they are still tied to the kitchen sink, still performing the so-called menial tasks of rearing a family and running a home efficiently. Surely the greatness of any nation is built on the basis of a well-adjusted family life, and who has the key position in this order of things? None other than the wife and mother.

Why should it be thought, that because a woman spends her time in the home, a retrograde step has been taken? This, one would suggest, is a figment of the mind which has spread to all sections of society. There are, and always will be plenty of single women who can benefit from the hard fight that Mrs. Pankhurst and her followers made to gain women's freedom and the right to follow

the professions. The chief complaints seem to come from the professional women, who are unable to find assistance in the home thus allowing them to continue their professional life with that of running the home. Perhaps that is the fault of the Suffragettes in not realizing that when fighting for freedom it was to be freedom for all women.

Over a number of years the kitchen sink has sunk so low in the eyes of the community as a whole, that it is difficult to get even a young girl leaving school to consider domestic work as a possible career! She may be tempted if it is called "Domestic Science" but, having completed her training she is usually more interested in teaching others than taking her place as one of the practical workers that are so urgently needed.

The sooner the married woman adjusts her mind to the noblest profession of all, that of rearing a happy and contented family, the

sooner we shall see a drop in the figures of maladjusted, delinquent, and unhappy children. It may even lower the percentage of divorces, which is one of the alarming features of present day life. It has been suggested that some mothers go to work because they are bored and unhappy at home. In this labour-saving age where most of the cleaning can be done without even getting the hands dirty, the mother finds time on her hands. Instead of using this time to create a beautiful home, interesting meals and a well-ordered mind, she decides she has time to do an outside job as well. It is a vicious circle, as either the home or the work are bound to suffer. Unfortunately it seems that it is often the family that bears the brunt of mother's working—meals from tins, children

more at ease in the nursery than in their own homes, mother too tired or too busy in the evening to be the companion her husband has a right to expect.

If there is no real financial need for the mother to work, leave the jobs and professions to the single woman until the family has started to attend school.

Now it seems there is a new threat to family life. The Government recently published a white paper, suggesting that present and future school girls should be trained as scientific workers and atom-age technicians. What will happen to femininity amongst the test tubes and machinery? Certainly the idea of creating a family will not enter these girls' minds.—(Editorial *Mother and Child*, April 1956).

ABSORPTION OF DIFFERENT FATS AND OILS BY HUMAN SUBJECTS

THOUGH fats and oils are important as sources of energy in the diet and are two and one-fourth times as effective for this purpose as either proteins or carbohydrates, their dietetic requirement has received little attention at the hands of the investigators. They are, however, recognized as essential in nutrition like amino-acids, minerals, or vitamins due to their content of certain indispensable unsaturated higher fatty acids. (Burr, Burr and Miller, 1932).

Although the fat requirement of the human body is not definitely known, nutrition experts have expressed the opinion that the

minimum requirement of fat for our body is nearly 50 gms., and that the optimal requirement is about 120 gms. per head per day (Bacharach & Drummond, 1940) of which about 60% should be of animal origin. Numerous diet surveys undertaken in different parts of this country show that the average daily fat intake *per capita* is very low, barely exceeding 1 oz., very little of which is of animal origin. It is an imperative necessity, therefore, that the intake of fat should be raised. Lard is not popular in this country and butter-fat in amounts sufficient to supply the entire population is not available

even at a high price. The vegetable oils are, therefore, the only available sources of fat at present and different vegetable oils are taken in different parts of the country. Practically no work has been done in India to determine whether there exists any difference in the digestibilities of the different fats and oils.

The digestibility of the various vegetable oils and fats which are used for edible purposes in different provinces of India, *e.g.*, mustard, cocoanut, gingelly, groundnut, cow-butter fat, buffalo-butter fat and Dalda Vanaspati has been determined by metabolic experiments on adult human subjects. The fat in question weighing 50 gms. was consumed with a basal ration of the composition: - rice 600 gms., pulse 100 gms., vegetables 200 gms., fish (as far as possible fat-free) 70 gms. The basal ration was so selected that it was supposed to contain very little fat. It still contained, however, an appreciable quantity of fat, (8.56 to 10.32 gms), as was seen on actual analysis. The fish used in the experiments were *icha* (*Palæmon carcinus*) and *bele* fish (*Glossogobius giceris*). Digestibility coefficients are all corrected for fat elimination with the basal, practically fat-free, diet. The results are summarized in the next column:—

TABLE I
Showing the mean digestibility of different fats.

Nature of fat	% age digestibility
Mustard oil	.. 94.1
Gingelly oil	.. 95.8
Groundnut oil	.. 99
Cocoanut oil	.. 99.8
Cow-butter fat	.. 97.2
Buffalo-butter fat	.. 96.5
Dalda Vanaspati	.. 89.8

Consideration of the results indicate that there are no very great differences in the digestibility of the fats studied. Practically in all cases, except one, the co-efficient of digestibility exceeds 94 per cent and there is no great difference in the digestibilities of the animal and vegetable oils and fats which are liquid at ordinary room temperatures. Results with Dalda Vanaspati, however, indicate a comparatively lower value. This is to be expected because hydrogenation raises the melting point of the fatty acids which in turn lowers the absorption co-efficients of fats and oils. Due to this reason there must be an upper limit (preferably below 39°C) for the melting point of hydrogenated fats and oils which the manufacturers should not be permitted to exceed.

(Condensed from the *Indian Research Fund Association*, Special Report, No. 15, June 1946).

Changing Concepts in Health Teaching Methods

We have now evidences of departure from the early methods which consisted predominantly of learning parts of the body and committing to memory and repeating a variety of health rules. Health teaching is now being considered more from the functional point of view. Health knowledge as an end in itself is slowly, but gradually, being replaced with the idea that it is a means of helping pupils to cope intelligently, with health problems. This concept indicates that health subject-matter is not an end but a tool through which desirable health learning experiences may be provided.....The child is recognized as a living organism capable of sharing in the solution of problems which concern his health.

—(*Teaching Health*, Irwin *et al*).

THE DOCTOR AS A CITIZEN

(From an Editorial in *S. Afr. Med. Jour.*, Capetown)

THE concept of professional secrecy has been a source of ethical contention ever since Hippocrates propounded it. Is a doctor bound to remain silent about things of which he is aware as the result of his attendance on a patient, if silence will, for instance, imperil the lives of others or the proper functioning of the machinery of State? Frequently his duty as a doctor conflicts with his duty as a citizen.

The Hippocratic Oath runs: 'I will keep silence regarding that which, within or without my practice, I shall see or hear in the lives of men which should not be made public, holding such things unfit to be spoken.' This leaves the decision a matter of interpretation or of opinion. The World Medical Association's International Code of Ethics has it:—'A doctor owes to his patient absolute secrecy on all which has been confided to him or which he knows because of the confidence entrusted to him.' This is more explicit.

The British Medical Association's official view is much more rigid: 'A practitioner shall not disclose voluntarily, without the consent of the patient, preferably written, information which he has obtained in the course of his professional relationship with the patient. This includes information concerning criminal abortion, venereal disease, attempted suicide and concealed birth. The State has no right to demand information except where notification is required by statute, such as in infectious disease.'

Dr. E. C. Dawson, a British Doctor sent in 1954 a brief questionnaire round, to 100 doctors and 100 laymen, chosen at random but according to vocation, with a view to ascertaining the trend of the average man's views and outlook on the point. Four very crucially important questions bearing on human life, health and property were framed and issued. They were:—

Question 1. A doctor diagnoses epilepsy in the driver of a main-line passenger train. The patient refuses all advice, and says that he will continue to drive trains. Is it the doctor's duty to ignore his patient and report the matter to the police?

Question 2. A doctor attending a woman for abortion finds that it was criminally induced, and is told the name and address of the criminal abortionist. The patient forbids the doctor to report the matter to the police. Is it his duty to ignore this and report it anyway?

Question 3. A doctor treats a worker for hernia. Later the man is injured at work, and fraudulently and successfully claims compensation in respect of the hernia, which the doctor knows was neither caused nor aggravated by the injury. Is it his duty to report this to the authorities?

Question 4. In the course of a visit a doctor notices by chance some jewellery corresponding to the newspaper description of property recently stolen in a house-breaking raid. Is it his duty to report the matter to the police?

The answers received were duly analysed and they revealed the following figures:

		Yes	No
Question 1	{Doctors	84	12
(Epilepsy)	{Laymen	82	15
Question 2	{Doctors	51	47
(Abortion)	{Laymen	55	39
Question 3	{Doctors	34	64
(Hernia)	{Laymen	47	48
Question 4	{Doctors	34	64
(Jewellery)	{Laymen	47	49

It will be seen that there is an interesting divergence of outlook amongst those who kindly responded, which was based on the moral interpretation rather than upon profession; the legal aspect is not considered in this assay. It was found that over 80% of doctors thought that the engine-driver's epilepsy should be reported, even against his wishes, one-half were in favour of reporting the abortionist, and only one-third favoured positive action in connection with the fraudulent workman or the jewellery thief.

These figures seem to suggest that the average medical man is only prepared to break his obligation of secrecy where there is a

real danger to other persons' lives or health. When it is merely a question of fulfilling his obligations to the State as a citizen he is not prepared to speak. Some critics would probably interpret this to mean that the obligation of secrecy is like the McNaghten rules—to be applied only when thought necessary—and therefore, a very comfortable loophole for the medical profession.

There is however, as much to be said in favour of the over-riding duty of a doctor as a citizen of his State as there is to be said for the B.M.A.'s stern and rigid view of the 'secrecy obligation.' The two arguments are succinctly summarized below:—

(1) 'It is a moral responsibility not to condone crime or fraud; the confidence of the doctor must presume good faith; the patient who acts immorally forfeits his doctor's confidence.' (2) 'The sanctity of private trust overrides that of public trust. I would rather betray my country than my friends.'

Important Part Played by Taste and Smell in Infant Feeding

Reaction to solutions of sugar and salt was investigated in 20 infants aged from 3 days to 8 weeks. Even at one week, infants showed preference for sugar and strong reactions to taste were apparent in all infants more than a few days old. Olfactory and taste reactions were studied with vegetables in infants aged from 3 to 8 months. Carrots were preferred to tomatoes, peas, haricot beans or mixed vegetables. In view of the positive findings on reaction to taste and smell in very young children, it is considered proper that more attention should be given to palatability in planning diets for infants.—(Abst. 930: *Nutr. Abst. Rev.*, Jan. '56).

Mass Mind

Mass education, mass amusements, mass production and a popular press, we are told, are destroying individuality—turning civilization into a sterilized orphan asylum where all the little lost souls wear the same uniforms, think the same thoughts and play the same games.—(Joyce Cary).

COFFEE:

(WHAT WE SHOULD ALL KNOW ABOUT IT)

1. Useful as a drug, dangerous as a food.—Though highly useful as a drug, coffee is a medicine, and *not* a food. And the very thing which renders caffeine useful as a drug makes it dangerous for habitual use. The continuous circulation in the blood vessels of a pressure-raising drug such as caffeine, causes contraction and hardening of the arteries. This has long been recognized as one of the most common and certain causes of arteriosclerosis and the senile and other grave changes which result from this condition and cause high blood-pressure and apoplexy (stroke).

It is important to note in this connexion that the *per capita* consumption of coffee in this country has more than trebled within the last thirty years and the mortality rate from diseases of the heart and blood-vessels has more than doubled within the same period.

2. Two to four medicinal doses in a cup.—A cup of coffee contains about 4 grains of caffeine (Wiley), that is two medicinal doses, and a cup of "strong" coffee contains two or three times as much. The habitual coffee drinker is thus, with every cup of coffee he swallows, introducing into his blood caffeine in quantities which sooner or later will certainly lead to the damage of his blood-vessels and to premature senility, which is the inevitable result of such injury.

One of the first injunctions which the heart specialist gives to his

patient with high blood-pressure is, 'Cut out your coffee'. In laying down this rule the doctor does not expect to cure the patient; he only hopes to postpone his funeral! It needs no argument to impress the fact that, if the patient had cut out his coffee sooner, he would have postponed his end.

3. Coffee stimulation is dangerous.—Coffee is a subtle drug that is doing a vast deal of mischief more perhaps than at the present time can be charged to alcoholic liquors, because of its widespread use. The average American (*perhaps the average South Indian also*) is using 20 pounds or more of coffee a year and is swallowing about five grains of caffeine daily. But babies and young children do not use much coffee and so the average coffee-user probably gets at least 10 to 12 grains of caffeine daily, together with nearly a dozen other coffee poisons; and every dose raises his blood-pressure and hastens the time when his overworked heart will collapse with myocarditis or heart failure or angina pectoris, prematurely worn out with the overwork demanded of it.

Dr. Zenetz, an eminent German authority, testifies the coffee used to the extent of two or three cups a day causes high blood-pressure.

4. Coffee is a habit-forming drug.—A person who does not "feel just right" or who suffers from headache when he misses his morning coffee, is a coffee addict. There are thousands of persons who "miss" their coffee when it

is not available as much a toper misses his daily dram or a smoker his cigarette. Such persons are real coffee habitués, and the distress which they experience when coffee is not taken, is a small measure of the damage which the drug is doing them.

Coffee is not a food, as the coffee dealers aided by a certain commercially-minded American chemist are attempting to make the American people believe, but is a definite poison and a habit-forming drug.—(Wealth and Welfare Health Series, No. 21).

BOOK REVIEW

Arogyam—A monthly Tamil journal Published at Tennore, Tiruchirappalli. Annual subscription: Rs. 3. Single copy: Annas Four only.

The June 1956 issue of this useful monthly magazine ushers in the second year of existence of this journal. A perusal of the contents of this issue reveals the fact that the editor is maintaining the high ideals with which he started on the venture in June 1955, and

that the articles continue to be, instructive and interesting. The trend of modern public health promotion lies more and more in the direction of "prevention" rather than "cure" and all efforts made in this direction, by way of propaganda through journals or lectures deserve unstinted popular support as well as financial assistance from the State and public institutions. We wish 'Arogyam' every success in its career.

—Ed. HEALTH.

NEWS AND NOTES

X-Rays During Pregnancy "Dangerous For Baby"

Two scientists Mr. S. B. Osborne and Mr. C. C. Smith who worked on a Medical Research Council report on atomic hazards, said that permanent damage might be done to unborn babies by radiation received during X-rays on pregnant women, as the rays concentrated on or near the reproductive cells before birth might be dangerous.

Dental, chest and limb X-rays do little or no damage, they said.

The scientists collected material in hospitals, which indicated that more than 1,00,000 progency X-rays are made each year in Britain. They suggested that wherever possible X-rays should not be used for pregnancies. According to them most of the dangerous radiation is received during a few types of examination, particularly by X-rays during pregnancy.

The Medical Research Council report said atomic rays could cause mental deficiency, dwarfism and hæmophilia.—(From *The Lancet*, London).

Weight Lifting—The Iron-game

The famous Russian Coach Mr. Ivan Lubavine who was invited to come to India under the All India Sports Council Scheme of coaching conducted classes, was in Madras for a fortnight in May last. The weight-lifters in the Madras and adjacent states were thus given the opportunity of witnessing his brilliant technique and learning firsthand many of the delicate and difficult points in the different exercises with the Barbell. The coach particularly gave the junior lifters sound and clear advice on how they should perform the exercises of this Iron game e.g., "keep the arms relaxed, knees resting on the inside, elbows and shoulders slightly forward etc." Trainees from Madras, Andhra, Mysore, the Services and Railways who attended these classes, are sure to have profited by the same. Our esteemed contemporary the *Sports and Pastimes* of Madras of the 23rd number, carried interesting news and pictures, which those interested in the game would do well to note study and profit by.—(A.W.A.)

Pleasant Topics from Periodicals

What's a Granny?

Two little boys were playing in the front garden when one of them ran into his house, then reappeared with a handful of cakes. "Just look what Granny made and gave us to eat!" he cried.

The other boy was puzzled. "Granny?" he said. "What's a Granny?" "A Granny," explained the first boy, "is an old lady who keeps your mother from spanking you."—(Parade, Canada).

Willie:—Why has a woman never been President of the U.S.A.?

Charlie:—Don't you know the President has to be over 35? And which woman is?

Jail visiting lady:—And what's your name, my good man?

Convict:—999.

J. V. Lady:—"Oh, but that can't be your real name".

Convict:—"Naw, that's only me pen-name."

Mortal Luck

The Irish squire was in his 8th year, and he had a winning ticket in the Sweepstake. His family feared that his weak old heart couldn't take the shock of good news. So they called in a family doctor, an octogenarian crony of the squire. "Leave it to me," said the old doctor. "I know how to handle him and break the news to him. I'll safeguard his health all right."

Approaching the squire Dr. Braveheart said, "Say, Michael, my boy! What would you do now were you to win 500,000 in the Sweepstake?" "Why, I'd give you half, my friend," said the old man. Whereupon the physician dropped dead!—(Farmer's Weekly, Natal).

Doctor:—Your cough is easier this morning.

Patient:—"Yes; it should be—I've been practising all night!"—(Outspan, S. Africa).

"Nothing is ever lost by politeness," said the Professor to his class. "It is not necessarily always right, Sir!" said one of students. "What about a seat in a crowded bus, Sir?" (Hjmmet Denmark).

Panhandler (an able-bodied street-beggar):—"Can you spare a few cents for a cup of coffee, Sir?"

Leading U.S.A. Citizen:—"Why don't you do something useful for a living? You need brains more than money."

Panhandler:—"Well, Sir, I asked you for what I thought you had the most of."

A city banker, who had spent his youth on a ranch, persuaded an old friend and neighbour to take his son on for the summer. When the father called later on, to ask how the boy was shaping, the farmer squarely declared: "I ain't the one to bandy words with you. If that boy had one more hand he'd need a third pocket to put it in!" (Bennet Cerf in *World Digest*).

"Give me a cigarette."

"Look here! How many cigarettes do you smoke a day?"

"Oh, any given amount!"—(Lone Star Scanner, U.S.A.)

The Best Advice Yet!

On his Fiftieth Wedding Anniversary, Henry Ford was asked for his formula for such a successful married life. He replied that it was the same formula that made his automobile successful.—"STICK TO ONE MODEL" (*Sunshine Magazine*).

Women and Mathematics

Women have a passion for mathematics. They divide their ages by two, double the price of their dresses, treble their husband's salaries, add five years at least to the ages of their best friends, and multiply the faults of their acquaintances by ten while talking in the latter's absence. (With apologies to the *Daily Express*).

Attending her first Women's Institute gathering, a young mother sat silently through a two-hour discussion on international trade. Afterwards, she thanked the women to whose spirited *pros and cons* she had closely listened. "I'm awfully glad I came," she said, "because I was so terribly confused about international trade." "Of course," she confessed, "I'm still confused, but on a much higher plane!"—(*Saturday Evening Post via Reader's Digest*).

Millionaire (to a beggar):—"Go off with you this minute, you beggar scoundrel!"

The irate beggar:—"Look 'ere Mister! the only difference between you and me is that you're making your second million, while I am still working at my first!"—(Best Jokes, P.M.).

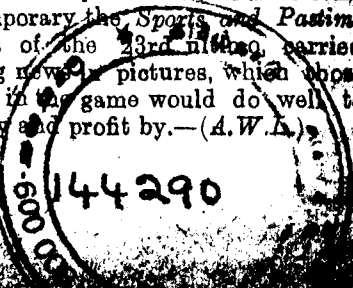
"Do you ever agree with your wife?"

"I did once. When our house was burned down we both tried to get out by the front door at the same time!"—(Jobber Topics, U.S.A.).

Organ Recital

The lecturer on physiology: "We will take up the heart, kidneys, lungs, liver, and spleen in that order."

"Another organ recital eh?" asked a pupil nurse.



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