HEALTH

FOUNDED BY THE LATE Dr. U. RAMA RAU

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Contents

What's New in the News

He Transplants Human Teeth

A Hungarian dental surgeon claims to have successfully transplanted living human teeth. He is Dr. Miklos Cserepfalvi, of the Central Dental Institute. According to the leading newspaper *Szabad Nep*, after successful experiments with animals, he has now transplanted teeth to the jaws of 16 people of various ages.

The transplant is the embryo tooth, or "seed" tooth from which all our teeth grow. Where does he get them? Sometimes when a child has a bad tooth drawn an embryo tooth comes away with it and is carefully preserved. Another source, which has been used in experiments in other countries, is from accident cases.

Dr. Cserepfalvi opens the gum, plants the embryo in the jaw, and then stitches up the gum. If the embryo "takes" it unites with the bone, drops a root and grows in two weeks. —(*Hungarian News Service*, via *Good Health*, August 1956).

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World's Fastest Stop Watch

The world's fastest "stop watch" for clocking the action of atomic particles has been developed in the United States at the Westinghouse Research Laboratories at Pittsburgh, Pennsylvania.

This 'stop watch," which is actually a photo multiplier valve, is capable of timing atomic events that take place in less than one thousand millionth of a second.

It is so fast that its top-speed cannot be determined exactly until laboratory measuring instruments catch up with it. Calculations show that it is probably ten times faster than the one-thousand-millionth of a second already recorded.

Dr. Clarence Zener, Director of the Westinghouse Research Laboratories, says the electronic stop watch will be used to time the flight of speeding atomic particles.

"It will permit us to measure, with a new order of precision, the speed and, therefore, the energy of atomic particles as they 'smash' into atoms and produce nuclear reactions, or as they are ejected from the atom during such reactions," Dr. Zener said.—(*World Digest*, Sept. 1956).

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Plastic Telegraph Poles

Plastic telegraph and electric poles in almost any colour the buyer might select, are being offered by a manufacturer in the United States. Apart from their colour, these poles are claimed to have two advantages over the more normal wooden poles.

First, they can defy woodpeckers, termites, fungi, and the other enemies of the familiar wooden pole.

Secondly, because of their lightness, the plastic poles can be installed by two men, while the ordinary pole requires six.—(*Scientific News*).

●

Hormones for the Middle-aged

Many older women and some men need a daily dose of sex hormones in tablet-form as much as they require food, the American College of Physicians has been told.

Doctor Paul Starr of the University of Southern California School of Medicine, said that hormones helped to maintain health and might help to prevent arthritis, softening of bones, weakness, nervousness, obesity, diabetes, and perhaps high blood-pressure and heart attacks.

The doctor noted that the body's production of hormones declined with age and said that perhaps 25 per cent of women and five per cent of men needed hormone pills after the age of 50 or 60.

"Hormones should be considered as a daily food, as necessary as bread, milk, protein, and other food", Dr. Starr said. Hormones are different types of internal body secretion that pass into and stimulate the organs to action.—(*World Digest*, Sept. 1956).

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Odourless Onions

U.S. Department of Agriculture have produced an onion that is kind to the onion-eater. Known as the *Granex* it leaves no trace of odour on the breath —(*W.D.*).

HEALTH

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THE HEALTH SITUATION IN SOUTH-EAST ASIA

WHO Survey

THE WHO Survey in South-East Asia covering the period from July 1955–July 1956 is briefly reviewed in the annual report of the Regional Director, which was presented to the WHO Regional Committee at its ninth session held at New Delhi on 24th September 1956. The important topics discussed by the committee during its sittings which lasted till 29th September included the eradication of malaria, the role of nurses and midwives in public health education and methods by which school health education programmes could be made more effective.

The survey revealed a downward trend in the general death-rate,—the level of infant mortality however remaining unaltered—and an increase in the birth-rate. Conditions in India are better than in most other South-East Asian countries. The death rate in India has decreased from 16·1 per thousand of the population in 1950 to 13·4 in 1955 and the infant mortality rate though still as high as 116 per 1000 births, represents a decrease of 11 per 1000 births since 1952. The birth rate fell slightly from 24·9 to 24·8 per 1000 of the population between 1950 and 1952. (*India in 1956*).

The improvement in health conditions is very largely a result of the extension of the public health and medical services under the First Five-Year Plan; and these services are to be expanded further, in the next five years.

In the promotion of public health, India, like other South-East Asian countries, receives valuable aid from international agencies such as the WHO, UNICEF, etc. Help by them takes the form of expert advice on

the improvement of services, medical literature, equipment, fellowships and stipends for the training of nurses, midwives and other personnel, and the feeding of mothers and infants, and relief of distress. Both WHO, and UNICEF are assisting the Government of India in the establishment of a network of public health units. The success of these schemes depends very largely on the people's co-operation. If all observe a few simple rules of sanitation, there will be fewer diseases; and hospitals and dispensaries will not be so badly over-crowded as they are to-day.

Most of the common diseases are preventable if only people keep their houses clean and airy and do not make the surroundings unclean by defiling open spaces and by strewing rubbish all over, instead of utilizing the special bins provided for the purpose.

In any campaign organized towards the prevention of diseases or the reduction of mortality the most important activity is therefore, health education by means of propaganda directed to the eradication of popular prejudices, superstitions and ignorance and a thorough reform of the unsocial habits that are found among the people.

It is to be confidently hoped that at the end of the Second Five Year Plan we shall be in a position to receive a further-improved bill of health not only for India but for the whole of South-East Asia as well.

Advantages of Breast-Feeding

The general consensus of opinion is that breast-feeding is good for the baby; what appears to be equally important is that it is beneficial for the mother. Recently published reports incline to the view that cancer of the breast, which is a fairly common malady in civilized countries, may be related to a lack of use of this function, and that *lactation*, preferably prolonged, acts, in some way, as a *cancer-preventive* in later life. It is, therefore, clearly important to make every effort to see that the function is maintained normally, and those who are too ready to put a baby on to artificial feeding may be doing both the child and the mother a really bad turn. It appears, also, to be a mistake to shorten the period of breast-feeding because of the erroneous impression that the mother is thus relieved of undue strain.

Although statistics appear to show that cancer of the breast is infinitely less common in countries where prolonged breast-feeding is practised, we ought not to advocate the latter merely in a negative manner; for want of a less hackneyed term, breast-feeding is the natural procedure, and yet it is instructive to notice how many errors and vicissitudes we go through before we learn that which ordinary observation and common sense should have taught us. When we try to change something which, as we say, is "only natural," we are apt to forget that further consequences follow in its train; but that, surely, is the law of Nature.—(*Health For All*, July 1956).

If all printers were determined not to print anything till they were sure it would offend nobody, there would be very little printed.—(Benjamin Franklin, 1731).

How Much Should the Doctor Tell?

Sir ZACHARY COPE, M.D., M.S., F.R.C.S.,
(Vice-President, Royal College of Surgeons, London)

One anxious matter which faces the doctor is how much he should tell a patient about the nature of his illness, and the probable outcome. Should he tell the truth, or only part of the truth?

To this question there is no simple answer. The doctor himself is not always in complete possession of the full truth, for the response of each individual patient is unique. The best the doctor can do is to form a judgement based upon the average. This will not necessarily be that of the particular patient. What can be told depends upon the intelligence and temperament of the patient, upon the character of the disease, and the certainty or otherwise of the diagnosis, and upon the probable outcome of the illness.

A matter of temperament.—Some people are placid by temperament, they do not worry, but take things as they come; they accept treatment without hesitation, and undergo operations without questioning the doctor too closely about the risk. With such patients, there is no need for the doctor to say more than is absolutely necessary to set the machinery of treatment in motion. To go into too much detail as to the nature of the disease, and the possible risks, would be more likely to disturb the equanimity of the patient.

At the opposite extreme are the patients who are full of fears and apprehension, who ask all sorts of questions about their illness and its risks, and frequently consult one doctor after another in order to get confirmation of the diagnosis. These people will not readily consent to any treatment unless its full purpose be explained, and in doing this the doctor should *be careful not to exaggerate the risks* involved.

Between these extremes lie that large number of people who are of average temperament, who naturally dislike being ill, who have a normal desire to know what is the matter with them, and an understandable apprehension towards methods of treatment unknown to them.

The problem varies, too according to the acute or sub-acute nature of the illness. Acute illness comes on very suddenly, and particularly with medical complaints, may cause some dullness of comprehension, so that the patient may not realize how ill he is. In acute surgical emergencies, however, there may be such severe pain or collapse that even the dullest person is in no doubt as to the seriousness of the crisis. After the pain has been relieved (by operation or otherwise) the patient may take it for granted that he will recover, and therefore, not think of asking if he is out of danger. In most acute emergencies which go on to a fatal issue, there is a final period in which the patient becomes mentally dulled, and incapable of realizing his condition.

In acute illnesses there are two occasions when it is the doctor's duty to inform the patient that his life is in danger. The first is when the patient has refused an operation, for a condition which is perilous when left alone, but is likely to be cured by surgery. It is then necessary to put the exact position before him, to explain as fully as possible the nature of the danger and the chance of relief by operation. It is unwise to make the positive statement that he will inevitably die if operation be not undertaken, for the most desperate emergencies have, in rare instances been known to resolve themselves spontaneously. Nevertheless, in grave surgical emergencies it is true that the chance of recovery by operation is many times greater than by leaving it alone, and it is right to tell the patient this.

The other occasion when one should let the patient know that he is in risk of his life is when on religious or legal grounds he ought to be informed. He may need to receive extreme unction, or get spiritual help from his priest; or he may wish to make a will.

What is the doctor to answer when asked by an acutely ill patient whether he is likely to die as the result of the illness?

My opinion is that even when a fatal termination could not be long delayed, a non-committal answer should be given, *e.g.*, "Madam, you are certainly very ill, but you can rest assured that we are doing everything possible to get you well".

Contrary to expectations, a patient will make a good recovery, thereby proving our prognosis to be wrong, and at the same time showing how wise it had been, not to tell her our opinion as to the probable end of the illness.

With serious or mortal diseases which are not acute the problem is different, it is often necessary to undertake a series of investigations, and some time must elapse before a definite diagnosis is made. The co-operation of the patient is essential for the success of the treatment, and so the doctor must fully explain the nature of the disease, pointing out the dangers which may ensue if instructions as to treatment are not carefully and faithfully carried out.

The patient will want to know whether the affection is a cancer. The word "cancer" has to many an accompanying and mistaken significance of incurability, so it is probably better to make use of the word "growth" in speaking of formations which are definitely non-inflammatory in nature.

When after full examination, an inoperable malignant growth has been diagnosed, it is necessary to tell the patient the truth. It should be explained that some malignant growths which cannot be removed by operation react well to, and are sometimes cured by, radiation of one kind or another, and the suitable form of therapy should be recommended. It is the duty of the physician or surgeon to maintain hope of recovery as long as possible, and to try all means which hold out any possibility of improvement. For this purpose, it may sometimes be expedient to make use of remedies in which orthodox medicine has little faith.

When the patient is found to be suffering from a chronic and usually progressive disease, for which there is no known cure, it is comforting for him to be told the well-known fact that many such diseases may undergo spontaneous remissions, and in any case can be considerably alleviated.

In speaking to patients and in trying to explain the nature of ailments, it is important to remember that medical language does not always mean the same to the layman as to the doctor. This difficulty is responsible for some of the misunderstandings which arise from time to time; it is quite common for the patient to relate to his friends as "what the doctor said" statements which could not possibly have been made. There is great need to be very careful in the choice of words.

Benevolent reticence.—There are some patients who, I believe, do not wish to know the truth, if that truth tells them of a fatal result to their illness. There is no need to undeceive them, if by so doing they will be made unhappy. The truth will come to them gradually.

There are others who know well what the final issue must be, but who keep their knowledge and their reflections to themselves. Those who worry most about the result of their illness are usually those who can least bear to have it told them.

To sum up:—The wise doctor should tell the truth, and nothing but the truth, but he need not tell the whole truth. Even when he believes he knows the whole truth, he may be mistaken, and in any case it is difficult for the patient to understand the probabilities and possibilities of disease as they present themselves to the doctor. The wise medical practitioner tempers the chill wind of truth with varying degrees of benevolent reticence.—(*Health Horizon, Spring*, 1956).

The Way of a Drug

"On the appearance of any new drug an interesting cycle of events may often be observed. A trickle of favourable reports develops into a stream, and the drug then becomes fashionable. Then the stream of favourable reports dries up, and is replaced by one of another kind. Therapeutic failures, undesirable side-effects, addictions and accidents claim attention. The drug falls into relative disrepute, and its use may even be abandoned. However, if it has some real value it will usually maintain some place in the medical armoury, though a more limited one than the first claimed for it. What was once a cure-all, and later something useless or dangerous, ends by being moderately helpful in a range of conditions which is now medically understood. The cycle can hardly be called a vicious circle, though in certain circumstances it may develop vicious qualities".—(*Br. Med. Journal*, 28.4 1956, Editorial). This confirms our view about the experimental nature of medicine. The "therapeutic failures", "undesirable side effects," "addictions," "accidents," and so on, relate, not to experiments on animals, which have possibly been performed already, but to the treatment of patients. In saying this we wish to blame no one; we simply emphasize the inevitability of experiment in the treatment of disease by drugs.—(*Health for All*, July 1956).

LIVING IN AN IRON LUNG

A GRAPHIC ACCOUNT

DAVID WATT

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BY the time I was in hospital there was no doubt what had happened, and it was already hard for me to move my hands; yet I lay for a while in that queer limbo which one sometimes inhabits at the beginning of an illness, somewhere between physical discomfort and mental ease.

I was even surprised when a pretty, coloured nurse threaded her way through the maze of screens and began to count my breaths with a stop-watch in her hand. Although I told her peevishly that it was impossible to behave normally while she stood over me like someone sucking a lemon at a flautist, she only went on counting.....

I cannot remember what the iron lung looked like when I first saw it, though I have gone over it since with the kind of threadbare affection one reserves for worn-out loves.

It is, in fact, a long box, monstrous and coffin-like, with a bellows attached. One end slides out like the drawer of a filing cabinet, and on this drawer the patient is laid, his head sticking out where the handle would be. The file is closed on him, the bellows make a vacuum inside, and he breathes out as if someone had sat on his chest.

Of course, there are minor subtleties and refinements attached: a dial like the ones on the old kind of pressure-cooker, a number of glass portholes, and a Heath-Robinson type of electric bell covered with batteries and connected by numberless bare wires to thin air.

Not surprisingly, there is always a new model just coming out. I stayed in the old model for six weeks, and it saved my life.

It is not an easy machine for the beginner. He breathes whether he likes it or not and it is some time before he likes it at all.

If he works against the rhythm of the thing, he splutters and gasps, and the bellows creak on without paying him the slightest attention. He cannot return the compliment because it is as if an asthmatic dormitory were tossing on its rusty springs all around him; there is an ominous click and a deep grunt, followed by a noise like the pulverizing of many sardine-tins, a pause, and then the whole machine gathers itself together for a final, long-drawn wheeze.

Sometimes a porthole is left unlatched, the pressure drops, and the alarm-bell peals out, filling the hospital corridor with running feet that are hardly audible above the din.

Yet after a time all this sank from the surface like invisible ink, and I slept. Even the waking world was peopled by dream figures as insubstantial and shimmering as heat haze.

Some were known by their sounds even when they could not be seen: the click of the nurses' heels and the almost metallic rustle of starched aprons.

Some materialized on silent feet from nowhere at all; the matron in steel-rimmed spectacles and a blue dress, an orderly with white overalls and a blue chin.

Some battered all the senses at once; the bustle of the doctor's round, the babble of hushed voices, the ring of faces grouped deferentially about the great man, the halo of ether.

The room itself came alive—a curious, topsy-turvy, fish's-eye world, over whose barks these creatures peered. The ceiling—a great, white expanse of it—dominated everything, like an East Anglian sky, its blues in the gashes of missing plaster, its clouds, the cracks by the cornice, and like a child I could see anything in it; a map of the Mediterranean, the Taj Mahal, the profile of a Greek girl with incongruous mutton-shop whiskers.

While the patient can lie inside the lung like an oyster in its shell, he is safe, and can let worry wash round him like the outgoing tide; but once the bellows are turned off and the din hushed, all the discomfort comes rushing in on him again, with the fears that had left him weeks ago behind it, and they find him defenceless. He longs for his lung as much as a tramp might long to get into the police cell out of the rain, and for the same reason; ease and security are worth paying for in self-respect.

For it is a battle against his own fears and laziness that he is fighting as much as against his physical weakness. Breath comes to him only in small, hard lumps that have to be shaken down like pills; but he cannot help feeling that he would take them without a murmur if they were sugar, if he were not demoralized, if he were the kind of person he had always wanted to be.

Pride demands that he should spend a little longer each day breathing his own air; everything else demands that he think of plausible reasons why he should not.

Which would have won on my own battlefield, I do not know. Luckily the implacable efficiency of the hospital solved the problem, because protests were useless. In six weeks the din had ceased for good.—(*From the Spectator, London*, via, *World Digest*, June 1956).

Antibiotics

"The antibiotics may, and often do, knock out the infecting organism very rapidly, but in so doing *they deprive the patient of that immunity from subsequent infection which he would have acquired if the infection had been allowed to run its course.* Further, by this wholesale and uncalled-for use of antibiotics the practitioner is exposing his patients to the not inconsiderable risk of rendering them vulnerable to a subsequent and more serious infection as a result of having either induced hypersensitivity to the antibiotic or rendered the causative organism resistant to the antibiotic."—(*Practitioner*, Jan. '56).

We do not expect to see these measured words quoted by those who are after making hay while the sun shines!—(*Health for All*, April 1956).

WHAT YOUR SKIN DOES FOR YOU

RUTH AND EDWARD BRECHER

HAVE you ever wondered, after bruising or cutting yourself, why nature didn't supply you with a tougher hide? Scientists have an answer. Your tender skin, they report, is far more than a protective covering: it is an organ ranking with the brain, heart and lungs in its importance to human life. It performs services of which you are hardly aware—services which would be hampered if it were a tough, thick hide.

Consider what happens when you cut your finger. At once blood gushes from the minute blood vessels in the skin, washing out dirt and germs. Then the blood vessels constrict so that the flow diminishes, and soon a clot of rapidly-hardening blood fills the gash. Like glue it attaches itself firmly to the two sides of the cut, then gradually shrinks, drawing the sides closer together.

As the hours pass, threadlike connective-tissue cells called fibroblasts invade the clot from all sides, gradually building up new tissue. Once the gap has been solidly filled in, surface skin cells begin to grow from the two edges until they meet in the centre, leaving only a hairline scar or none at all.

Each step in this process occurs at just the right time. Remember this when next you cut or burn yourself, and don't try to scrape off the scab. You might interrupt important steps in the healing process, and be left with an unnecessary scar.

Your skin is a storehouse—and a remarkably roomy one, too. If you weigh 11 stones, you are carrying about two stones in your skin, mostly as fats and water. When your body takes in more of these than it requires, some of the excess is deposited in your skin. Later on, the skin can return stored materials to the blood stream to be carried to organs which need them. Salts, sugars and other essentials are similarly deposited in your skin.

Your skin can also provide emergency blood-rations to vital organs. Suppose that while walking down the street you are unexpectedly assaulted. Your muscles and internal organs immediately demand more blood for fight or flight. It comes partly from your skin, where small blood vessels shrink or collapse and bigger emergency channels open up to provide a rapid short-cut for blood hurrying to the regions of need. As this blood leaves your skin you "turn pale with fear," or with anger.

The blood vessels of the skin help to keep your temperature normal. When your body gets too hot, they expand so that more blood flows to the surface of the skin and is cooled. When you go out in the cold, the skin's blood vessels contract, less blood enters the skin and internal heat is conserved.

The sweat glands in your skin are also temperature-regulating devices. When you get too hot, these glands secrete sweat, which evaporates and cools you.

Your skin is studded with nerve endings, some of which respond to warmth, some to cold, some to pressure, some to pain, itching or tickling. The nerve endings provide your "sense of touch," which works in a remarkable way. From early infancy until your skin becomes wrinkled in old age, it is generally a bit too small for you, and is therefore, gently stretched. If the degree to which it is stretched changes, you feel that you have been "touched."

Thus when you rub a pencil gently along your skin, it is not really the pencil you feel but the change in stretch which the pencil produces in your skin. You may "feel" the pencil even when it only touches the hairs of your forearm, for each hair touched disturbs *some* nerve endings ever so slightly.

The skin you wear today isn't the same skin that you wore last year; invisible shedding goes on from hour to hour. Your skin has three major levels: an outer collection of layers (the epidermis), a middle layer (the dermis) and an inner (or subdermal) layer. In the lower part of the epidermis is a thin sheet of cells where most skin-growth occurs. Each cell in this sheet divides from time to time, forming new cells which are crowded slowly upwards to the surface. The journey may take weeks. On the way, each cell dies and its exterior disintegrates into microscopic specks of scale.

Some 20 or more layers of scale form the surface of your skin. These invisible fragments of dead cells are constantly being rubbed off and replaced. If the skin surface is scraped so that it loses its minute scales more rapidly than normal, the rate at which new cells are formed is trebled or quadrupled.

The outer layer of scales is thickest on the finger-tips, palms and soles. If one spot is rubbed too often, the skin there forms a corn or callus, an accumulation of hard, dead scales. Severe sunburn hastens the skin-shedding process and produces a visible peeling.

The varieties of human skin colour depend mostly on the amount of a single pigment called melanin. Ordinarily, darker skin has more melanin. Only about 1/25 of an ounce of melanin separates the blackest human skin from the skin of an albino, which lacks pigment entirely.

Chemicals are already available which will inhibit melanin production in the laboratory. It is conceivable that, in time, human beings may be able to select the shade of skin they prefer!

Human skin maintains its health by means of a fatty substance called sebum, secreted from millions of glands located near the roots of the hairs. Oozing to the skin surface, sebum forms a protective mixture with sweat to keep your skin moist and pliable. In very cold weather the sebum congeals on its way to the surface, and your skin becomes dry and chapped. In some people, overproduction or under-production of sebum causes excessively oily or excessively dry skin.

Have you ever remarked, "I was so frightened that my hair

stood on end"? Perhaps it actually did. Attached to the fine hairs growing over most of your body are miniature muscles which, by contracting, can "erect" the hairs. This rising and bristling of the hairs was no doubt originally a device for making fur-bearing animals look bigger and more ferocious to their enemies. We no longer have enough fur to frighten our enemies, but bristling, paling, blushing and other skin changes contribute much to the rich patterns of feeling which we consciously recognize as emotions. When you say that you "felt frightened all over," "angry all over," a large part of what you felt was an awareness of these subtle skin changes.

Ageing produces marked changes in the skin. The new-born baby is wrinkled because his skin is still too big for him. As his body fills out, the wrinkles vanish. From then on, countless elastic fibres embedded in the skin keep it smooth and properly tight. At puberty, sex hormones stimulate a rapid increase in sebum production which may clog the pores, causing skin eruption during adolescene. Later, the sebaceous glands quieten down again, and the skin clears. In old age, sebum production drops very low, and the skin fibres lose much of their elasticity. Loose, wrinkled, dry skin results.

Your skin is peculiarly your own; no other person's is quite like it. One illustration of this uniqueness is your fingerprint pattern, which never duplicates that of anyone else. Another:–the skin from one part of your body can be successfully transplanted to another part, but will survive only temporarily if transplanted to someone else, unless that person is your identical twin.

If you should suffer a large burn, skin taken from another person *can* be helpful in the healing process, however. This borrowed skin survives only a few weeks—but that's long enough to protect the underlying tissues from infection and fluid-loss during the period of greatest danger. Skin can be frozen and stored, so that any hospital can maintain a skin-bank with a modest supply on hand for emergencies.

On the horizon is another exciting possibility. Scientists in America have recently learnt to grow skin cells in test tubes. Though still experimental, this offers hope for the future. Hospitals may some day be able to maintain "skin farms", where new skin can be harvested when needed for transplantation to accident victims. Then, while the artificially cultivated skin provides temporary covering, snippets of skin taken from the victim himself may be similarly planted in the skin farm and, after sufficient growth, be transplanted to provide a permanent cover.

Marvellous indeed is nature's way of wrapping up our bodies. But marvellous also are the ways in which man has been learning to understand nature's methods—and to make intelligent use of them.—(Condensed from *Journal of Lifetime Living*, via *Reader's Digest*, September 1956).

NERVOUS DEPRESSION

LESLIE D. WEATHERHEAD, D.D.,
(Minister of the City Temple, London)

I HAVE a deep sympathy for those who suffer from nervous apprehension, and I think I can help them from my own experience of the same kind of darkness.

People tell me about insomnia and headache, a dry mouth, palpitating heart; when they speak of that horrid feeling of a tight band round the head, or other form of constant headache, or of persistent fatigue and frequent trembling, of a kind of deadness of all feeling except fear, and of an inability to concentrate on anything but their own troubles.

Now what can we do about those symptoms? Well, a good doctor is generally able to give us something to alleviate them. But, apart from such help—which should not be ignored or neglected—I have found the following advice useful.

1. Symptoms fade more quickly if we try to disregard them. We have had them before, lost them, had them again and lost them, and so on. On some days we may not have them at all In other words, we have proved that they do pass, and more quickly if we do not take them too seriously.

2. We must realize that part of our mind wants them.

I know that sentence may sound silly. The reader will say, "He's wrong. I only want to be well". But those who really want to be well try to disregard their symptoms and try to act as though they were well.

It is a good thing to begin "acting as though" even if it is "acting" that we ourselves can see through. This little bit of faith everyone possesses.

3. The part of our mind that wants symptoms is using them to make us escape, to run away, perhaps to retire from business, perhaps to escape into invalidism. But if those symptoms succeeded in making us do that, we should ultimately despise ourselves.

We should feel cowards, and cowardice costs more—in terms of depression and lost self-respect—than courage costs, though courage is harder. Let us fight, then, against the conditions which cause depression.

4. When I was in this dark valley, I found that with almost a compulsion within me I wanted to tell my troubles to anyone who would listen. And the reader who has shared this feeling may say, "Well, why not? Surely I am entitled to a little sympathy."

Tell your doctor everything, of course, and a close friend or two —who may or may not include husband, or wife, or minister—*but not to anyone else.*

The symptoms will pass, and we shall establish our whole life on a firmer footing by refusing to capitulate to mental pain.

So let us cease from reciting our woes and symptoms except to the few who really *can* help us.

When people say, "How are you?" say, "I'm getting on fine, thank you". If we regress to symptom-telling *we shall sell our courage to buy sympathy, and courage must be fought for at all costs*, for it pays a far higher dividend than sympathy or self-pity.

The search for sympathy by recounting symptoms fixes in our minds, as certain chemicals fix the photographic negative, the permanent impression of ourselves as people needing sympathy—that is weak persons.

We must dismiss that picture. Tear up that negative. It is a lie. It is not true of our real selves which can be strong and which can find and deepen their integrity by helping others in a thousand ways. Courage costs a lot, but it makes us strong.—(Condensed by TNSR from *World Digest*, June 1956).

(To be continued).

The Value of Faith in Healing

Is religious faith a factor in healing? Important evidence indicates that *it is*. There was a time when one was not convinced of this, but now very definitely there are too many evidences to believe otherwise; there is a growing emphasis in present-day religious practice which is designed to help people find healing from the sicknesses of mind, heart, soul and body. Only in recent times have we tended to overlook the fact that for centuries religion carried on healing activities.

In modern times man made the false assumption that it is impossible to harmonize the teachings of our scriptures with what is called "science," and so the healing emphasis of religion was abandoned almost entirely to materialistic science. To-day, however, the close association of religion and health is increasingly recognized.

Present-day medicine emphasizes psychosomatic factors in healing, thus recognizing the relationship of mental states to bodily health. Modern medical practice takes into consideration the close connection between how a man thinks and how he feels. Since religion deals with thought and feeling and basic attitudes, it is only natural that the science of faith should be important in the healing process.

Quite recently a physician who had just been discharged from military service said at a dinner party: "Upon my return from the Army, I noticed a change in my patients' troubles. I found that a high percentage do not need medicine but better thought-patterns. They are not sick in their bodies so much as they are sick in their emotions. They are all mixed up with inferiority feelings, guilt and resentment.

"I became aware that in many cases the basic trouble with people was spiritual. So I found myself frequently quoting the scriptures to them. Then I fell into the habit of 'prescribing' religious and inspirational books, especially those that give guidance on how to live"

I received a letter from a physician in an upstate New York town who said: "Sixty per cent of the people in this town are sick because they are maladjusted in their minds and in their souls. It is hard to realize that the modern soul is sick to such an extent that the physical organs pain. I suppose in time," continues the doctor, "that ministers, priests and rabbis will understand this relationship."

Dr. Rebecca Beard declares: "We have discovered the psychosomatic cause of high blood-pressure as some form of subtle repressed fear—a fear of things that might happen, not of things that are. In the case of diabetes, it is grief or disappointment which we found uses up more energy than any other emotion, thereby exhausting the insulin which is manufactured by the pancreas cells until they are worn-out.

"Here we find the emotions involved in the past—re-living the past and not being able to go forward into life. The medical world can give relief in disorders like these. They can give something that can lower the blood pressure when it is high, or raise it when it is low, but not permanently. They can give insulin which will burn up more sugar into energy and give the diabetic relief.

"No drug or vaccine has been discovered to protect us from our own emotional conflicts. A better understanding of our own emotional selves and a return to religious faith seem to form the combination that holds the greatest promise of permanent help to any of us."—(Condensed from *Coronet*).

What Gains A Man Promotion?

1. A spontaneous desire to be of good service to an organization or an individual.
2. An inward urge that he must grow, not only in body but also in mind, knowledge, and position.
3. A mind that is capable of discerning right from wrong.
4. A mind that is capable of making a quick decision. No man ever got far, by putting off a decision until a later date.
5. The knack of being able to analyse a problem quickly and correctly. To know the what? when? how? and where?
6. A burning ambition, but not centred around "ego" or the amount it is going to put into his pocket.
7. A readiness to help others at all times. The "yes" man has to be told to help. The ambitious young man gets it done before he is told.
8. A sense of modesty, yet with a doubtless courage. Bigheadedness only makes a man "small fry" when promotion is being planned.
9. A willingness to learn. Knowledge helps to give confidence and *turns the "I can't" into "I can."*
10. A sense of proportion that will allow one to accept criticism as a help to improve, and not as many believe, that a superior is "taking the rise" out of them or showing his authority.
11. A readiness to face up to mistakes. Leaders make mistakes and learn from them. Those who never get promotion hide their mistakes, or shove the blame on to somebody else.
12. The decision to reach one's goal whatever the obstacles in his way.—(*W.D.* from *Efficiency Magazine*, London).

IS YOUR DIET OPTIMAL?

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THERE are at least twenty constituents of diet which, in the long run are absolutely essential —proteins, fats carbohydrates, mineral elements and vitamins— —and it is difficult to understand how a balance could be obtained, between each and every one of them. The fact that diets so different as the Finnish and Norwegian on the one hand, and the South African and American on the other, can each produce their quota of geniuses and fine physiques, is proof that the human body is tolerant of wide variations of diet. In fact it is not easily thrown off *its* balance by diet which, on the face of it, may appear unbalanced.

What should be meant, in talking of a balanced diet, is a diet which cannot be bettered by any addition to it, or subtraction from it, of any particular substance. In other words, we mean an *optimal* diet. "*Is Our Diet Optimal?*"

Fat and carbohydrate.—The most obvious, and longest known, need for balance between two types of foods, is that between fats and carbohydrates—on the one hand butter, margarine, lard, etc., and on the other, cereal and sugar products, *i.e.*, rice, bread and sugar etc. Most people know that if they eat a lot of fat, without bread and jam to balance it, they may actually get sick. Fat needs the presence of glucose in the blood-stream and liver to combust it. If glucose is not present, acetone bodies, which are poisonous, are made, which produce headache, malaise, and even vomiting, in the unfortunate victim. Most of us have learnt by experience the need for this balance, as is evidenced by the fact that we *do* take bread and jam with our butter or cream, and most of us feel the need for bread or potatoes with some fat from meat.

Protein and carbohydrate.—That brings another balance to the fore: *the need to balance protein and carbohydrate at the same meal.* This has been shown to be necessary both in man and animals. The proteins, say of meat or cheese, are absorbed into the blood stream as *amino-acids.* The blood carrying them goes into the liver, and if they are not accompanied by glucose (from the bread or potatoes eaten at the same time as the cheese or meat), they cannot be built into human protein. In other words if you don't "balance" protein and carbohydrate at your meals, you might as well starve yourself of protein. So at any meal at which you take eggs, fish, meat or cheese, you should balance them with bread or some other cereal product. Milk proteins taken as milk don't need carbohydrate to balance them—it is already there in the milk.

Minerals and vitamins.—Among the mineral elements too, a balance should be maintained. If there is too much phosphate present in the food, the calcium of the diet will not be absorbed. For instance, in wholemeal bread there is a substance (phytate) which prevents absorption of both calcium and iron. A great excess of

calcium stops, absorption of phosphates. Similarly with the vitamins, it has been known that excess of one (*e.g.*, vitamin B_1) will upset the value of another (*e.g.*, vitamin A), and there is evidence of war between vitamin A and vitamin E.

Amino-acids.—Finally: though this is more of academic than practical interest, it has been shown that there must be a balance between the various amino-acids in foods. There are eight indispensable amino-acids, and it has been shown with animals that unless the animal body gets *all* the indispensable amino-acids at the same time, it cannot build animal protein from them. If there is as little as an hour or two's difference in the time of obtaining one or other of these acids, the amino-acids might as well be thrown away! And this raises a distinct question: are all the amino-acids split up at the same time from protein in the alimentary tract? In the test tube we know that they are not. So it is just possible that our own digestive tracts present the tissues of the body with amino-acids that are not balanced!

All of these considerations, especially the last, are likely to become nightmares to the person who is worried about diet. The extraordinary thing is that so many nations and peoples, from Eskimos to the Masai, and from Aryans to Semites and Hamites, have hit off diets which seem to be very close to optimal diets. This is still more extraordinary when one considers that instinct tells us very little about what food we ought to eat.

Let us suppose that a person is a devotee of wholemeal bread, and takes it in quantities. There is nothing wrong in that, but if this diet is poor in milk or cheese he will have upset the intake into his blood-stream of sufficient calcium. This is because the phytates in the wholemeal bread, as mentioned earlier, make the calcium in the diet insoluble, and unavailable to the body. Anyone who is consuming much wholemeal, or oatmeal, should balance it with much milk and cheese.

This is not the whole story. The phytates in whole cereals not only blanket the calcium of the diet, but the iron also. That does not matter so much for the husband, but his wife, since she has not yet met her menopause, will need extra iron to balance the phytates; it takes some ingenuity to get enough iron. Greens and liver need some, though not much, cooking. A standby, however, is gingerbread made with black treacle; and dried fruits will add some iron to the diet.

The want is not so much in the 'balance" alone but it is more in the direction of quantity of some of the vitamins. Undoubtedly taking meals in restaurants entails lack of vitamin C. The vegetables will have been kept hot often from 11 A.M. onwards. Vitamin C is one of the easiest vitamins to drop out of one's dietary—and, yet, one of the easiest to obtain! Vitamin A, unless one is generous with milk, butter and cheese, is apt to be omitted, and Vitamin D is practically always deficient in the adult dietary there are so few foods with vitamin D in them. But vitamin D will be needed to "balance" the

calcium in the diet, actually to help the calcium to get across the intestinal mucous membrane, and later to reconstruct bone etc.—(Teeyennessor from *Health Horizon*, Spring 1956).

TWICE IS ALWAYS?

LOYD ROSENFIELD

WHEN, for the second time in all our years of marriage (to the best of my memory), I allowed cigar ash to drop on the carpet one night last week, my wife asked, "Must you *always* drop ash on the carpet?"

This is not the first time such a charge has been made. I have been accused, of late, of such other crimes as *always* letting the bathroom tap drip, *always* forgetting my latch-key and *always* allowing the car to run out of petrol.

Understand, now, that I am never accused of always bringing home a salary cheque, or always taking my wife to the theatre!

Not long ago we drove out to one of the new suburbs to see a friend. Not only do the houses all look alike but the streets all curve round to give the impression that the houses don't look alike. It's very confusing.

When, after only ten minutes' circling, I hadn't found the friend's house, my wife commented, "It's funny that you always get lost."

"When was the last time I got lost?" I asked quietly.

"Last summer, looking for Ted's Tennis Racket Restringing Shop," she answered.

I sighed. "But it had gone out of business, dear, and another shop was there. That's why I couldn't find it."

Last month the office gave a party for the boss's fifty-fifth birthday, and I told my wife, regretfully, that I had to attend.

She agreed. "But," she said, "I don't like you always going out and leaving me alone at night."

"But, darling," I protested, "the last time I left you alone at night was four years ago, in the spring of 1951, when I was out fighting the flood."

Her only comment was, "Oh, you—always exaggerating!"

I decided to make an issue of it because the thing seemed to be getting out of hand. So a couple of days later, after the two-ton lorry had left, I called her out to the back yard. Upon seeing the ten-foot-high mountain of ashes, she screamed, "What in the world is that?"

This was the question I had been waiting for. "That my love," I said, "is 1,439 pounds of ashes. After a great deal of precise calculation I arrived at that figure as being the amount of ash that would be on our carpet if I had '*always*' dropped ash every time I smoked a cigar."

She looked at the mountain for a moment, then said, "It's a good thing I cleaned it up then, isn't it?"

Last night when I sloshed into the house after walking half a mile from the bus stop in what may have been a hurricane, she greeted me with, "Must you *always* tread mud into the living room?"—(Condensed from *The Atlantic Monthly*).

FAINTING ON PARADE

STANLEY RIVLIN, M.R.C.S., L.R.C.P.,
Joint Director, London Varicose Clinic

IT is now almost four years since a guardsman was seriously injured by impaling himself on his bayonet as he fainted on parade, but every year still produces a fresh crop of reports of minor accidents occurring during ceremonial manœuvres held on great occasions. Only recently a national daily newspaper noted that fainters were paraded on the following day for physical exercises to toughen them up for future occasions. The time-honoured theories on this particular facet of syncope are as fascinating as they are facile. 'Greasy sausages for breakfast,' 'pressure of the bearskin upon the brain,' 'nocturnal excesses' and 'high uniform collars' are but a few.

Officers do not faint.—Among the regimental die-hards who pride themselves upon the efficiency of their ceremonial parades, the most popular explanation is that which points with scorn to the inferior moral, mental and physical calibre of the unlucky fainting subject. Throwing out their chests and glaring fiercely they ask one single rhetorical question: 'Have you ever seen an *officer* faint?'

This is an admirable example of the right conclusion being reached for the wrong reason. Of course officers do not faint, not necessarily because they are made of sterner stuff, but because they keep moving until the actual ceremony begins. The men, on the other hand, will have been drawn up in ranks for anything *over two hours* beforehand—*virtually motionless* for the whole period.

The cause.—The time-honoured description of the mechanism of venous return from the lower limbs embraced two factors:—negative pressure on the thoracic great veins during inspiration, and the *vis a tergo* (arteriolar and capillary inflow encouraging venous outflow). Of recent years, increasing attention has been devoted to what, in fact, is the most important factor of all: the pumping action of the calf muscles. These muscles act as a voluntary peripheral heart, surging the venous blood onwards and upwards by means of its complicated system of non-return valves at the junctions of the superficial with the deep veins.

This is why patients with varicose veins and ulcerated legs enjoy walking but hate standing still. For even in these cases there are always a few valves functioning to reduce local venous volume when the patient exerts a little muscle-pumping action.

I am not suggesting for a moment that parade fainters invariably have varicose veins—far from it, although if coincidentally present they render the experience more likely. But even the normal superficial and deep venous systems of the legs must be affected by the prolonged absence of the pumping action of the calf muscles resulting from prolonged immobility in the erect position on a hot day. As a result, the heat-relaxed dilated veins of a young soldier

must contain a reasonable proportion of the total blood volume. In some cases this is enough so to diminish venous return to the right heart as to reduce cerebral blood flow to the anoxic (inadequate oxygen supply) border-line—with resultant temporary loss of consciousness.

There is a second contributory factor. Thompson, Thompson and Dailey noted that if an individual remained stationary in the erect position, his total plasma volume gradually diminished during the course of half an hour until it reached a level of 12 to 15% less than the normal. At the same time there was an increase in the red cell count and the specific gravity of the blood, indicating a true concentration of the blood. They suggested that the loss was the result of filtration through the capillary walls of the lower extremities due to the increase in the capillary hydrostatic pressure inevitable in the erect posture. Their findings were later confirmed by Waterfield.

It would appear therefore, that not only does the motionless erect posture encourage venous pooling in the limbs with a diminution of venous return, but this occurs in a circulation whose net volume has been concurrently decreased by fluid loss into the tissues of the lower limb.

The remedy.—The remedy is simple, as is illustrated by the following case.

An anxious mother brought her 23-year-old son to see me, thinking he might have varicose veins. He gave a history of intermittent fainting on long ceremonial parades and had been seen by a general physician as well as a neurologist to exclude any systemic or cerebral cause.

On examination his veins were visibly dilated, but not varicose; indeed his legs were quite normal. He was taught how to 'pump' his calf muscles when feeling faint and has remained unashamedly vertical ever since.

In other words, the monotonous pre-ceremonial time-lag should be punctuated with a series of short drills designed to encourage leg-muscle movement, and thus prevent both venous pooling and abnormal tissue filtration. In addition the recruit should be trained to contract and relax his lower limb muscles, especially his calf muscles—movements not visible through the uniform—should he have to stand for a long period or become aware of impending faintness.—(From *The Practitioner*, London, May 1956).

The Divine in Human Nature

All aspects of the human consciousness such as that of the libido, race, parentage, intelligence and power are not representative of what one really *is*. These aspects depend upon the factors that are not permanent. They change when things change. They also change when the individual alters his thoughts, mode of living, or his philosophy and view of life. One can easily see how the other layers of inhibitions, habits and aptitudes are shed and acquired from time to time in accordance with the changing circumstances and self-effort. But the Soul-Consciousness, however dormant it may be cannot be shaken off by anyone, since it springs from the depth of one's real nature within.—(*Swami Sivanandji*).

Lymphatic Circulation

LIFE in the body is largely maintained by the circulation of oxygen, food, and the baby's own specially manufactured glandular chemicals to all the individual cells that make up its structure.

At the same time, the wastes of cell-life must be carried away and excreted. The greater part of this carrying to-and-fro is done by the blood. Indeed, where they enter closely to the tissues, many of the blood capillaries become so fine and minute that red corpuscles can only pass in single file. Their walls are so thin that they are permeable to water, dissolved salts and gases, and a fluid is perpetually passing into the surrounding spaces adjoining the tissues.

This fluid is lymph (from the Latin, *lympha*, meaning *clear water*). You may not have heard of it before, but your life depends on it in a special way.

It is from the lymph, rather than from the blood, that the tissues take their nourishment. It is the final link in the chain of bio-chemical reactions by which what we eat and breathe is used to make up the living body.

Lymph is normally a colourless, watery fluid, alkaline in reaction. It is not only packed with nutrients in forms that cells can take up and use, but it also becomes the recipient of their waste acids and spent products. This interchange is a vital one.

The lymph has its circulation as much as the blood. The spaces in the tissues where lymph collects vary greatly in shape and size, sometimes broadening into what are termed serous cavities. They are connected up by a series of exceedingly delicate and fine tubes or vessels, known as the lymphatic capillaries.

Lymphatic capillaries originate in the organs and tissues of almost every part of the body. Like the capillaries of the blood system, the lymphatic capillaries eventually pass into larger lymph tubes, the lymph veins, which, like the blood veins, are equipped with valves that permit the lymph to flow in one direction only. These valves are arranged fairly closely together, so that when full of lymph, the lymph vessels may have a knotted or beaded look.

The lymphatic veins in turn branch into still larger lymphatic vessels. Those from the lower limbs together with those from the abdominal organs unite to empty their fluids into the largest lymph vessel of the body, the thoracic duct. This duct rises just in front of the vertebral column and is joined by the lymphatic vessels from the left arm, and left side of the head, neck, and chest, and finally opens into, and empties its contents into the angle of the junction of the left subclavian vein with the left internal jugular vein.

Lymph from the right side of the body drains into a smaller duct, the right lymphatic duct, which enters into the right subclavian vein at the root of the neck. Thus the lymph of the body is collected and circulated through the body, in conjunction with the blood.

Specialized duties.—Certain lymphatic capillaries appear to have specialized duties. This is

true of the capillaries which enter minute hair-like projections which line the membranes of the intestines, called *villi*. The *villi* give the intestinal membrane the appearance of a fine pinkish or yellowish velvet. Minute as each villus is, it contains a network of blood capillaries, and the fine lymphatic capillaries, which we call lacteals.

The job of the villi is to absorb soluble nutrients from the liquefied food passing through the intestines, and is supplemented by the activity of the blood capillaries and lacteals. The particular job of the lacteals seems to be to absorb fatty constituents from the food. These cause the lymph in the lacteals to take on a milk-like colour and appearance, and it is known as *chyle*. Eventually, this chyle joins lymph from the limbs of the body, and abdominal organs such as the liver, to flow up through the thoracic duct.

The lower end of the thoracic duct, which is four or five times broader than the upper, is often termed the *receptaculum chyli*, or receptacle of the chyle.

Lymph in the thoracic duct is yellowish, possesses the same constituents as blood plasma, is alkaline, and has clotting power.

Slow movement.—The flow of lymph throughout the body is comparatively slow. It takes a cubic centimetre of lymph a minute to pass out of the thoracic duct, but the flow is affected by the squeezing or massaging action of the muscles, and the movement of the lungs and chest wall. It can be speeded up by Swedish massage. The quickened flow of lymph through the area treated, means that tissue nutrition is improved and the clearance of wastes increased. As a result, the natural processes of repair and regeneration are encouraged.

Throughout the course of the lymphatic system, there are small ovalish masses, placed at intervals, known as lymphatic glands Those best known to the layman are in the neck, under the arms, and in the groin. They are better termed nodules, rather than glands, for their chief function is to act as filters in removing bacteria and harmful organisms and impurities from the lymph. Since these organisms are often virulent, it often happens, when the lymphatic circulation is not functioning at its best, that the nodules become inflamed, and sometimes abscessed.

In good health, the lymphatic system works quietly and unseen, maintaining the good nutrition of the body and protecting it from the harmful potentialities of its own wastes. Breakdown in the lymphatic activity is fortunately uncommon but when it does occur, we know how vital its function is to our well-being.

It is probable that many of us do, however, live with the lymph functioning less actively than it might. Sedentary work, clothing, and indoor dwelling combine to give the body less skin stimulus and massage than it really needs. One of the reasons why such activities as air and sun-bathing, water bathing and exercise improve hunger and appetite is their tonic effect upon the circulation of the lymph.—(*Good Health*, London June 1956).

STOP FUMING AND FRETTING

MANY people make life unnecessarily difficult by dissipating power and energy through fuming and fretting. Do you ever "fume" and "fret"? Here is a picture of yourself if you do.

The word "fume" means to boil up, to blow off, to seethe. The word "fret" is equally descriptive. It is reminiscent of a sick child in the night, a petulant half-cry, half whine. It has an irritating, annoying quality.

We need to stop fuming and fretting and get peaceful if we are to have power to live effectively. And how do we go about getting peaceful?

A first step is to reduce your pace or at least the tempo of your pace. We do not realize how accelerated the rate of our lives has become under modern conditions of so-called civilized life or the speed at which we are driving ourselves. Many people are destroying their physical bodies by this pace, but what is even more tragic, they are tearing their minds and souls to shreds as well.

The character of our thoughts determines pace. When the mind goes rushing pell-mell from one feverish attitude to another, it becomes feverish and the result is a state bordering on petulance. Overstimulation produces toxic poisons in the body and creates emotional illness. It produces fatigue and a sense of frustration, so that we fume and fret about everything from our personal troubles to the state of the nation and the world. If the effect of this emotional disquiet is so pronounced physically, what must its effect be on that deep inner essence of the personality known as the soul?

A physician gave some rather whimsical advice to a patient, an aggressive businessman. Excitedly he told the doctor what an enormous amount of work he had to do.

"I take my brief-cases home every night and it's packed with work," he said with nervous inflection.

"Why do you take work home with you at night"?

"I have to get it done," he fumed.

"Cannot someone else do it or help you with it?" asked the doctor.

"No," the man snapped. "I am the only one who *can* do it. It must be done just right, and I alone can do it as it must be done, and it has to be done quickly."

"If I write you a prescription, will you follow it?" asked the doctor, realizing his state of mental tension.

This, believe it or not, was the prescription. The patient was to take off two hours every working day and go for a long walk. He was to take off a half-day a week for 3 months and spend that half-day *in a cemetery*.

In astonishment, the patient demanded, "Why should I spend a half-day in a cemetery?"

"Because," answered the doctor, "I want you to wander around and look at the gravestones of men who are there permanently. I want you to meditate on the fact that many of them are there

because they thought *even as you do, that the whole world rested on their shoulders!* Meditate on the solemn fact that when you get there permanently, the world will go on just the same and, as important as you are, others will be able to do the work you are now doing."

The patient got the idea. He slowed his pace. He learned to delegate authority. He achieved a proper sense of his own importance. He stopped fuming and fretting. And, it might be added, he now does better work!—(*Coronet*, June 1955).

OLD FOLK AND SLEEP

AN interesting investigation into the sleeping behaviour of old folk is reported by N. R. Cowan (*Health. Bull.* Edin., *14*: 7, 1956), from the Consulative Health Centre for Old People, Rutherglen. It is based upon the findings in 313 reasonably healthy patients, 170 men and 143 women, aged 70 years and over. Sleep was divided into three grades, according to its assessed quality: good, fair, and bad. Good sleep was noted in only 58% of the patients: 63% of the men and 52% of the women. Advancing years had no effect upon the quality of sleep: thus, 60% of the patients in the 70 to 74 years age group, and 66% of those aged 85 and over, had good sleep. Marital status, however, had a considerable influence: 77% of the single patients had good sleep, compared with only 45% of widows. The quality of sleep was also affected by the state of health of the individual: 94% of patients who were contented and had no physical complaint had good sleep, compared with only 15% of those who were discontented with their lives and had some physical defect. Rather unexpectedly, diurnal sleep had relatively little effect upon the quality of sleep at night. Among the 186 patients who took more than half an hour to fall asleep were eight men who 'were certain that the deterioration in their sleep dated from the time of their retirement from work and was the direct result of enforced leisure.'

Nocturnal micturition was the most important cause of disturbed sleep, occurring in 236 patients. In this connection attention is drawn to the danger involved in giving old people barbiturates. 'When the necessity to micturate overcomes the action of the barbiturate the patient may have a somewhat hazardous journey from and to his bed,' and it is suggested that in certain cases chloral hydrate may be the drug of choice. Nocturnal cramp was responsible for disturbed sleep in 91 patients. In view of the multiplicity of remedies used for this distressing condition, without avail, it is suggested that this is a subject particularly well suited for a controlled therapeutic trial by general practitioners. Of those who had to get out of bed at night, 37 (15%) habitually delayed their return to smoke, eat or drink. One old lady regularly enjoyed a plate of porridge at 3 A.M.!—(*The Practitioner*, London, May 1956).

A PEACEFUL MIND GENERATES POWER

AT breakfast in a hotel dining room, three friends fell to discussing how well they had slept the night before. One man had tossed and turned and was about as exhausted as when he retired. "Guess I'd better stop listening to the news before going to bed," he observed "I tuned in last night and sure got an earful of trouble."

The other man spoke up, "As for me, I had a grand night. I got my news from the evening paper and had a chance to digest it before I went to sleep. "Of course," he continued, "I used my go-to-sleep plan which never fails."

Thus there are two cryptic phrases—"an earful of trouble" and "a mind full of peace" Which do you choose to describe yourself?

The essence of the secret lies in a change of mental attitude. One must learn to live on a different thought basis, and even though thought-change requires effort, it is much easier than to continue living as you are. The life of strain is difficult. The life of inner peace, being harmonious and without stress, is the easiest type of existence.

Of course, emptying the mind is not enough. When the mind is emptied, something is bound to enter. The mind cannot long remain a vacuum.

Always start filling your mind with creative and healthy thoughts. Then, when the old fears, hates and worries try to edge back in, they will, in effect, find a sign on the door of your mind reading "occupied." Presently the old thoughts will give up and you will permanently enjoy a mind that is full of peace.

There are many practical ways by which you can develop serenity and quiet attitudes. One way is through conversation. Depending upon the words we use and the tone in which we use them, we can talk ourselves into being nervous, high-strung and upset. We can talk ourselves into either negative or positive results.

In a group when the conversation takes a trend that is upsetting, try injecting peaceful ideas into the talk. Note how it counteracts nervous tensions. Conversation filled with expressions of unhappy expectation, at breakfast, for example, often sets the tone of the day.

On the contrary, start each day by affirming peaceful and happy attitudes and your days will tend to be pleasant and successful.

Another effective technique is the daily practice of silence. *Everyone should insist upon not less than a quarter hour of absolute quiet every 24 hours.* Go alone into the quietest place available and sit or lie down for 15 minutes and practice the art of silence.

Do not talk to anyone. Do not write. Do not read. Think as little as possible. Throw your mind into neutral. Conceive of your mind as quiescent, inactive.

This will not be easy at first because thoughts are stirring up your mind, but practice will increase your efficiency. Conceive

of your mind as the surface of a body of water, and see how nearly quiet you can make it so that there is not a ripple. When you have attained a quiescent state, then begin to listen for the deeper sounds of harmony and beauty and of God that are to be found in the essence of silence.—(*Psych. Eff.*).

MODERN KILLERS

"HEART disease and cancer of the lungs together cause three and a half times more deaths than all other diseases," writes J. D. Varney, M.D. in the *Journal of the American Institute of Homœopathy*.

As a cause of death, fifteen years ago, heart diseases were seventh on the list. To-day they are well in front of all other diseases. And while fifty years ago, cancer of the lungs was rare, it now accounts for twenty-six per cent of all cancer diseases.

Of all heart diseases one in particular is becoming more and more prevalent. The medical men call it "coronary occlusion."

Nor does it give any warning. Gradually and stealthily it creeps on its victms, and before they or their relatives realize that there is anything wrong, they pass out suddenly, either in their sleep or when about their ordinary work.

That this particular kind of heart disease has developed so rapidly during the last decade or two, leads Dr. Varney to the conclusion that tobacco smoke inhalation lies at the root of the trouble. Whereas the older generation smoked a pipe occasionally, the present generation, both men and women, use a lot of cigarettes and inhale the smoke. This habit affects the membrane of both heart and lungs, which absorb the tobacco smoke thus taken into the system.

"Smoke inhaled causes a chronic irritation of the bronchial tubes and of the air vesicles themselves, opening a fertile field for cancer. The smoke-drenched air is absorbed by the blood vessels of the lung, and carried directly to the heart."

It is surprising how many men and women one meets today who suffer from smokers' throat and cough through the dangerous habit of inhaling cigarette smoke At this stage it is as hard to give up the habit as it is for a heavy drinker to give up intoxicants.

Those addicted to the habit should take warning from these facts, and seek to save themselves from unhappy consequences.—(*Good Health*, London, June 1956).

Humanist's ideal

The humanist is one who believes that our human nature can, and should be developed harmoniously as a whole—that the sacrifices which man must always make should be made in his own highest interests and not in the interests of something external to himself—not in the name of any less or any more than human cause.—(*Aldous Huxlay*).

Pleasant Topics from Periodicals

"Now," said the teacher, "hands up all those who want to go to heaven."

All the youngsters except one put up their hands.

"And why don't you want to go to heaven?" said the teacher to Tommy.

"I'd like to, miss!" he said, "but Mummy says I must come straight home after school."—(*Yours*, S. Africa).

* * *

Rossini, the Italian composer, discovered that some wealthy admirers in France were planning to erect a statue in his honour.

"How much will it cost?" the composer asked.

"About ten million francs," was the answer.

"Ten million francs!" gasped Rossini. "For five million I will stand on the pedestal myself."—(*Bennett Cerf*).

* * *

An American radio quizmaster asked a contestant just back from a tour of the Continent if he had seen much poverty.

"Not only did I see it," said the returned traveller, "I brought some of it back with me!"—(*Weekend Mail*, London).

* * *

A man was found sprawled in a gutter and rushed to a hospital. In the emergency room the young doctor unbuttoned his coat to examine him—and discovered this note pinned inside the linings: "To All members of the Medical Profession: I am merely *drunk*. Just let me sleep it off. Do not attempt to remove my appendix. You have already taken it out twice!"—(*The Wit Parade*).

●

Mr. Peterson was preparing to go to market and his wife told him to get a head of cabbage.

"What size?" he asked.

"Oh, about the size of your head," she told him.

On the way, Peterson met a friend who was a gardener. "Just go over to my garden and take any head of cabbage you want," the friend offered generously.

Later, another friend asked the gardener, "What kind of idiot did you have walking in your garden? When I went by, he was trying his hat on one head of cabbage after another".—(*Joker, Copenhagen*).

●

The school superintendent was visiting the school to see how the students were doing. In the classroom he posed this question: "If the earth is 25,000 miles in circumference and Niagara Falls are 125 feet high, how old am I?"

"You're 42, sir," replied one boy.

"How do you arrive at that figure?" asked the superintendent.

"Well, I have got a brother 21, and he's only half-crazy."—(*Voo Doo*).

●

My husband would never chase after another woman. He's too fine—too decent—too old!—(*Weekend Mail*, London).

* * *

When you've got a thing to say,
Say it! Don't take half a day
Life is short—a fleeting vapour
Don't you fill the whole blamed paper,
With a tale which, at a pinch
Could be cornered in an inch!
Boil her down until she simmers
Polish her until she glimmers
—(*J. C. Harris*).

* * *

Little Mary came home from the beach late and announced to her mother that she had been playing with another child all day. Her mother asked, "was it a boy or a girl?"

"I dunno, Mummy," said Mary, "we didn't have any clothes on."—(*Penascola Gosport*).

* * *

Johnny hurried to get the evening paper. Tomorrow was picnic day, and he wanted to know what the weather forecast was.

"Well, Johnny, what do they predict?" his mother asked.

"They haven't decided yet," said Johnny gloomily:

"Haven't decided?"

"No," said Johnny. "It says 'Unsettled'."
—(*Parade, Canada*).

* * *

"Paw," said the farmer's boy, "I want to go to college and learn to be a doctor. I think I'll study obstetrics."

"Likely you'll be wastin' your time, son," replied the father. "Soon as you learn about obstetrics somebody'll come along with a cure for it."—(*St. Paul Minn*).

* * *

Easy Virtue

"Darling," he asked, as he drew his *fiances* closer to him, "am I the first man you have ever kissed?"

"William," replied the American girl, somewhat testily, "before we go any farther I would like to ask you a few questions. You are aware that my father is a multi-millionaire and that I inherit his fortune. And are you also aware that I own three million pounds worth of property?"

"Yes."

"Then for goodness' sake talk sense! What difference would it make if I'd been kissed by a thousand men before I met you?"—(*Chatsworth Chatter*).

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