

has poor hair should put a sentinel at her doorway. My unexpected visit was once announced to a woman, and in her excitement she put on her wig askew. What a horrid thing! a bull without horns, a field without grass, a bush without leaves and a head without hair."

We must also realistically face the fact that no man appreciates the importance of face-creams. These highly prized beauty items are seldom viewed as anything but grease. Cosmetic creams are subjected to the most abuse. As one husband summed it up:—

"Ever since my wife passed 28, she's been greasing her skin every night to keep so-called school girl complexion! I haven't noticed that all of this oiling has made any change in her face, but you should see what it has done to the pillows and my affection. They're disintegrating."

In a recent survey in the New York area, men were asked to list their pet peeves. The first three in the line-up were: (1) too much make-up; (2) overdressing; (3) artificiality. These results are just as we would expect, because an unnatural look is one of their soundest objections. It not only is unattractive, but it may give the wrong impression. The reason for it is deep-seated and will probably never be completely overcome. In the history of our civilization cosmetics have often had dubious status. More often than not their use was limited to women whose morals were subjected to question. In fact, objection to cosmetics at times reached fanatical proportions. In England during the late eighteenth century, the word *Jezebel* was used to describe women who used cosmetics. And Jezebel has been branded by history as one of the

world's most wicked women. Certainly we have largely overcome such extreme attitudes. Our modern view of cosmetics has been liberalized to the extent that to a limited extent it may help to overcome defects.

Apparently there are other brands of artificiality to which some men object. We were shocked recently to read a letter to a beauty editor on curly hair. We did not believe that a man existed who was not fully indoctrinated with the virtues of curly hair. This man wrote:

"Curls, curls, curls! I wish I never had to look at another curl on my wife, my daughter, my hired help or any other woman. Everyone looks alike. No originality. Why should all women have curly hair when some are born with straight hair? It's like everything else—slaves to this and slaves to that—no one has the guts to be different."

Any discussion of male objections to women's appearance is sure to bring a number of angry retorts from women, as for example this one from a widow who wrote to a physician-author recently after she read his article on wives who let themselves become fat and unattractive:—"I am irked," she wrote, "by articles which imply that women are the only sex that relaxes after marriage. . . Particularly when I recall the overhanging paunches, the bald heads, the heavy jowls with which my eyes are obliged to cope. I can't help but wonder if men are so entirely lacking in a sense of humour that they fail to recognize their deficiencies along these lines. Do men never look into a mirror?" (*Today's Health*, October, 1957).

DON'T MEDDLE

E. L. CHON HINDEN, M.D., (Camb.), M.R.C.P. (Lond.)

1. About Circumcision

MANY mothers wonder whether their baby boys should be circumcised. They have vaguely heard tell that the foreskin should pull back, so they try on occasion when they are bathing the baby—and they find it does not. This alarms them. They are afraid that something is wrong and will need an operation to right it sometime or other; they have been told that the operation is much more troublesome when the boy is grown-up, so they press for it in infancy. Usually they ask their family doctor about it, or inquire at the clinic; in either a more determined attempt is made to retract the foreskin. This, too, fails. The foreskin is condemned as "adherent" or "tight," sentenced and summarily executed. Often no attempt is made to see whether the foreskin will pull back: its mere presence is held to be objectionable. The result is that very many infants undergo this operation unnecessarily before they are many months old.

Yet the truth is that the whole procedure is based upon faulty knowledge of the anatomy of the part. In the growing foetus, the foreskin and the gland of the penis (the portion covered by the foreskin) grow as one piece: the space between them just is not there at all. In later life, a cylindrical layer of cells just outside the penis but inside the future foreskin, breaks

down and disappears; and by so doing produces a cleft which separates the foreskin from the penis proper. But this takes place well after the baby has been born, usually in the 5th and 6th month, and until these cells have gone the foreskin will not pull back. It must be clearly understood that this is not a once-free cover sticking again to the tissues beneath it: the foreskin is still one piece with the gland—it has not yet been formed as a separate organ. If one watches carefully a circumcision on a very young baby, one can see a number of fine bleeding points on the gland, where the living cells still jointing the foreskin to the gland have been forcibly torn asunder. The statement "the foreskin should pull back easily," is *not* true of the infant. It follows that there is no point even in trying to see whether it will retract; it never does. If we consider "adherence" of the foreskin as a reason for circumcision, then the operation should be advised for every male; but if we accept the above account of the embryology of the foreskin, then *there is no reason for meddling in any case*. Of course I am referring to medical reasons: circumcision performed on ritual grounds is outside the scope of this argument.

This is not to say that circumcision is never necessary. Although in the great majority of

handicapped by nasal obstruction, nasal discharge, loss of sense of smell, often by impairment of hearing. But commonly there is no loss of general health.

An adult with chronic sinus infection has a constant nasal discharge on one or both sides. Lack of any sense of smell is common. The sense of smell may sometimes return if the polyps are removed. If the sense of smell is sometimes there the prognosis is much better. Treatment is not easy, largely because the sinuses are difficult to get at. In acute cases the aim of treatment is to allow infected fluid to drain easily. This is done by reducing the swelling of the nasal mucous membrane. Steam inhalations are useful, so are nasal drops or a nasal spray containing, say, ephedrine. A method of putting fluid into the sinuses was devised by Dr. Proetz of Philadelphia and is much used in children with acute or chronic infection. It consists essentially in dropping the head over the end of a couch and putting fluid into the nasal cavities. The pressure is then lowered and raised by the application of a suction bulb to each of the nostrils in turn.

Direct assault.—The fluid is a saline solution with ephedrine.

An antibiotic such as penicillin is often added. If the infection persists, especially in the antrum, a more direct assault may have to be made. This can be done very simply by puncturing the thin wall between the antrum and the nose with a stout hollow needle. The pus can then be drawn out with a syringe. It is examined to identify the infecting germ and determine to which antibiotic it is susceptible. A fine tube of polythene is introduced through the cannula which is then withdrawn, leaving the polythene tube in its place. Then an antibiotic can be injected through this tubing at intervals of a period of four days.

If all these measures fail, the reason is that the infection has been present for so long that the lining membrane has become damaged and degenerated beyond repair. It is usually a mass of polyps, which often needs drastic surgery. Success depends on the thoroughness with which the diseased lining membranes can be removed. But in many cases it is possible, fortunately, to clear away the polyps and the diseased lining membrane entirely and achieve a very good result.—(*Family Doctor*, April 1958).

Virile Men are Bald

In normal baldness the scalp does not cease to produce hair, declares Prof. W. S. Bullough; it merely produces a different kind of hair. If you were to examine closely the usual bald scalp, you could find it covered with very fine hairs, lanugo hairs as they are called. Twice in a man's life this change occurs. Once on his chin at puberty, when the change takes place in the reverse direction and the fine hairs give way to the coarser beard; and later on the top of the head. Both these changes are due to the same cause, the activity of male hormones. Thus so far from a hairy man being the virile type, it is more likely that the bald man with an abundance of hormones merits the description.—(*World Science Review*).

Crackers in Bed: A Laugh Parade

In its promotional campaign, the New York Department of Health frequently gives written tests to children of grade School age. One question of the test had to do with breast feeding, and it was worded thusly: "What are the advantages of mother's milk over cow's milk?"

One youngster thought very hard, then listed the following advantages:

(1) It's cheaper. (2) It keeps better over the week-end. (3) No danger of dropping and bursting the containers. (4) The cat can't get at it!

"All right. Professor: Stick out your tongue and say 'Ah!'"

"Ah!" Ah—ed the Prof.

"Strange colour for a tongue, plaid! No: wait, let me look closer," exclaimed the doctor. "Oh, it's something stuck on your tongue. A three cent stamp!"

"My God!" shouted the professor. "And I've searched every where for it."

A man making a speech in favour of temperance called out "If anybody here can name an honest business that has been helped by the liquor trade, I'll stop working for temperance right here and now."

"One of his listeners stood up, saying, 'I am in an honest business that's has been helped by the liquor trade.'"

"How can that be?" shouted the lecturer. "What is your line?"

"I'm an undertaker."

When dealing with the public, many merchants become post-graduates in psychology without ever opening a book on the subject of commerce.

A Texas woman 'phoned grocer Hack Arnold and snarled. "Mr. Arnold, I sent my son Thurmond for two pounds of grapes, and you sent me only one and a half pounds! Either your scales are crooked, or you didn't weigh these grapes."

"My scales are all right" replied Hack. "Have you weighed Thurmond?"

Skinny Ennis, the emaciated band leader, returned from the war to find the labour shortage so acute, he was unable to hire a gardener. However, his Hollywood Garden had to be spaded, so Skinny donned a pair of shorts, entered his front garden and began exercising his skinny body with a shovel.

Two tourists paused before his garden, and one said "My God, the labour shortage is worse than I realized! Look they've got the bodies digging their own graves."

The customer who came in to buy a pair of shoes was a big man with long broad feet. The clerk showed him several pairs of shoes but the customer refused them all. "You

see, I must have shoes with square toes," he explained.

"But square-toed models aren't fashionable this year" the clerk protested.

"That may be" the customer retorted: "but I happen to be wearing last year's feet."

G. K. Chesterton was a large man, over six feet in height weighing more than three hundred pounds. Bernard Shaw, Chesterton's friendly enemy, was extremely thin. Meeting him one evening, G. K. told him. "To look at you one would think there was a famine in England."

"And to look at you," Shaw retorted "one would think you were the cause of it."

The lawyer was explaining the case to the jurors. Indicating the dazzling blonde defendant, he said: "This young lady is suing a gentleman for damages because he stole a kiss. You are to decide how much she should be awarded. Any questions?"

One juror raised his hand and asked "How can we decide the value of her kisses without a sample?"

The judge sighed as he recognized an old offender. "And what brought you here?"

"Two policemen, your Honour."

"Don't be absurd. I know that," said the judge, "Drunk again, I presume?"

"Yes your Honour" answered the defendant. "Both of them."

A house-holder roused by a burglar cried out from the door-way of the dining-room, "Put all that stuff back on the side board at once, do you hear?"

"For pete's sake, not all of it!" returned the burglar. "Half of it belongs next door!"

"You admit having broken into the same dress shop three times!" said the judge. "What did you steal?"

"Only a dress for my wife, your Honour," answered the defendant, "but she made me change it three times."

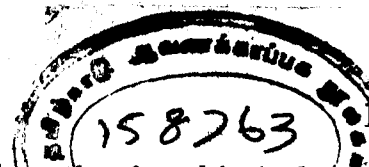
A very thin bus passenger resented the other man on the seat, who was so stout that he overflowed in all directions. "They ought to charge by weight in this bus," the thin man muttered.

"If they did," retorted the stout one "you'd have to walk; they couldn't afford to stop for you."—(*Vic Frederick*).

Patient:—"I saw the doctor today about my loss of memory."

Friend: "What did he do?"

Patient: "Made me pay him in advance."



children the foreskin is loose at 6 to 9 months; there are a few in whom it is still not free at the end of one year. It is unlikely, in these cases, that it will separate naturally from the penis beneath, and so operation should be considered. But I think it meddling to interfere during the first year of life.

Is there anything to be said for the view that in fact all baby boys should be circumcised? There is undoubtedly some evidence that cancer of the penile gland (in any case a

rare disease) does not occur in the circumcised, and that cancer of the neck of the womb is much rarer in their wives; but as yet the evidence is at best only suggestive. Against this doubtful benefit must be set the occasional anaesthetic death, the occasional loss of a baby from hæmophilia, and the not-so-occasional complications such as hæmorrhage and sepsis. Taking it all in all, I feel that the case for mass circumcision of all baby boys, on medical grounds, has not been made out. —(*Mother and Child*, April 1958).

Interesting Facts about Plague

THE subject of plague seems very far away from us in these days. Still, it would be as well to remember that it was once endemic in this country, occasionally makes its appearance in certain parts of the continent of Europe, and still gives rise to epidemics in less favoured parts of the globe.

The WHO reports that only 514 cases of plague were recorded in 1957 throughout the world, the lowest number since the beginning of the century.

The downward trend of plague in recent years is shown in the following totals:—

Date	World Incidence	In India
1951	15,399	8,230
1952	11,932	7,632
1953	7,328	6,069
1954	1,921	1,031
1955	1,228	542
1956	670	262
1957	514	44

This is accounted for by the unusually low incidence of plague in India last year.

In continental Africa the highest number of cases were reported in the north-eastern part of the Belgian Congo, but sporadic cases were reported from Kenya, Tanganyika, and South Africa. A number of cases were also reported from Madagascar.

In America, active foci are still located in Ecuador, Peru and Brazil. One case was reported in Texas, U.S.A. On the continent of Asia (excluding China and the U.S.S.R.), out of a total of 248 cases, 198 were reported from Burma. In India 44 cases were reported, and in Viet-Nam four cases. In Indonesia only 15 cases were notified in Java (against 113 in 1956 and 354 in 1955).

During the year the presence of rodent plague was notified in the Belgian Congo and in Hawaii. —(*WHO Communication*).

Pleasant Topics from Various Sources

Osborn had just returned from Bermudas with a bolt of fine British flannel. He took it to his West End tailor, asking, "Is there enough material here to make me a suit?"

"Not quite," said the tailor.

Disappointed, Osborn was heading for home when he happened to pass a little tailor shop on a side-street. On an impulse he went in, showed the cloth to the tailor, and asked if he could make it into a suit.

"Easy," said the tailor. "Come back in two weeks."

True to his word, the tailor presented Osborn with a beautiful suit: just as Osborn was about to leave, the tailor's five-year-old son ran in wearing a suit obviously cut from Osborn's English cloth.

"I made a little suit for my boy with the goods left over," the tailor confessed. "There wasn't enough to do you any good anyway."

Osborn marched over to his West End tailor and began angrily, "Remember telling me I didn't have enough material for a suit? Well, a little tailor in a back street near here not only made me this very fine suit, but he had enough left over to make a suit for his five-year-old boy!"

"Ah, yes," said the fashionable tailor: "but you see, my son is 18!" —(*American Weekly*).

An old mountaineer and his son were sitting by the fire smoking their pipes, crossing and uncrossing their long legs. After a lengthy silence the father said, "Son, step outside a bit and see if it's raining."

"Aw, Pa," whined the younger man. "Whyn't we just whistle for the dog and see if he's wet?" —(*Voo Doo*).

Every evening at six o'clock, a man wheeled out a barrow containing a lot of refuse. The sentry at the gate eyed him suspiciously every time and made a thorough examination of the refuse but never found anything incriminating.

This went on for months and then one day the sentry asked the man to tell him what was being smuggled out.

"I know you have a racket," he said, adding that there was nothing to fear from him because this was his last sentry shift at this place.

"Tell me what it is old chap, and I promise you that I will not divulge it."

Barrow man: "You promise?"

Sentry: "Yes, I promise."

Barrowman: "Wheelbarrows."

(*The Recorder*, Aden).

"We are holding a jumble sale in the church hall," announced the minister. "This will give you a fine opportunity to get rid of anything not worth keeping, but too good to

give away. And don't forget to bring your husbands." —(*Australian Journal*).

Photo-Finish

Young Father: "Well, did the photographer succeed in making the baby look pleasant?"

Mother: "No; the baby succeeded in making the photographer look unpleasant." —(*Gags*, U.S.A.).

The children had all been photographed and the teacher was trying to persuade each of them to buy one of the group pictures.

"Just think how nice it would be," she persuaded, "look at it when you are grown up and say, 'There's Rose, she's married'; or 'That's Billy, he went to sea.'"

Then a small voice popped up in the back of the room:

"And there's teacher—she's dead." —(*Louisville Courier-Journal*).

"Why is it that the mother who brings up her sons to be little gentlemen frequently brings up her daughters to be little gentlemen?" —(*Weekly News*, Auckland).

Men are queer animals. They have always known that one horse can run faster than another, and yet they squander millions of dollars each year to see that simple fact demonstrated over and over again. —(*Missouri Ram-Buller*).

Wife: "I've had a letter from Mother, John. She says she is feeling rather seedy."

Husband: "Well, I hope that doesn't mean she is going to plant herself here." —(*Evening News*).

The Surgeon

White-gowned and masked, head bent, he stands,

Whose thought-swift yet calm, unhurrying hands

Have fought the bustling zealot, Death, and won

A hundred times; and so again 'tis done,

And eager life, not now to be denied,

Floods slowly in a gently flowing tide.

Soon consciousness will stir, the sleeper break

The weakening barrier and awake,

Not knowing at whose peremptory command Death has withdrawn his cold, corrupting

hand. The healer turns—keen, searching eyes grow mild,

"Sister, I think that we have saved the child." —(*Better Health*, London).

"Did baby come from Heaven, Mummy?"

"Of course, dear. Why?"

"Fancy leaving Heaven for a place like this!" —(*The Homestead*).

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look at the tongue to see that something is wrong.

So the next time you stick out your tongue, and peer in the mirror or study your child's tongue, *don't pay too much atten-*

tion to whether it has a furry coat or not. If your child does not have a fever or other symptoms, it probably doesn't mean a thing.—(*Today's Health*, Chicago, September 1957).

BEWARE OF FALSE ANALOGIES

Nothing muddles thinking so surely as misuse of this valuable tool of the mind

STUART CHASE

SEVERAL years ago, when Sir Winston Churchill was promising voters a vast post-war housing programme, a soap-box orator in Hyde Park put this question to his audience: "How does Churchill propose to build 300,000 houses a year when it took him five years to build one brick wall at his country house?"

The comparison was absurd, of course. Churchill built the wall with his own hands as a hobby; his housing programme was to be financed by the Government and constructed by thousands of craftsmen and labourers. Yet the soap-box orator probably scored his point. To influence his listeners he had used one of the commonest enemies of clear thinking—a *false analogy*.

Analogies picture the unfamiliar in terms of the familiar and, rightly used, are useful tools of thought. The danger comes when we note only the similarities and ignore the differences.

A popular analogy concerns the 13 American colonies in 1787. If they were able to compose their many differences, and adopt a Constitution, it is argued, why

can't the quarrelling nations of the world get together and adopt a World Constitution? At first hearing, the argument is persuasive. Then we recall that the American colonies had one language, one culture and one compact location. The nations of the world have no such solid foundation on which to build.

Before the Second World War many writers, including myself, often discussed the economic and social problems of the United States by drawing parallels with France, Britain, Germany, Sweden. Now we know that those comparisons were poorly chosen. The United States in 1940 was an entirely different organism—bigger, more self-sufficient, more productive, less experienced and racially more mixed than any of the countries of western Europe.

Recently I saw a letter in which a man called it wishful thinking to believe that a wall of radar—such as the string of radar stations the United States is setting up around the country—can be effective against enemy bombers. "Look at the Maginot Line," he said, pointing out that it failed to repulse invaders,

But there is no real comparison between the Maginot Line, primarily designed to repel enemy infantry charges, and an electronic detection scheme which gives warning of approaching bombing planes. Still, on this shaky analogy, Mr. X was willing to scrap the U. S. radar system.

Analogies are cardinal to human thinking. They add depth and perspective to current experience. But they should be handled responsibly, or clarification may turn into confusion and worse.

A good test for any analogy is to ask yourself these two questions:—(1) How is the analogy being used? Is it presented to add colour and *illustrate* a point, or is the author erroneously using it to *prove* something? To compare the national

debt with a home mortgage, say, may help some people to visualize it in a rough way, but to infer from this comparison that the national debt must be managed like a mortgage is quite illogical. (2) Does the analogy really fit the case? In pointing out striking similarities between two things, we may overlook crucial differences which make comparison worthless.

As the world becomes more complicated, the necessity for straight thinking increases. Only by the vigorous use of our critical capacities can we search out these false analogies, and discover for ourselves the fallacies behind the rhetoric.—(Condensed from "*Guides to Straight Thinking*," by Stuart Chase, via *Reader's Digest*, Jan. 1958).

Pleurisy and the Lungs

Pleurisy means inflammation or irritation of the pleura, the delicate, cellophane-like sheet of tissue that covers the lung surfaces and the inner wall of the chest. Since it is folded upon itself, it is like a collapsed purse. Between the two layers is where the trouble begins in pleurisy. At first, if it is due to infection, the reaction is called dry pleurisy, and as the irritated surfaces rub across each other, sharp pain is produced. The rubbing sounds are easily heard by the physician with his stethoscope. Fluid then begins to appear, and this spreads the surfaces apart. Part of the pain is relieved and the sounds disappear. The physician can detect the presence of secretion by tapping on the chest wall with his finger-tip. If large amounts of fluid or pus collect, some of it may be drawn off through a needle inserted in the chest wall. This fluid covers the layer of pleura over the lung and is not in or on the lung.

The designation "*Water on the lungs*" refers usually to the leakage of liquid parts of the blood directly into the lung tissue from the capillaries forming networks around the millions of lung alveoli. These capillaries ordinarily pick up oxygen from the air breathed in. This type of leakage occurs most commonly in persons with weakened heart action. Seepage of fluid occurs because the blood is dammed back in the lung circulation.—(*Today's Health*, August 1957).

A researcher at the University of California discovered that tears produced by emotional stress have a different chemical composition from those produced when peeling onions.

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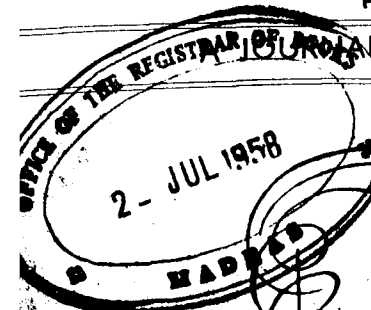
Printed by U. VASUDEVA RAU, at the Antiseptic Press, 10, Thambu Chetty Street,
for the Proprietor & Publisher at 222-24, Thambu Chetty Street, Madras-1.

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What's New in the News?

More Teen-Age Newly-Weds

"The fashion for teen-age marriage is growing", says the *Medical Officer*, "and today there are twice as many married people aged between 15 and 20 as in 1931." Early maternity presents no problems; in fact complications of pregnancy and delivery are less common than those of later years. It is on the sociological side that the problems of teenage parenthood manifest themselves most strongly. "Although physically capable of mating, the teen-ager may not be psychologically mature enough to face the responsibility of founding a family."

Are Paraffin Stoves Healthy?

So many people have installed oil heaters in their homes that the following question, answered in the *British Medical Journal* is, of wide general interest: "What gases and fumes are generated by paraffin stoves? Under ordinary conditions of ventilation, do they constitute any health hazard?"

Provided the stove is burning correctly, it produces carbon dioxide and water vapour. Incomplete combustion of any fuel can lead to the production of dangerous carbon monoxide, but, says the *B.M.J.*, paraffin heaters are designed to ensure that, given an adequate supply of air, combustion is complete. It concludes: "There is no evidence to suggest that the heaters, when used according to the maker's clear instructions in rooms with reasonable ventilation, constitute any hazard to health."

The Hardest Chore?

You'll never guess. Not floor-scrubbing or polishing but bed-making! This was the conclusion reached by a scientific survey in Glasgow and reported in the *Family Doctor* by Dr. R. Passmore.

Men and women wore breathing masks with meters attached to measure the calories (heat units) used up in various household jobs. Bedmaking accounted for four-and-a-half calories a minute; dusting took three-and-a-half; cooking used a little over two.

When the menfolk washed up, they used just as many calories as the ladies did in dusting.

Keep Your 'Fridge' Fresh

There's a new device on the market now for use in refrigerators. It's a filter which absorbs odours from strong-smelling foods like cheese and fish, and prevents other foods from acquiring their taste.

[Note:—Activated carbon in an open saucer placed within the 'Fridge' has been found to serve this purpose very well by one of our editorial collaborators.—Ed. HEALTH.]

Look Before You Lick

Next time you buy a postage stamp: look on the back and see if there are two printed lines. If so, you are taking part in a Post Office experiment to speed up the handling of mail.

The two lines represent an electric circuit capable of carrying an electric current. This is how it works: when the postman returns from his pillar-box collection, he normally empties his mail onto a "facing" table, where letters are stacked with the stamp in the top right-hand corner ready for franking. Those with the new electric circuit stamps will now be "faced" electronically, saving time and labour.

The idea is being tried out experimentally in various parts of the country (England), and in case you have any qualms about licking the stamps, they are "non-toxic"—that is, completely harmless.

Variable Aeroplanes

Aeronautical engineers badly need to know how aircraft of differing designs will react in the air. To date, this can only be worked out in theory and then tested by actually building an aircraft of the design contemplated. But now a T-33 jet trainer has had its controls modified so that adjustments can simulate changes in the aircraft's physical make-up: for example, larger wings, smaller tail, different weight distribution, and the like.

Thus designers can now obtain a practical report on a proposed modification without the very great expense of building a prototype.

Fire at the Flames

A pistol shooting a powder that will kill flames is an easy method of keeping the house safe. It will smother oil and petrol fires—you can fire it at a car engine, for example—and even up the chimney if it has caught fire. It can also be discharged at clothing which has caught alight.—(*World Digest*, May 1958).

Ashtangasareeram

By

P. S. VARIER.

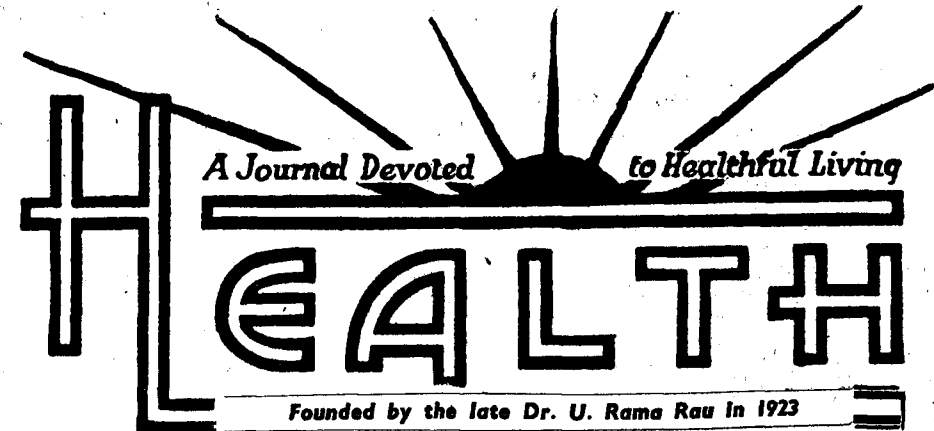
A Concise and Complete work on Anatomy and Physiology in Sanskrit. Certified by the All-India Ayurvedic Conference in 1926. Indispensable to lovers of Ayurveda. Price Rs. 12.

MANAGER,

ARYAVAIDYASALA,

Kottakal,

S. Malabar.



Published on the 15th of every month

Consulting Editor: U. KRISHNA RAU, M.B., B.S., M.L.A.

Editor: U. VASUDEVA RAU, M.B., B.S.

Annual Subscription: Rs. 2-50 np. Foreign Sh. 5. Post paid. Single Copy 25 np.

Editorial and Publishing Offices: 323-24, Thambu Chetty St., Madras-1.

Vol. 36

JUNE, 1958

No. 6

PROMOTION OF HEALTH

(Educating the People in Health Matters)

SHRI D. P. KARMARKAR, Union Minister for Health, in a recent communication addressed by him to the Ministers of Health in the various State Governments has rightly emphasized the need for educating adults in health matters. "In a country like India, it is of great importance," says he, "to look at the problems of health from the constructive point of view, i.e., from the point of view of educating the people to take all measures for the prevention of disease." He has suggested the holding of "Health Camps" in which the people participating would be given instruction in important health problems. The main burden of working out this scheme for "Health Camps" will doubtless have to be borne by the States.

It was indeed very opportune and realistic that the Union Health Minister pointedly referred to a vital fact, viz., that public and personal hygiene and a working knowledge of the causes of various types of diseases is essential if there is to be any progress in health matters, both at the Centre and in the States. We are no doubt aware of the fact that during the past twenty-five years and more, a considerable volume of health propaganda has been made and much spade work has been done by way of publications designed to educate the public in matters of hygiene and public health; the efforts in this direction have to be still further intensified so as to reach as large a sector of the rural population as possible. And in this gigantic effort, the

THE BLESSING OF SPECTACLES

DAVID GUNSTON

NOT everyone has shared the general view that the human eye is an amazing piece of workmanlike mechanism. Von Helmholtz, the well-known nineteenth century physicist once said, "If an optician had sold me an instrument so carelessly made as the human eye, I would have thought myself fully justified in returning it."

Whether or not we agree with that rather startling opinion, there is little doubt that the human eye, under the trying conditions of modern life which necessitate much reading, writing, and other close work (*to wit*, films on the screen) and much reliance upon artificial lighting, tends to show unmistakable signs of wear and tear sooner than most organs of the body.

Faulty eyesight is the rule today rather than the exception, and the wearing of glasses is leaving the category of the commonplace and becoming universal.

It is interesting, therefore, to reflect how fortunate we are today in having an optical science which can assist most eye-weaknesses and restore the full faculty of normal vision, and the efficiency in life which goes with it. For such has by no means always been the case.

Although highly-specialized spectacles were widely used in ancient China, their use was largely unknown in the Western World until comparatively recent times. Men wore glasses

several hundred years before Christ in China and by the Middle Ages had perfected what was regarded as a freak in Europe.

It is difficult to comprehend just what the effects of this lack of eye-correction were in the Western World, but as many of those notably afflicted were—not unexpectedly—writers, artists, and the like, we do know something of the trials brought about by neglected eye disorders.

What the handicaps, suffering, and other effects on the everyday life of the poor and unlettered amounted to, even though they but rarely had to read or write, can only be left to the imagination.

This widespread difficulty through weak eyesight afflicted western civilization since its inception. Homer went incurably blind, and the Romans also had their vision troubles. It is thought that the Emperor Nero was myopic because of his recorded habit of watching contests and games in the arena through an emerald, which may have been ground to act like an appropriate lens giving him some help in seeing at a distance.

Milton is another famous example of a genius who went blind, and like so many other eye-sufferers, his affliction had a powerful effect upon his outlook and his work. This is clear from his writings.

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But also, like so many others with faulty eyesight, he undoubtedly hastened his blindness by amateurish tamperings with his eyes. After his right eye had failed at the age of forty, he tried all manner of odd remedies to preserve the sight of the other eye, with tragic results three years later.

Another figure about whose eyes and faulty vision we know a good deal is Samuel Pepys, the famous seventeenth century diarist. Through the pages of his immortal *Diary* we read of growing weakness in his eyes and his mounting anxiety. He was undoubtedly also a myope, and wore out his eyes by excessive close work, much of it in indifferent light, usually a flickering candle.

We find him going for advice to various surgeons, and later to an optician, who advised him against his habitual use of a magnifying-lens.

As the years passed, Pepys' eyes gradually worsened, and he tried all kinds of aids, notably strange tubular spectacles made of cardboard, from which he deluded himself into presuming some worthwhile relief.

But in time his neat shorthand became straggly; great gaps appear in his usually regular entries, and finally, with the fear of blindness upon him, he closes his *Diary*.

We know that he did not go blind, although his poor sight continued. But what a mar-

vellous chronicle of his later years we are the poorer of, because of what today an optician could correct with little trouble.

Both Handel and Bach, the composers, suffered from weak eyes, no doubt overtaxed by close work. Handel contracted cataract in 1752, and was unsuccessfully operated upon for it. He went quite blind in later years. Bach was also operated upon by the same surgeon, also in vain.

Investigation into the history of eye troubles has shown one outstanding fact, *namely*, that many people with poor sight, whose neglected eyes troubled them sorely with soreness, pain, partial blindness, headaches, and migraine attacks, developed varying degrees of melancholia.

Among the more famous of such unfortunates are Thomas Carlyle, Tolstoy, Edgar Allan Poe, Chopin, De Quincey, Turner, George Eliot, Goethe, De Maupassant, Nietzsche, Schopenhauer, and Keats.

Perhaps the most striking example of glasses changing a man's life is the case of Theodore Roosevelt, the famous American President who died in 1919. As a youth he was timid, backward, and ineffective. Then one day an optician discovered that he was very short-sighted and prescribed a pair of glasses. Roosevelt himself admitted that this moment proved to be the turning-point of his life.—(From *Vision*, London).

The chief constable of Reading, England, reported that it takes an efficient burglar only ten minutes to ransack a house.

newly constituted and actively functioning welfare organizations like the Community Projects, N.E.S. Blocks etc., may certainly be expected to co-operate.

Educational institutions are certainly the proper forum for inculcating in the minds of the younger generation correct ideas of the extent and nature of health problems and the proper ways to solve them. The adult sector will also have to be taken along in this grand scheme of health promotion work. The 'Primary Health Centres' will be largely engaged in taking curative relief to the suffering patients. These and other similar organizations should also be utilized for imparting health education to adults. On the subject of 'Health Camps' Shri KARMARKAR was of the opinion that they may be held one for each batch of 30 to 50 persons to be chosen from different villages. Such a camp might be in the first instance, for the duration of about a fortnight and held at a place where facilities for essential amenities and accommodation are available. The course of study in the camp may comprise subjects related to the principal health problems of the country like environmental and personal hygiene, tuber-

culosis, leprosy, cancer, malaria, filaria and the like. Suitable literature in the regional languages should be provided as a basis for such study. Such work will necessarily entail heavy expenditure, if done by Government agencies; and so it will be essential to enlist the active co-operation and help of the large number of unofficial agencies scattered over the length and breadth of the country; for they alone can undertake this work at a considerably smaller cost. Shri KARMARKAR concluded by saying that "as much of voluntary effort as possible can be invoked in such enterprises to enable them to have during the period of a year about 10,000 to 15,000 trainees trained in such camps, I feel it would be a really good and useful contribution."

The Union Health Minister is indeed very optimistic about the success of this new scheme, and we heartily wish that the plan is implemented promptly and that the State Governments will not merely bless the scheme, but show their genuine desire for implementation by issuing the necessary detailed instructions to their Health Personnel and to the numerous welfare projects now functioning in extensive rural areas.

Too Much Coffee

People who seem to be suffering from overactive thyroid glands may actually be victims of too much coffee, tea or nicotine, says Dr. Arnold S. Jackson of Madison, Wis. He tells in the *A. M. A. Journal* of 228 persons who were incorrectly diagnosed as victims of overactive thyroid glands. In 112, the most single important factor was too much of these common stimulants. Others were nervously exhausted, under great tension, or had other ailments, but quite normal thyroids.—(*Today's Health News*, March, 1958).

THEY HEAR AGAIN

Surgical Advances in the Treatment of Deafness

F. BOYES KORKIS, F.R.C.S.,
E.N.T. Consultant, London

THE search for a remedy for the relief of deafness has interested surgeons in Britain and elsewhere for many decades. It was Dr. Julius Lempert of New York who perfected the technique known as 'Fenestration' of the labyrinth of the ear as long ago as 1938. It was not until after the war, however, that the operation was generally accepted and performed in Great Britain to any great extent. Since then many thousands of patients have had serviceable hearing restored to them, and sufficient time has now elapsed to make it fairly certain that they will retain this gain.

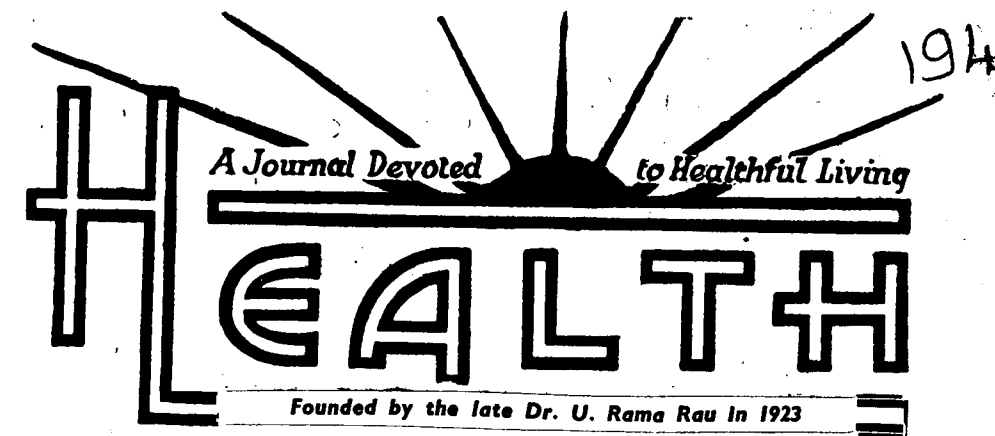
Not all types of deafness are amenable to operation. Deafness which is produced by diseases involving the outer ear channel, the drum and the small-bones of the middle ear is called "conductive", or "middle ear" deafness, because the pathway for the transmission of sound waves to the inner ear is impeded. That which results from disease or injury of the inner ear (the cochlea) is named "nerve" deafness because the cochlea contains the endings of the nerve of hearing. Unfortunately, there is no known method of restoring these damaged nerve endings by operation so that surgery can only be of use in some cases of conductive deafness.

In recent years surgeons have approached the problem of operative treatment of conductive deafness in two ways: The first

concerns the conservation of hearing following aural infections; the second is the use of newly developed operations in the treatment of deafness resulting from nonsuppurative middle ear diseases.

Conservation of hearing after aural infection:—With the advent of chemotherapy and the antibiotics, the need for urgent life-saving operations has passed. The widespread use of these preparations has led to a "masked" form of mastoiditis, characterized by a continuance of the aural discharge and deafness. Operative intervention in these cases leads to eradication of the inflammatory process before chronic changes ensue. The drum and middle ear are therefore not permanently endangered and the hearing returns to normal in the majority of patients.

However, when chronic disease has established itself surgical removal of the drum and middle ear bones is needed with the inevitable outcome of permanent deafness in the operated ear. Nowadays the importance of retaining some degree of hearing is more generally recognized, and whenever possible a less radical mastoid operation is performed, conserving as much of the middle ear as possible. This involves the use of a microscope whilst operating, the magnification permitting the surgeon to



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Vol. 36

APRIL, 1958

No. 4

PROMOTION OF HEALTH

(Rural Medical Relief)

INDIA's health problems, especially in the rural areas where over eighty per cent of the people live are indeed formidable. The annual morbidity rate from malaria till recently, was estimated to be nearly a hundred million cases, with a mortality of over a million per year. Tuberculosis accounts for nearly five million cases and half a million deaths. Other major diseases, like diarrhoea and dysentery claim a large toll of precious lives. There has been a persistent cry for more medical aid in rural areas which has, however, not been satisfied for "lack of qualified medical men."

Sri Dr. D. V. VENKAPPA, President of the Indian Medical Association, speaking recently at a gathering of the members

of the Madras City branch of that Association expressed the view, however, that there was no dearth of medical men and called upon the State Government to make proper use of the personnel available in plenty, for service in rural areas. Shri Dr. U. KRISHNA RAU who presided over the function referring to the dearth of medical officers in rural areas stated that it was mostly due to the fact that they were not properly paid and their living conditions were not made comfortable or attractive. Dr. ALAGIASINGARI NAIDU, the newly elected President of the City branch of the I.M.A., said that there was an overcrowding of doctors in the cities resulting in acute competition amongst them. He pleaded for a better understanding and co-operation

determine with accuracy exactly which structures are involved.

Recently, Professor Zollner of Germany has developed a surgical technique for restoring the hearing of patients who have suffered from destruction of the drum and middle ear as a result of chronic infection. This involves the performance of a plastic operation on the ear, using the patients' own skin to graft the defect. Although it is too early to form a final opinion as to its ultimate value, the immediate results are good, and this operation holds out a promise of improved hearing for many thousands of patients who would formerly have been outside the realm of surgical aid.

The fenestration operation:—This procedure is carried out for a type of middle-ear deafness known as *otosclerosis*. The cause of this condition is unknown, but the changes which take place in the ear have been studied extensively. For the normal transmission of sound to the inner ear, the chain of bones which stretches from the drum to the internal ear must be intact and freely mobile. The innermost of these three bones (the *stapes*) moves in and out of a window in the inner ear producing changes of pressure in the fluids of the cochlea in response to sound stimulation. In *otosclerosis* the free movement is prevented because new bone has been laid down around the window so that it becomes fixed. In consequence, the sound is not heard because little or no movement is transferred to the

internal ear; deafness results. The aim of surgical treatment is to make a new window in the wall separating the middle and inner ears, so that the fixed *stapes* is by-passed, the drum and a portion of skin from the outer ear being placed over this fresh opening. Vibration of the drum is now transferred directly to the internal ear which is thereby stimulated, the patient hearing again. The main difficulty is that the opening which has to be made is very minute, and magnification has to be employed to ensure that no damage is done to the very delicate inner ear membranes. Unfortunately, in a proportion of cases the new fenestra closes again owing to bone regeneration, but over fifty per cent of patients who have this operation maintain their improved hearing. Selection of cases for fenestration is necessary, as advanced cases, and those with associated nerve deafness, are unsuitable.

Other operations:—Another surgical operation—mobilization of the *stapes*—has been advocated recently for *otosclerotic* deafness by Dr. S. Rosen. This minor procedure, necessitating a stay in hospital of only one day, is performed under local anaesthesia through a small incision in the depths of the outer ear passage. The drum is freed from its attachments and turned upwards so as to expose the middle ear. Pressure is carefully applied to the *stapes* to free it by breaking down the adhesions formed around the

joint. The hearing returns immediately if the mobilization is successful but whether this improvement will be maintained is still uncertain. Time alone will tell whether this operation will supersede fenestration, for it is still in the early stages of trial.

Attempts have been made to help certain types of nerve deafness surgically, with somewhat uncertain results, and this work must be regarded as being in the experimental stage. The late Mr. Garnett Passe of London attempted to improve the hearing by the injection of a local anaesthetic into a nerve ganglion in the neck, which sends

nerve fibres to the blood vessels of the ear. When these are paralyzed an increased blood flow is obtained, and sometimes improved hearing results. When this is so, an operation to remove the nerve ganglion and produce permanent vasodilation may be undertaken, but it must be emphasized that this is not as yet accepted as an established procedure.

Conclusion.—The fenestration operation has established itself as a form of treatment for *otosclerosis* but it stands at the cross roads as the newer operation of mobilization of the *stapes* may ultimately displace it, if it is proved that it can give as high a percentage of permanent cures.—(*Health Horizon*, Winter, 1957).

A Challenge to "Drink More Milk" Campaign

At a lecture given at the Royal Society of Arts and reported in the *Lancet*, for 15-3-1958, Mr. N. W. Pirie stated "Our choice is still restricted unreasonably by the whims and limitations of primitive man." He pointed out also that in using animals to convert vegetables into animal food we stand to lose in quantity while half the world is underfed and the population goes on increasing." The idea that animal foods give us more protein and more fat in our diet may have more serious repercussions in our systems than is generally realized. A correspondent from New Zealand sends us interesting cuttings of opinions in that country where the consumption of rich foods, so called, is very high. At Wellington (N-2) a spokesman from the British Medical Association said "Animal fat in normal diet is a killer to people who are obese, over-worked or are under considerable strain. Many are injuring themselves by excessive consumption of butter, bacon, or cream." From the same source come reports of an attack on the excessive use of milk, this time by three New Zealand practitioners. They complain that the authorities there, having stimulated the over-production of milk, are now, without thinking of the consequences, using every means of communication to persuade people to "drink more milk." Such over-consumption of milk is positively harmful, say the doctors, and they list a number of complaints that they consider to be directly related to the habit. They attribute many of the complaints of childhood—the coughs, colds, enlarged tonsils and adenoids, catarrhal affections of the chest and so on, to the free drinking of milk, and protest against the practice in schools of feeding milk to children between meals. They point out that many of these complaints are on the increase, and call for an investigation into the "drink more milk" campaign.

They have issued a direct challenge to the authorities: "The pressure of producer-groups, politicians, and the Department of Health, by daily advertising, publicity, posters and campaigns, to go on forcing cow's milk down the throats of our infants and adolescents is perpetuating a proven scientific evil."—(*Health For All*, May 1958).

RELAX AND BE ILL!

Dr. HARLEY WILLIAMS, O.B.E., M.D., London

EVERYONE has had actual experience of illness seeming to fall out of the sky. Today, someone is fit—yet tomorrow, he is in hospital. At this point we start to look backwards. Was he so very fit after all? Were there not some odd symptoms, feelings of tiredness, malaise, etc.? What we seek, we generally find. Yes, there *were* slight symptoms which—had the patient been more observant—might not have been overlooked. It is easy to be wise after the event, and preventive medicine, alas, often begins too late.

There is, however, one curious fact in such a train of circumstances. Sudden health emergencies seem to arise at a moment which is contrary to all the rules. We take ill when we ought to be at our very best, as for instance, arriving home from holiday—feeling wonderfully fit. Or, to give the very opposite, when we reach, with supreme relief, the end of prolonged strain. At last, we say, I have time to sit back, I may take it easy, I shall “relax”. This is the moment of the sudden attack.

We human beings are capable of amazing feats of endurance. A wife nurses an invalid husband for months, without help or encouragement, and seemingly none the worse—until the strain is past. Now, she says I can relax and really look after myself a little. At that inauspicious word “relax” her health breaks down. Does this mean that only when the strain is

lessened does the real nature of the strain become clear?

There is a proverb, “*Fear and be slain*”. To this bit of traditional wisdom we may add the phrase at the top of this article “*Relax and be ill.*”

Does it mean then we can never relax? Certainly not. Periodical relaxation, throughout the day, the week, and the year, is essential to good health, though relaxation is something which we may find hard to achieve.

The greater danger seems to be in overstretching the spring. While we are forced to make an effort—for ourselves, for a cause, or for a beloved one—we can exhaust our reserves.

Each organ has ten times as much tissues as we need. We may not be able—like the serpent—grow a new skin. But we can afford to lose a kidney, or a lung. When our country was at war, the general level of health was remarkably good. When peace returned, neurosis came back too. Once the need for strenuous effort goes, there begins the danger period for illness. It is paradoxical, but true. We have leisure to be ill once more! These words *relax and be ill* ought to be a major chord in *preventive medicine*.

With large members of people, perhaps, the idea cannot really be applied at all—only in the sphere of individual health. More knowledge, more research, is needed. A famous man of 62

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goes to his doctor to put a vital question. “They have offered me an embassy. Can my health stand the strain? The doctor goes over his heart, blood-pressure, nervous system. All the time he is saying, this man seems healthy. But can he relax—with safety? Unless he can relax, he will never be a good ambassador. Perhaps the testing moment will be when he gives up office, and comes home. Sudden unaccustomed relaxation is the reason why many a good man breaks up when he retires from business.

All of us—not only potential ambassadors—have to put that question occasionally to ourselves, and preventive medicine in

the ordinary sense does not help us. We need highly individual medicine.

Yet there is value in wisdom. And wisdom is still the best preventive of ill-health we know. Personal insight into the working of the body can forestall many a breakdown.

The wisdom embodied in that phrase “relax and be ill” ought to be a precious possession. Use the elastic qualities of your constitution with care. Learn to relax; yes—but don’t let the elastic leap back too quickly. Watch it, or it will perish in that too rapid return, more surely than it would ever snap in the stretching.—(Editorial, *Health Horizon*, 1: 28, 1957).

Spice and Life

The allurements that women hold out to men is precisely the allurements that Cape Hatteras holds out to sailors: they are enormously dangerous and hence enormously fascinating. To the average man, doomed to some banal drudgery all his life long, they offer the only grand hazard that he ever encounters. Take them away and his existence would be as flat and secure as that of a moo-cow. Even to the unusual man, the adventurous man, the imaginative and romantic man, they offer the adventure of adventures. Civilization tends to dilute and cheapen all other hazards, but civilization has not made women a bit more safe than they were in Solomon’s time; they are still inordinately menacing, and hence inordinately provocative, and hence inordinately charming.

The most disgusting cad in the world is the man who, on grounds of decorum and morality, avoids the game of love. He is one who puts his own ease and security above the most laudable of philanthropies. Women have a hard time of it in this world. They are oppressed by man-made laws, man-made social custom, masculine egoism, the delusion of masculine superiority. Their one comfort is the assurance that, even though it may be impossible to prevail against man, it is always possible to enslave and torture man. This feeling is fostered when one makes love to them. One need not be a great beau, a seductive catch, to do it effectively. Any man is better than none. To shrink from giving so much happiness at such small expense, to evade the business on the ground that it has hazards—this is the act of a puling and tacky fellow.—(H. L. Mencken in *Reader’s Digest*, June 1957).

The Hungarian Institute of Alimentation Research recommended Tokay wine for colds and similar infections on the theory that it contains penicillin.

Why Can't I have A Baby?

HERE'S a sad, perhaps surprising truth: to one wife out of every eight in Britain today, a baby seems to be something out of reach.

"We are fond of children and I can't have one," a young wife accused of taking away another woman's baby is alleged to have said to the police. How poignantly those words spotlight the tragedy of countless homes today.

Perhaps the most hopeful feature is that the couples themselves are co-operating much more freely in research into the problem. The tendency is for more and more childless couples to tell their troubles to the family doctor, who in turn recommends them to a clinic attached to a hospital or to one run by the Family Planning Association, which has 241 clinics in Britain where, for a moderate fee, tests are made in an effort to trace the cause of each individual couple's childlessness. Very often the cause is a slight one which can be rectified. It is estimated that, of the 1,000,000 childless couples in Britain, at least 250,000 of them could—if they sought medical advice, be helped to have a family.

An American gynaecologist Mr. I. C. Rubin, and an English gynaecologist, Mr. Elliot Philipp, working with other gynaeco-

logists and obstetricians have produced a booklet on the subject of '*Childless Marriage*' to be published by the British Medical Association, in which they say that wives who see no sign of a longed-for baby on the horizon would be well advised to seek medical help in the following circumstances:—

Under the age of 22: after three years of marriage. *Between the ages of 22 and 27*: after two years of marriage. *Over the age of 30*: after a year in which there are no signs of a baby.

And what you should do then is to call at your doctor's surgery and have a heart-to-heart chat with him. He will send you either to a specialist or to your nearest clinic.

There may be emotional factors involved, producing some psychological tension. Hidden anxieties and fears can interfere with the reproductive process by upsetting the glandular balance. Mr. Rubin and Mr. Philipp firmly believe that the strains and stresses of modern living have something to do with it. A lack of oestrogen—a female hormone—can be another cause of a woman's failure to produce a child. Or there may be other physical conditions which, once detected, can usually be dealt with satisfactorily.

If a marriage has lasted two or three years without producing a baby—and a baby has been wanted all along—advice should be promptly sought.—(*The Star*, London).

The HANDING-ON of HUMAN LIFE

S. B. WHITEHEAD, D.Sc.

ONE of the fundamental facts that distinguishes animate entities from the inanimate is the faculty of reproduction. This faculty or power stems from the physiology of living organisms which are made up of cells. These cells are constantly dividing and giving rise to new cells. The cells differ according to their function, and when a living organism reproduces itself, it forms cells of a special kind for the purpose.

In the simplest forms of life, particularly among unicellular organisms like the amoeba, reproduction is achieved by a process of cell division into two. As we trace reproduction in the higher forms of life, the process becomes more complicated. In the more highly organized plants and animals, special cells are formed into special organs whose function it is to produce cells which are capable of making separate entities apart from the parent organisms.

In human beings the process of reproduction reaches its highest stage of development, but has not yet been fully understood. In common with most animals, human reproduction depends on the union of two distinct and unique half-cells, one from the male parent and the other from the female. To make these half-cells, human beings are given special organs formed from what is termed the germinal epithelium.

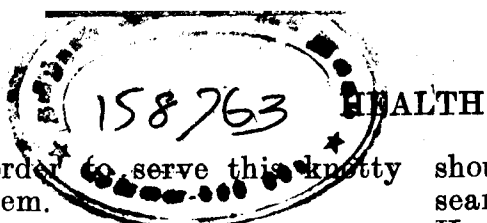
Human beings are born immature and uncompleted. They

spend several years growing up, during which their organs of reproduction are developed, until adolescence, when their increasing activity brings about the bodily changes that make boys into men and girls into women. Hitherto, the differences between boys and girls have been rather slight, but from about the age of twelve in girls and fourteen in boys, changes take place that make sexes markedly different.

At the end of the adolescent period, their bodies are mature, and the organs that make it possible for them to form the special cells by which human life is handed on, are formed. These organs are termed the sexual organs, and while they are largely developed externally in a man, they are developed internally in a woman. It is significant that in each sex, the organs are placed in the part of the body, the pubic region, where they are most secure from injury.

Male reproductive system.—In a man, the centre of the reproductive system is the testes, a pair of ovoid glandular organs which are suspended by spermatic cords within a loosely folded skin bag, termed the scrotum. Within, the testes consist largely of finely coiled and closed packed tubes—the seminiferous tubes—carrying out the highly-complex process of cell-division by which the male germ-cells or gametes, often called spermatozoa or sperm are made.

Life is like a bank account, you get back only what you put in. Experience is the interest you get.—(*Reformatory Pillar*).



in order to serve this knotty problem.

On the question of encouragement to the Ayurvedic and other indigenous systems of medicine, the Indian Medical Association is of the opinion that these systems should only form subjects for postgraduate study in Medical Colleges teaching modern medicine with special Chairs endowed for the different systems.

The Union Health Minister, Sri D. P. KARMARKAR, stated in the Lok Sabha on the 25th February that the Central Government's policy was to encourage Ayurveda and other indigenous systems of medicine by providing funds for research in institutions and by assisting the growth of such institutions for research. He, however, regretted that adequate response had not been forthcoming. The Central Council of Health, after considering the recommendations of the Dave Committee had come to the conclusion that under the existing conditions it was not possible to lay down a uniform policy for all States in regard to the development of indigenous systems of medicine, and so recommended to the States to take such steps as they considered practicable and desirable for their development. The Council had also recommended that the Union Government

should actively encourage research in Ayurveda, Unani and Homœopathy and other indigenous systems.

Speaking at Hyderabad on the 2nd March 1958 at the third annual session of the All India Prakrit Chikitsa Parishad (Nature Cure Conference), Mr. KARMARKAR reiterated that the best use will be made of whatever resources can be mustered for the well-being of the people and stated that the Government of India was deeply interested in any organized and rational method irrespective of its label, which is of proved value and has the potentialities of adding to the health status of the people of India.

While sharing this opinion of the Union Health Minister, we would point out that the benefits of any system or discipline should be utilized to reinforce the practice of medicine, more particularly in affording the much-needed relief to the rural population; at the same time we cannot help feeling that the tendency to consider any system as a self-contained, perfect or independent discipline, with a ready solution to every problem, should be sternly resisted, and that a really co-operative, tolerant and humanitarian approach be adopted and followed by all concerned.

Leukæmia (Cancer of the Blood)

New drugs and techniques have increased the life-expectancy of chronic leukæmia victims by threefold, and scientists have hopes that a cure for the disease may soon be discovered. But meanwhile anyone who claims to be able to cure leukæmia "is either a quack or a fool," said Dr. John W., Devore of Oklahoma City before the Oklahoma Medical Association.—(*Today's Health*).

COATED TONGUE

(Does it mean anything?)

SHIRLEY MOTTER LINDE

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"STICK out your tongue!" For hundreds of years doctors and parents have said that, then peered intently at the tongue to see whether it had a coat or not. If it did, the child was supposed to have an upset stomach or intestinal troubles.

But does the tongue really tell the truth? Can it really act as a medical detective to tell when there is mysterious trouble down in the stomach and intestines?

For thousands of years people believed that the tongue showed the state of a person's health. Many of the medical textbooks said so, too. But more recently some doctors began wondering whether a furry tongue is really significant.

Two British doctors decided to find out the truth. They did their studies separately, but at almost the same time, and both reported their results in the *British Medical Journal*.

Dr. B. Gans studied 750 London children ranging in age from two weeks to 14 years. Dr. I. S. L. Loudon collected information on 700 patients in his general practice, including adults as well as children.

They carefully noted whether the tongue had a furry coat or not and then gave each patient a physical examination to check for conditions that might be related to the furriness.

Here is what they found about the tale of the coated tongue:—

The tongue just isn't as good for diagnosis as people thought it was. It has nothing to do with the state of the stomach or the intestines. To be more specific, they reported it had nothing to do with constipation, peptic ulcers, poor appetite, upset stomach, diarrhoea, indigestion or too much to eat or drink the night before.

In fact, Dr. Loudon said, "Some people may always have furred tongues, even though they are perfectly healthy."

Apparently from the results, if and when the furry tongue is related to anything, it is due to smoking, infection of the mouth or respiratory tract or to a fever.

For example, of the normal healthy people who had come to the doctor for just a cut finger or sprained ankle, about one out of 20 of the non-smokers had furry tongues. About one out of five of the moderate smokers had them, and one out of two of the heavy smokers.

The thing that most commonly produced a coated tongue, and often with a thick fur, was inflamed tonsils. Other infections of the respiratory tract and mouth that caused a furry tongue were the common cold, sinus trouble, inflammation of the middle ear, bronchitis, pleurisy, pneumonia, influenza and mouth ulcers. A fever can also cause a coating on the tongue.

But these conditions have so many obvious signs of sneezing, pain, increased temperature and coughing that you don't have to

Although microscopic, each spermatozoon is separate, and not unlike a tadpole, with a head, a smaller middle piece and an actively moving tail by which it can propel itself through the glandular fluid in which it lives. The testes produce their spermatozoa by the million, and as many as 300 million may be released at a time.

When required for reproductive purposes, the spermatozoa stream through a network of tubes, the *rete testis*, leading from one side of the testis, into ducts that unite to form one single tube, the epididymal canal. Both the epididymal canal and the testis are enclosed in tough protective capsules. Leaving the coiled ducts of the epididymal canal, the spermatozoa enter a thickish, muscular channel, the *vas deferens*, which climbs up, along with the arteries and veins and nerves serving the testes and scrotum, by the spermatic cord into the abdomen.

The *vas deferens* carries the spermatozoa round by the side of the bladder, and through the accessory sexual glands, known as the seminal vesicles and the two ducts—one from each testis unite in one ejaculatory duct.

In their journey, the spermatozoa swim in a fluid to which the accessory sexual glands supply secretions; the whole is known as semen.

Female reproductive system.—In a woman, her reproductive centre is the ovaries, two oval bodies situated near the side wall of the pelvic girdle. They

consist of fibrous tissue, plentifully supplied with blood vessels, lymphatics, and nerves, with an outer tough, skin-like covering. In each ovary there are special germinal cells, known as the Graafian follicles, where the female gametes or ova (egg-cells) are prepared. A woman may have as many as 60,000 Graafian follicles at birth, though not all of them mature.

When sexually mature, the Graafian follicles become capable of preparing the ova. Roughly every month a follicle matures, and as it ripens, it moves to the surface of the ovary, ruptures, and liberates an ovum. Afterwards the cells lining the ruptured follicle increase and form yellow masses, known as a corpus luteum.

The ejected ovum is a spherical cell, a minute speck just visible to the keen eye, and is liberated into a passage, a Fallopian tube. The Fallopian tubes, one from each ovary, are ducts of muscle tissue, lined with fine hairs (cilia), and four to five inches long. They connect with a hollow, and very muscular organ known as the *uterus*, into which the cilia brush the ovum as it descends each month.

The uterus itself is shaped somewhat like a flattened funnel, being about two inches wide at the top, three inches deep, narrowing to a neck or cervix which projects into the female genital passage or vagina, which extends to the surface of the body.

Almost at the mouth of the vagina are two secondary sexual

glands, the Bartholin glands, which secrete a strongly acid secretion that is bactericidal and protects the internal organs from possible infections.

Each month as an ovum is prepared, a woman's body also prepares for the possible eventuation that the ovum may be fertilized, in which case it would develop into a baby within her body. In preparation, a complex cycle of physiological changes takes place, chiefly in the uterus. This organ is lined with an inner skin, well supplied with blood vessels and glands, known as the *endometrium*.

In anticipation of possible pregnancy, the endometrium enlarges and becomes engorged with glandular secretions and blood. When pregnancy does not take place, the endometrium breaks down and the gathered blood is slowly leaked, and finds its way with cast-off skin cells and other wastes as a discharge, known as the menstrual flow, which passes from the body over a few days each month.

Vital germ cells.—Although a woman normally produces only one gamete at a time, and a man millions, there is some similarity between the two cells.

Every cell of which the human body is composed contains a nucleus. In every nucleus there are some tiny threads, known as chromosomes, and on the chromosomes are strung, like beads, the hereditary characters which we know as *genes*. These genes govern the physical characteristics of the individual. In normal cells, there are twenty-

four pairs of thread-like chromosomes, forty-eight in all.

In the reproductive cells there are only twenty-four chromosomes. When a male spermatozoon unites with a female ovum, their chromosomes pair together, and form a complete living cell that can divide and grow into a new individual, inheriting half the genetical characters passed on by one parent, and half by the other.

This union of male and female cells is brought about by spermatozoa being placed on or near the cervix at an appropriate time, in the sexual act or coitus. The spermatozoa then traverse the cervical passage and the inside of the uterus to reach the Fallopian tubes and find the ovum. The spermatozoon—there is only one—that fuses with the ovum, is absorbed, and its nucleus unites with the nucleus of the ovum, and the fertilized cell (oosperm) then divides, and implants itself into the lining of the uterus where further nutrition is already arranged.

A new life is thus conceived and on its way.

Undoubtedly, its inheritance will depend much upon what the father and mother have to give. Nature herself contributes a sublime ecstasy to the act of giving, but the conception of a human child should be something more than a gift of biological impulse.

Only when it is attended by the understanding and grace of love, and with full mental and spiritual awareness, can it be said that the sacred flame of life has been nobly handed on.—(Good Health, London, February 1958).

All About TEETHING in CHILDREN

"Cutting teeth is often troublesome and can mean a few disturbed nights, but all will be well, once the tooth is actually through".....says :

P. MACARTHUR, M.D., F.R.F.P.S., D.C.H. of London

ALTHOUGH teething is a normal and necessary process, it does not occur without some troublesome side-effects. And these effects are due to the irritation and inflammation of the gum as the tooth approaches the surface. They disappear, as if by magic, when the tooth is through.

The teething baby is often cross and fretful, crying frequently, biting his fists, pressing his teeth together or rubbing his sore gums. He dribbles a lot, refuses food, and is restless and sleepless at nights. These are the true signs of teething and they may lead to digestive upsets, with occasional vomiting and loose stools. He may stop putting on weight temporarily, and may also have a slight rise in temperature.

The gum over the erupting tooth is often swollen and red and, shortly before the tooth appears, it may have a dusky blue, tense, glistening appearance. The swollen gum should never be cut as this may allow germs to enter and increase the pain and inflammation. What was called lancing the gum used to be done years ago, but it never was a good idea. And it is certainly never done now-a-days.

[Note:—In Indian households, when an infant is late in cutting his first teeth, and they are delayed in coming out, the gum over the tooth is usually scarified with the sharp tip of a grain

of paddy, just enough to cut the flesh through.—Ed. HEALTH].

High fever, croup, convulsions or severe diarrhoea are never due to teething. So do not postpone seeking your doctor's advice on the assumption that these signs are due to cutting teeth. They are not.

Teething powders and jellies have probably been the direct cause of much needless poisoning of children in the past. A quarter of an aspirin repeated once or twice if necessary, is very effective for a baby between six and eighteen months old who is having trouble cutting his teeth.

Biting a hard object seems to bring some relief. A soft dummy teat is useless. A bone ring is much better, and a *hard rusk* is probably best of all. You can throw it away as soon as it has dropped on the floor, so it is usually cleaner than a bone ring.

A baby's teeth will give far less trouble if they grow strong and healthy within the jaw before they come through. This stage of development takes place before birth and is dependent on the quality of the mother's diet during the latter part of her pregnancy.

Biting teeth first.—The milk teeth are then cut in three groups, rather than one after another. First come the biting teeth, the eight incisors, and

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then there is a quiet period of a month or two before the next group comes through. These are the eight chewing teeth, the canines and premolars. Again after a peaceful interlude of a few weeks or months the four grinding teeth, the molars, are cut. During the three periods of active eruption the signs of teething are present in greater or lesser degree while, in between, baby shows no sign of discomfort.

Just when baby should cut his first tooth is of no consequence at all. It may be any time from two or three months to twelve or fourteen months and still be perfectly normal. What is important is that the teeth should come through in the order that I have described. That is, first *biters*, then *chewers*, and lastly *grinders*. If the sequence is disturbed then you should take your baby to a dentist in case any irregularity of the smooth arch of the jaw develops.

The process of cutting the twenty milk teeth takes about eighteen months to complete. If your baby begins at two months he will have finished by twenty months. But if he begins at twelve months he will finish at thirty months. In either case

he is normal. These milk teeth must be carefully guarded not only for their own sake as tools for biting and chewing, but also because they play a most important part in spacing the permanent teeth which come later.

The simple measures that I have described can be taken by any mother to promote the comfort and health of her baby. There are other steps which may be taken through Government action to ensure the development of healthy teeth. Most prominent among these is an experiment which is being conducted through several local authorities at present. Minute traces of a mineral called fluoride are added to the water supply and it is believed that this will encourage strong, hard teeth, free from cavities, without harming the other parts of the body. It will be a few years, however, before final decisions on this are reached.

In the meantime, parents who follow the well-established principles that have been outlined can expect a large measure of success. And if they invest the money saved on teething powders, gripe water and dummy teats on a premium bond, so much the better.—(*Family Doctor*, March 1958).

Stop and Stretch

On a long automobile trip, or even by train or plane, it's a good idea to stretch your legs or take a short walk every hour or so, advises Dr. John G. Bielawski, Medical Director of the Michigan Heart Association. "Blood can 'pool' in the legs during such inactivity, and blood clots may form, break loose and shut off circulation to the lung. Auto-drivers are most vulnerable because they sit still and don't move their legs even as much as passengers," he said in a speech at Henry Ford Hospital.—(*Today's Health*).

DENTAL HEALTH

H. I. L. PHILLIPS, L.D.C., R.C.S. (Eng.),

I. Preventive Dentistry

DENTAL education or "preventive dentistry" should begin with the expectant and nursing mother. Undoubtedly, educational work at that point is the most valuable of all and it should become routine for a dental surgeon to spend some time explaining as simply as possible such matters as tooth development, diet and the importance of oral hygiene.

From the mother's point of view, the months before the baby is born are the important ones with regard to the formation of the enamel surfaces of the milk teeth, considering that the calcification of the crowns of the latter commence and that with the exception of the canines and second milk molars, they are almost completed at birth. It is during this period that general health and diet exert a great influence, and extra care is needed. As her own teeth are prone to damage during this stage, the value of oral hygiene cannot be over-stressed.

Hereditary factors will not alter entirely in one generation, but when we consider the matter of susceptibility (whether this be physical, chemical or a combination of both), improvement of the dentition of the unborn child over that of its parents should be possible through the mother's attention to her own health and fitness.

The child.—During the first six years of a child's life the

calcification of most of the permanent teeth would have begun. This is an important period during which the child's health and vitality will have an influence over the development of his teeth. Therefore, it is during these early years that an adequate diet, supplemented by the vitamins and if necessary certain minerals, should be given to the child. Again, the importance of a clean mouth should be well taught. Although in a healthy child the mouth appears to be self-cleansing, there is almost always room for improvement. Most children at some time suffer from the effect of specific fevers such as measles, and lapses in oral hygiene must be expected; but it seems to be the rule that the basically healthy child, well-exercised in the way of cleansing his teeth, will come off best dentally in the long run. Finally the value of frequent dental inspections must be remembered in order to deal with any abnormality at the earliest possible moment.

All these points—dietary, oral hygiene, regular inspections—are what is termed *Preventive Dentistry*. To bring this into full practice requires not only the co-operation of the patient but the skill and care of the dental surgeon and the enlightenment and instruction through him of the patient. A little knowledge such as this would help to lessen the burdens of

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dentistry on the patient and dentist alike. The fruits of dental education have not yet been fully developed, much less been gathered, but the future holds promise in view of the better understanding possessed by us all.—(*Mother and Child*, Feb. 1958).

(To be continued).

CHILD TRAINING

Children Need the Masculine Touch

ELIZABETH B. JURLOCK, Ph.D.

I

BOTH boys and girls need masculine influence in their lives, both inside and outside the home. Until they reach high school, most of their teachers are women. Boys may have the benefit of masculine influence from a Scout master, recreational leader or Sunday school teacher, but most girls are deprived of this.

In early years of life, when the foundations of attitudes and behaviour are being laid, children of both sexes are under "petticoat rule." These foundations come partly from direct teaching and partly from imitation of the attitudes and behaviour of the person with whom the child identifies himself. As a result of predominantly feminine associations, children learn to look at life through feminine eyes, to feel about people and things as women feel and to behave according to patterns approved by women.

While this may be good *within limits*, for girls, it is far from desirable for boys. A co-educational school is not the proper place to give children these learning experiences, since stu-

dents have not lived long enough to have the insight and knowledge of an adult. Children need adult associations, not with women alone but with men and women.

Bringing men into a child's life is not easy, but it can be done with careful planning. Here are some suggestions:—

1. Encourage the father to spend some time *alone* with the children, doing things together and talking about things that enable him to show the masculine view-point. When the mother is present, he is likely to spend his time talking to her instead of to the children.

2. Encourage the father to be on his good behaviour when the children are around, to set a good example for them and show them the favourable side of the masculine character. Many boys get the idea that they can expect to be waited on, by their "women folks" and can be as grumpy and disagreeable as they please at home, because that's the model they see and many a girl develops an aggressive attitude toward men because she

decides "I won't let any man treat me that way."

3. Let the conversation, when the family is together at meals or in the car, include what the world expects of men and women and why certain men and women are popular and happy. Encourage the father to give the masculine point of view. If the discussion is kept within the child's comprehension, it will help him to understand the two sexes better.

4. Encourage boys and girls to read books and articles in newspapers and magazines about outstanding men. Heroes of myth and history may be more glamorous but they are often too remote from a child's experience to have real influence on his life. Men of today, on the other hand, become real to a child, and from stories about them, he assimilates attitudes and values that will help him form a realistic concept of men.

5. Provide opportunities for both boys and girls to be with male relatives and guests in the home. Often, the women monopolize the children's time and attention, and unwittingly

deprive them of the opportunity to be with men.

6. Provide opportunities for the children to meet men in the neighbourhood, in stores, at Sunday school or in recreational groups. Childish attention is flattering to most men and they respond to it by showing their best side.

7. Let the child visit relatives or friends for meals or overnight stays with a word to be especially nice to Grandfather, or Uncle Joe, or Mr. Smith so that they will not spend all of their time with the women.

8. All boys, at some period of growing-up, should go to a boys' camp even if only for a week. Working and playing almost exclusively with men and boys will go a long way toward counteracting some of the influences of a too feminine world during the rest of the year. In selecting a camp for a girl, make sure that some of the counsellors are men, thus giving her the experience of a two-sex environment away from home.—(*Today's Health*, Chicago).

Food Values

Whole-wheat bread compared with white bread, contains 400 per cent more iron; 600 per cent more thiamine; 250 per cent more niacin; 47 per cent more calcium; 200 per cent more phosphorus; 21 per cent more protein.—(*Good Health*, Feb. 1958).

All in a Day's Work

In the average adult living a normally active life, the following happens every twentyfour hours: the heart beats 103,689 times; the blood travels 158 million miles through the veins; 23,040 breaths are taken; 438 cubic feet of air inhaled; 2½ lb. of food eaten; 4,800 words spoken; 6 pints of liquid drunk.—(*Hospital Management*).

SERENDIPITY

or

Happy Accidents in Medicine

VAN Leeuwenhoek focuses a magnifying glass on a drop of water instead of a fly's leg—and out of his hobby grows the science of bacteriology. Pasteur unintentionally inoculates chickens with a stale cholera culture—and a new kind of preventive medicine is born. Fleming leaves a Petri dish uncovered—and the penicillin-age begins.

These are just a few of medicine's many "happy accidents." The more precise word is "Serendipity": finding a good thing unexpectedly while searching for something else. But can such discoveries really be attributed to luck? It took a burning curiosity to seek the nature of those swarms of "bugs" swimming in the drop of water under a Dutch microscope. It took years of evaluation-experience to find out why the inoculated hens of France not only survived but became immune. It took an acquired perspicacity to understand what was happening to bacteria in the moldy Petri dish of an English laboratory.

People little realize the imposing influence of serendipity upon doctors and their patients. Serendipity is not confined to the research branch of medicine. It pops up when an alert practitioner detects a cancer at a curable stage in a patient who comes in for a vaccination. It shows itself when the keen eye

of a surgeon recognizes a serious internal malfunction in the course of an unrelated minor operation and he is later able to correct it.

Whether it occurs in medical research or in medical practice, serendipity must have a substantial part of its mechanism embedded in the physician's total education. Is his little-boy-curiosity cultivated into a permanent intellectual asset, or is it submerged in a welter of not-to-be-questioned fact and "knowledge?" Does he regard evaluative observation as a challenging pyramid toward proficiency or as silly child's play? Is he praised for his imaginativeness or damned for his "dreaming non-conformity?"

At a time when this country (U.S.A.) has newly embarked on an unprecedented mobilization of scientific brain-power, these are vital questions. The answers may set a pace for future progress in the practice of medicine and also in the basic sciences, such as *nucleonics*. In the answers, mankind tomorrow may be able to determine whether serendipity must remain a mysterious and unalterable phenomenon, a gift to some and not to others, or whether it can be fathomed, induced, and accelerated and perhaps transformed into a vast tappable human resource.—(*J.A.M.A.*, Editorial, 21st Dec. 1957).

TRAVEL WITHOUT TROUBLE

“WE’RE going away for a holiday this year, but I’m dreading the journey,” my caller said. “I’m such a bad traveller and so is my small daughter. I thought perhaps you could give us something to take to prevent travel sickness.”

“I can suggest quite a number of drugs which help,” I replied.

“Drugs?” she queried. “I don’t really want to take drugs. A friend of mine must have taken some kind of drug last year. She and her husband went on a day trip to the sea, and when she got there all she wanted to do was sleep.....”

I nodded. “That’s the trouble with some of the anti-sickness remedies. They make people too drowsy. It doesn’t matter much on a long journey, but nobody wants to be doped for a day’s outing. There are others, however, which don’t have this effect.”

“Are they drugs, too?”

“In a sense. But taken correctly they are quite harmless. The only snag is they aren’t one hundred per cent effective for everybody. It is sometimes a matter of trial-and-error to find the right one.”

“Oh,” she said disappointedly. “We can’t go travelling round the country in the next couple of weeks just to find out, can we?”

“Of course you can’t,” I agreed. “But you can double the usefulness of whatever remedy you decide on if you

take other sensible precautions as well.”

“What do you mean by that?”

“Avoid fatty foods for a few days before you travel—especially where your little girl is concerned, and take lots of glucose. Guard against constipation and over-tiredness. Don’t leave the packing to the last minute, and then panic over it. Try to arrange a calm, orderly get-away instead of a mad scramble.

“On the journey itself glucose drinks are better than milk ones. Dry biscuits and glucose sweets are better than chocolate and cake. Some people can manage a normal meal, others are better off without food. If you are in a car, sit in front if you can.

“If you go by train, face the engine, and don’t attempt to walk about in the corridor. Keep the window down a bit too—if the other passengers will let you.

“Most important of all”, I went on, “don’t get the idea that you’re going to be a martyr to travel-sickness all your life. You’re not. It’s largely a question of getting more used to travelling.

“Don’t worry about it, and don’t keep asking your little girl if she feels all right. Keep her amused instead. It’ll help her and it’ll keep you from thinking about being sick. You will have won really half the battle.”

—(By the *Empire News Doctor*, via *World Digest*, July 1957).

SWOLLEN ANKLES

WILFRED BENSON, M.D., F.R.C.P., London

Some people can stand in a bus queue or for hours at a job without trouble. But some get these ugly-looking swollen ankles.

SWOLLEN ankles are unsightly things. At best they are annoying to the woman who takes a pride in her appearance. And at worst the legs feel uncomfortably heavy and a larger size in shoes is needed. Puffiness is caused by the accumulation of fluid in the tissue spaces beneath the skin. This is popularly known as dropsy and scientifically it is called *oedema*.

When this swelling occurs, the fluid collects in the lowest part of the body, that is, the ankles and feet unless you happen to be lying in bed and then it shows itself in the small of the back. Wherever it may be, the doctor will cheerfully press his finger hard on the swelling for a few seconds. This will produce a dent or hollow which may take as long as a minute to fill up again. If there is no hollow on pressure, then there is no *oedema*.

Main causes.—There are five common causes of puffy ankles:

(1) One of them is a failing heart which causes a waterlogging of the blood-stream.

(2) Yet another is obstruction of the veins draining the legs. For example the veins may be varicose, or they may be partly blocked by a clot of blood, that is *thrombosis*, after injury, or by inflammation, that is *phlebitis*. Or they may be blocked by pressure. Pressure on the leg veins is most often caused by an en-

larged womb, for instance during pregnancy. A fibroid or a tumour within the pelvis can cause pressure which traps the vein against the bone. One cause of pressure on a vein that is not so common nowadays is the wearing of a tight garter. This can of course be easily prevented by wearing suspenders.

If an illness or an operation forces you to have a lengthy stay in bed, there is a risk that the blood may stagnate and clot in the veins of your legs. The older you are, the greater that risk. Patients are got out of bed two or three days after a major operation to prevent this thing happening. Many lives and much ill-health are saved by this seemingly heartless procedure. If it is impossible for some reason then there will be massage or the patient will be asked to kick his or her legs about several times a day, in order to keep the blood on the move.

(3) A third cause of swollen ankles is a chemical abnormality of the blood. This is all very complicated and even doctors find it hard to understand. It happens with either the loss of protein from the body or an increase of common salt in the body. In both cases fluid leaves the smallest blood vessels and accumulates in large amounts in the surrounding tissues. Just exactly where it is not supposed to be.

The body fluids must contain a fixed amount of common salt.

IN PRAISE OF DOUBLE BEDS

"You must have a double bed," says Dr. G. K. Selborne (*Getting Married*, 1957 "Family Doctor," Tavistock Square, London. Price 1 shilling). "A good double bed can do an incredible amount to safeguard marriage. If you share a bed, then the affectionate cuddling that is the normal way of dissipating the worries and mutual irritations and argufyings of an average day, is and remains natural and spontaneous and habitual."

"If you don't share a bed, then you get out of the habit of showing the affection you feel, until eventually you cease to feel it. Affection must not only be there. It must be seen and felt to be there. If it is not shown and acted out, eventually and inevitably it dies. A good double bed neither over-stimulates your sexual desire nor blunts it."

"In a book published some years ago it was stated that 'the system of husband and wife sleeping together in the same bed is extremely unhealthy,' but there seems to be more wisdom and better psychology in a novel by D. H. Lawrence where he says: *'Sleep is still most perfect, in spite of hygienists, when it is shared with a beloved. The warmth, the security and peace of soul, the utter comfort from the touch of the other, knits the sleep so that it takes the body and soul completely in its healing.'*

Sixteen other doctors give their prescriptions for success in marriage in this booklet which newly-weds should find most instructive. As for the older hands, they could call it a refresher course.—(*World Digest*, May 1958).

The SMOKING HABITS of SCHOOL CHILDREN

In October 1957, the Norwegian National Cancer League issued a report on the smoking habits of school children. The investigating committee addressed questionnaires to 9,000 school children in different grades, supplementing the information thus obtained by interviews with other school children. The report shows that home influences had less to do with the acquirement of the smoking habit than the example of schoolmates on whom the

blame could be put, in 75% of such cases. In the case of boys, smoking had become a habit at the age of 13 in 3%, and at the age of 17 in 35%. In the case of girls, this percentage rose from 1 to 11 between the same ages. Most of the children agreed that smoking was harmful, and about half of them stated that it might cause cancer. Cancer of the lungs was responsible for 20 deaths in Norway in 1936, and 250 in 1956.—(*And still they don't stop!*)—[*J.A.M.A.*, 21-12-'57].

TRAVELS of the COFFEE BEAN

JAMES L. CREASY

Repeatedly so soothing, it has had a stirring history

YEARS before the end of the first century A.D., Kaldi, an Arabian goatherd, is supposed to have sampled the wild berries which made his goats dance and frolic in the moon-light when they should have been sleeping.

Overjoyed by his own feeling of exhilaration after eating the berries, Kaldi dashed away to tell his fellow goatherds of his discovery. Thus, according to tradition, the stimulating effect of the coffee bean was learned.

Until the end of the seventeenth century, Turkey and Arabia produced virtually all the world's coffee, and stringent laws prevented any that had not been sterilized from being exported. But about 1650 a Moslem pilgrim smuggled coffee beans from Arabia and started a small plantation on the Malabar Coast of India. Thus coffee was released from its bondage in the East, and in the centuries that followed it travelled the world. Three centuries ago, it was being denounced as a poison, cause of melancholy, and source of leprosy by some doctors; while others were prescribing it for a variety of ailments including dropsy, consumption, and the King's Evil (Scrofula).

It was banned in England by Charles II because the free discussions in the coffee-houses made him uneasy; outlawed by Germany's Frederick the Great, who used soldiers as "Coffee-

smellers" to ferret out those unpatriotic citizens who drank coffee instead of beer; and suppressed in Sweden, where the king ordered the "confiscation of cups and dishes" of those commoners who insisted on drinking the costly foreign brew.

Found wild in both Africa and Asia, natives of the interior mountain fastnesses cultivated it for almost a thousand years before Turkish merchants brought it to Constantinople early in the sixteenth century. When first included in the strange but precious cargoes reaching Europe from the East, the price of coffee restricted its use largely to medicinal purposes. In time, however, the supply mounted, and the corresponding decrease in price boosted its popularity in wide areas. Coffee became the national drink in Italy, and gradually moved to other European countries with ever-increasing popularity. In England it reigned supreme for about a hundred years, and then was almost completely replaced by tea, soon after the British conquest of India in the eighteenth century.

While Italy was the first European country to deal in coffee for its own pleasure, the canny Dutch traders gave Holland the distinction of being the first to promote it commercially. A shipment reached Amsterdam in 1640, and in subsequent years this new item of trade

They are in fact as salty as sea water. The body tries to control the saltiness in two ways. We all know that after eating salty foods such as kippers we develop a thirst for water. And if we lose fluid by sweating in the tropics we want to eat salt. For instance in Central Africa animals and men will walk miles in order to find salt. But if this salt accumulates in the body, then there will be œdema.

The other chemical factor concerned is protein. If the amount of protein in the blood falls for some reason, there is a leakage of fluid into the tissues. This occurs in starvation when not enough protein is eaten. And in kidney disease, nephritis, when large amounts are lost in the urine in the form of albumen. The œdema that affected so many prisoners of war and internees in camps administered by the Japanese was caused by starvation alone.

(4) Other causes of puffiness are injury or inflammation of the ankle joint. Inflammation is a frequent cause of œdema, but here it is confined to the area of the trouble. The ankles are often affected by various types of arthritis, including also acute rheumatism. They are also particularly liable to injury. You know, of course, that puffiness always follows a sprain. Running over cobblestones in shoes with very high, slender heels will make the ankles swell. When the swelling has developed, see if it pits on pressure with one finger.

(5) A less common cause is ob-

struction of the tiny lymphatic vessels connecting up with the lymph glands and draining the lymph glands and draining the leg.

With so many different causes—and there are also several other rarer ones—you can't safely decide for yourself why your ankles are swollen. You must call at the surgery and see your doctor. If they are very swollen you may have to ask him to call and see you at your home.

He may advise a diet containing a lot of protein, or one with a minimum of salt, or even both. He may tell you to stop taking salt with your meals, and perhaps to stop using it in cooking. And particularly in preparing vegetables and baking bread.

He may control the amount of fluid you drink, making it equal to the quantity of urine you pass. He may in certain circumstances prescribe drugs which make your kidneys work harder and increase the amount of urine passed. Vitamins are prescribed as a rule, only if there is likely to be a deficiency of Vitamin B, and this is uncommon. He will certainly need all the help you can give him—and a lot of patience.

If the œdema is long-standing it can be very troublesome to treat. Massage will sometimes help. Sometimes you are advised to bandage the legs tightly from below upwards with a crepe bandage. This must be done before you put your feet on the floor in the morning. Or you may find a specially made-to-measure elastic stocking is

less trouble, more comfortable and equally efficient in your case.

Lying down.—Lying down with your legs raised always helps. You already know that the puffiness disappears or gets much less during the night's rest, and comes back during the day. But unless you wear a support, the more you are on your legs, the more the swelling will continue. Putting your feet up and wearing special stockings and bandages may do a lot of good for you. But these do not

get at the root of the matter. They are not tackling the cause of the trouble. And you can't really solve the problem of puffy ankles until you know the cause, which is a matter for your doctor.

Don't be impatient if investigations take time. Even the best of doctors cannot give you the answer right away. And do carry out his instructions even if they are a bit troublesome; unless of course, you want your ankles to get even puffier and puffier.—(*Family Doctor*, Dec. '57)

Differences in the Taste and Odour of Milk

THE differences in the tastes of the milks of different species, provided the milk has been produced, under clean conditions, by healthy animals and kept under cool conditions, are due to the variations in the actual and relative proportions of lactose, various salts, fat, proteins, etc., present and to differences in pH. The constitution of the fat, and the fat globule size, may also play a part, but the lactose, and salts have the greatest influence. For example, human milk has a much higher lactose content, and a lower sodium chloride content, than cow's milk, and it has a higher pH value.

Odours are seldom detectable in really clean, fresh milk, although, under poor conditions odours are readily picked up from

the animal and its surroundings. But if the milk is kept under conditions which favour even slight bacterial or enzymic breakdown of its constituents, then odours—different odours—arise from the varying types and proportions of volatile acids, etc., resulting mainly from the decomposition of the fats and lactose. The milk fats of the different species differ markedly in the proportions of combined fatty acids present, and this affects the odour, for example, goat's milk fat contains an unusually high proportions of capric acid ($C_{10}H_{19}COOH$)—hence the acid's name—which has a characteristic "goaty" odour in the free form in which small amounts are liberated by the action of lipase.—(*British Medical Journal*, November 2, 1957).

An orthopædist at the University of Pittsburgh, U.S.A. warns that the common toe-touching exercise may cause serious back trouble in later life.

brought wealth and power to Holland, which was also the first country to experiment in the cultivation of coffee outside its native region. By 1700 Dutch traders were successfully growing coffee in Java from seedlings they had secured from the Malabar coast. Just as the Arabian growers and Turkish merchants had feared, their market was soon outstripped and "Java" came to mean the choicest coffee.

In the opening years of the eighteenth century thousands of coffee-houses were flourishing in cities throughout Europe, and the French speculatively eyed the coffee business. Surprisingly enough, Dutch traders sent fertile beans to the Paris Botanical Gardens and, when they failed to thrive, the burgomaster of Amsterdam shipped a five-foot coffee tree directly to Louis XIV, a gift of great importance. From that single plant, the vast plantations of Latin America were propagated.

With the phenomenal rise of interest in coffee, experiments in its culture were tried in many tropical areas. Success elsewhere encouraged the French to try it in the West Indies where similar plants were known to grow, and in 1726 Martinique celebrated its first small coffee harvest. Within a few years both French and Dutch traders were cultivating coffee on many of the islands and in the Guianas on the mainland of South America.

Once again international

competition brought coffee under restrictions, and laws were passed making the removal of fertile beans or plants punishable by death. When neighbouring Brazilians learned of this, their curiosity was unbounded. Consequently, in 1727 the government of Para sent a young officer, Captain Francisco Patheta, to French Guiana with instructions to obtain the plants or seeds at any cost. Ostensibly heading a party to settle geographical boundaries, the well-chosen agent is said to have promptly gained the confidence of the governor's wife, who cunningly concealed coffee cuttings and seeds in a massive bouquet which was presented to the visitor in the governor's presence at a farewell party.

Five years later, a token shipment of seven pounds of Brazilian coffee was sent to Lisbon, an event which marked the beginning of Brazil's phenomenal rise as a coffee-producing area. It was almost half a century, however, after Para went to such pains to secure coffee seeds, before the plant made its debut in Rio de Janeiro and neighbouring states to the south.

There, eventually prompted by the ecclesiastics rather than the government, coffee seeds were made available to the estate-owners who started the commercial plantations. Even then, it was many years before Brazil and other Latin American countries were transformed into a coffee economy.—(Think, New York).

INSECT CONTROL

(Back to Pyrethrum?)

NECESSITY is the mother of invention; and the greater the need, the stronger the impulse to search and probe so that a want may be filled. A sure prompter of invention is a major war, and although the urgent need is to discover more effective means of bettering the enemy, the knowledge so gained generally has far-reaching influences when the war is over.—Radar, nuclear fission and progress in aviation are obvious examples. Wars also bring about advances in curative and preventive medicine; and a striking illustration of these is the discovery during the last war of new chemical insecticides, which revolutionized the control of insect-borne diseases.

It was the threat of a potato famine in Switzerland, owing to the depredations of the Colorado-beetle, at a time when pyrethrum was not available (the Japanese had overrun the chief countries in which it was grown) that gave the impetus to laboratory research for a synthetic substitute. DDT was the result, and its worth was soon demonstrated in Italy during the Naples typhus-outbreak of 1942-'43. As in the case of penicillin, it was not only a tremendous discovery in itself, it was also the starting point of investigation into new territory. The result has been the discovery of a host of new contact insecticides of the hydrocarbon and organic phosphorus varieties, which have had wide applica-

tion in agriculture and preventive medicine throughout the world.

Unfortunately the way ahead which looked so promising, has been found to be more difficult than was anticipated, for (and the analogy with the new antibacterial drugs still holds), the enemy, after the first surprise-attack, is offering increasing resistance. This has occurred in strains of houseflies, mosquitoes, fleas, and—as was discovered in the war in Korea—body lice. The World Health Organization has expressed its alarm at reports from 32 countries that insects are becoming resistant not only to DDT but to many of the other contact-insecticides as well. The news is indeed disquieting, and a vigorous research project has been launched. Fortunately it does not appear that as yet the vast anti-malaria projects have been seriously affected: but the attack on the malarial mosquitoes is being pressed everywhere in the belief that they are becoming resistant.

That the insect world would make a stand against annihilation was to be expected, and greater efforts might well have been made to try and prevent it. Injudicious usage based on imperfect knowledge and lack of control have undoubtedly been on the side of the insects. The use of too-dilute solutions has encouraged the emergence of resistant strains:—dilution has sometimes been deliberate as in

SEX EDUCATION AND MORAL VALUES

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A GENERAL approach to this very special problem lies in interpreting sex in the light of a total consideration of man and his faculties; seeing sex education as a part of the total educational orientation of the human person; and viewing sexual morality as an integral part of a total system of moral values.

Fathers and mothers have a natural competence to instruct their children with regard to sex. False modesty should not deter them from doing their duty in this regard. Sex is one of God's endowments. It should not be ignored or treated as something bad. Sex is more than a biological function. It is bound up with the sacredness and the uniqueness of the human personality. It can be fully and properly appreciated only within a religious and moral context.

Morality might be defined as a relationship between a standard of right conduct and the total human act, which is the product of an intelligent human mind and a free human will. We must postulate the existence of God in relation to His Creation, man, to establish an absolutely and universally valid norm or standard of right conduct.

The Eternal Law of God does not imply morality in relation to its application to inanimate nature, or in relation to plants and animals. Only in its application to humanity is morality

Condensed by T. N. S. Raghavachari,
"Chandrika," Madras-14.

involved, because here we encounter intelligence and free will, knowledge of the law and conscious free acceptance or rejection of it. The Eternal Law as known by reason alone has traditionally been termed the Natural Law of mankind.

Limiting our considerations for the moment to Natural Law, the moral order may be said to be formally and intrinsically constituted by the "ought" judgment of human reason, considering human nature in its (1) intrinsic constitution, (2) its essential relationships, and (3) its ultimate end or destiny, or perfection, if you will.

Considering the intrinsic constitution of human nature, we see ourselves to be a spiritual-material composite whose powers tend towards action and the perfection of human personality. In relationship to each other, the spiritual powers are superior to the physical powers, so that when in conflict, the higher powers should be preferred to the lower, whose use should be directed by man's higher faculties of mind and will. In turn, this total hierarchy of powers in man should be directed to the total perfection of the human personality, for man is neither pure spirit nor pure animal, but human.

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Philosophy or life or character might be seen as the consistent ordering of the various goods that man's powers seek, according to a proper scale of values. For example, we seek "useful" goods, such as money, as a means to higher goods; "pleasurable" goods as a stimulation towards higher human goals, for to seek pleasure exclusively and for itself is irrational. Even intrinsically higher goods, such as wisdom and virtue, which perfect the higher powers of mind and will, are sought in relation to the total good and perfection of the whole man, the integral personality. Obviously, the use of sexual powers can be integrated into this scheme of morality, and several conclusions will immediately follow: sex is not the highest of human powers, not an end in itself; not simply pleasure for its own sake, not unrelated to the higher directive power of mind and will, not to be perverted from its intrinsic purposefulness, and so forth. *Chastity* is the traditional name for the virtue by which man regulates the use of sex.

Considering the nature of man in its essential relationships, man is related to God as creature to Creator, with the moral obligation of consciously establishing in his own life, through the intelligent use of his freedom, that order which will make for human perfection, the use of all human faculties for the development and perfection of the total human personality. Phrased in the terms of divine revelation: "If you love Me, you

will keep My commandments." The moral order indicates justice and charity in man's relationship to his fellowmen who are equal under God and endowed with the same inalienable rights that are required for their free achievement of human perfection. In the relation of human nature, man is to be the master by reason of his spiritual endowments, and to use material things in a reasonable manner.

Lastly, perfection of human nature has been described as happiness, or even peace of soul which might be described as the tranquility of order.

The moral imperatives of natural, and divinely revealed, law are clarified by human and religious laws, and are ultimately enjoined on us by the subjective judgement of our conscience.

The total philosophy of life and of a moral order provides a meaningful framework for sex education, as a part of a total education for life. First, there is a hierarchy of values which gives proportion and meaning to the contribution of sex to the total human perfection which a person must consciously, freely, and responsibly seek throughout life. By possessing reproductive faculties, men and women are privileged to co-operate with God in the production of life. The purposefulness of these faculties should be respected. There is pleasure connected with the use of sexual faculties, but they are not intended for selfish pleasure. Through sexual differences, men and women are

India, when preparations were watered by religious fanatics, or because DDT was the subject of heavy import duty and stocks were limited. Many insecticidal preparations have been on sale, which contain an unspecified, but probably very small, amount of DDT. Soon after the war small articles impregnated with DDT, which were offered to the public for hanging up in kitchens and living rooms in order to kill flies, appeared in the shops. They must have been less effective and more open to objection than the old-fashioned fly papers. Whilst household pests such as bed-bugs and cockroaches can be eliminated by the local application of the contact-insecticides (the new lacquers, with their micro-crystal "buds" are of special interest), the only effective method of dealing with flying insects is to spray the entire room—a principle not always borne in mind.

As was to be expected with the greater realization of the problem of resistance, the

thoughts of many are turning to the old, "natural" insecticides like *Pyrethrum*. Already the world demand for it is increasing again (Revival of *Pyrethrum* Growing. *The Times*, British Colonies Review (1956). Fourth Quarter). Its advocates point out—quite rightly—that it is non-toxic to warm-blooded animals, it does not taint food or harm crops, and it never gives rise to insect-resistance. The aerosols have also improved its method of application.

No one will gainsay this, for there is no doubt that pyrethrum has an important place in insect control, and it has wide application both alone and in combination with the hydrocarbon insecticides. We hope however, that there is no suggestion that the new preparations, with their outstanding property of persistence, should be ousted. This is unthinkable. What is needed is thorough investigation and the accumulation of knowledge as to their mode of action: it is heartening to know that this is being attended to.—(*The Medical Officer*, London).

Our Own Manufacture

A stranger ran into a public house and called to the landlord: "I say, landlord, your sign has fallen down." The landlord rushed to the front followed by the pot boy. "There it is," said the stranger, pointing to a drunken wretch lying in the gutter. "Take him in and label him 'our own manufacture'." I suggest that some of the young hoodlums who are the bane of our civic life might be similarly labelled and placed in this exhibition.—(*From Ulster Protestant*, October 1957).

Embarrassed by Acne?

Try giving up chocolate, cocoa, cakes, confectionery, fried foods and all rich, greasy fare for a fortnight. Go outdoors walking, hiking, or cycling every day for your own enjoyment. And just keep the skin clean without playing with it or using creams and powders.—(*Good Health*, London, Feb. '58).

How We Look to the Men in Our Lives

VERONICA LUCEY CONLEY

(In a man's paradise, all women are beautiful without working to make themselves so)

MOST of us have lived with a father, husband or brother long enough to realize that the masculine half of the family has pet peeves when it comes to a woman's appearance. Male interest in the area of feminine beauty is neither new nor surprising. What is shocking, yet reassuring, is that men's suggestions for improvement have always been so much alike. In 1 B.C. when Ovid, that witty and sophisticated writer, admonished Roman women on their beauty habits, he did so in much the same terms that irate husbands use today in complaining to beauty editors.

One of the greatest concerns to men writers has always been the consequences of great physical beauty to a woman. And well it might, because *men are largely responsible for the exorbitant value placed on a fair face and figure*. Yet, by contrast, we have daily reminders that to be the fairest of the fair may also mean personal tragedy. Apparently even in Ovid's time there was a tendency to over-value physical attractiveness, for his warning over 1900 years ago read like this:

"Let your main care, young girls, be to watch your character: the qualities of the soul add to the attraction of the face. Love based on character is durable; beauty will be devastated by age, and wrinkles will furrow your charming face. A time will come when it will vex you to look at yourself in the mirror, and these regrets will give birth to new wrinkles. *Virtue is sufficient*: it lasts

a life-time, however long, and kindles love as long as it lasts."

Ovid's sentiments have been re-echoed through the centuries many times. According to many of our modern writers, the need for repetition is even greater today. A recent article re-emphasized that beauty, without other qualities, is a woefully overrated endowment. Mere regularity of features can quickly become a bore. The writer suggests that charm is the replacement. He quotes Barrie's definition that charm is "a sort of bloom on a woman. If you have it, you don't need to have anything else and if you don't have it, doesn't much matter what else you have."

In spite of these sound and idealistic comments, we are still faced with the reality that men place high value on beauty in a woman. Most men expect a woman above all to make the most of her attributes—not to let herself go. They want her to look neat, smart and always her attractive best. But through the centuries they have made one fact emphatically clear. They do not want to witness how these excellent results come about. Ovid expressed this thought in his own way:—

"Do not allow your lover to catch you with your boxes spread out on the table: art beautifies the face only if it is invisible. These preparations will give you charms, but the demonstration is unpleasant. So many things shock us while they are being done and please us when they are done. A woman who

attracted to each other, and learn of the capabilities they have to express love, sympathy, understanding, and to attain in the state of marriage a mutual self-perfection. Marriage is also a way of life, and the ordered use of sex in marriage can become a way of spiritual perfection when marriage is seen in the supernatural order as a sacrament, a visible sign of invisible grace.

Nothing shameful can be seen in the sexual differences which God has designed so that man and woman may complement each other. Nothing is unmentionable about the sexual drive that God designed to bring man and woman together for the propagation of the human race and the personal perfection of each other. Nor need we disguise the pleasure that God designed to ease the burdens and responsibilities of married life, and to highlight the perfect communication of marital love. There will be only evil in this scheme if the pleasure of sex is sought for itself alone, and separated from the responsibility of sex. Outside of marriage, playing at love with another, or with one's own self, are examples of seeking sexual pleasure without the responsibility attached to sex in God's plan. It is important for a healthy and wholesome approach to sex education that while the primary and intrinsic function be recognized, the secondary and no less essential function of manifesting mutual love be presented to young people as a purposeful goal for sex.

The young are often led to believe that sexual compatibility is largely a question of erotic techniques that must be observed with clinical precision. Much more might be accomplished if against the whole background of moral values, a young person might view *pre-marital chastity as a conquering and constructive force that views the giving of oneself through sexual union as a most precious gift*, expressive of personal integrity, and of the ultimate choice of another person as the life partner with whom one might well hope to achieve perfection and fulfilment in life. This gift, like the love of God is creative, not always, but in God's good time. And the act of love is especially sacred, because it calls ultimately for a tripartite act of creation: man and wife preparing the cells for the body in love, and God awaiting their action to create an immortal soul. *The child* that results from this highest co-operation of man and wife and God on the natural level is in a true sense *the incarnation of marital love*, and the beginning of a family which is the basis of all human society.

Whether sex instruction be imparted in the family or the school, these broader moral values should always be respected if youngsters are to learn that sex is a human reality, not just biological, or physiological. Sex does involve a physical act. So does speech. But in humans, speech is more than the creation of physical sound waves. The waves are there, but they are

freighted with spiritual content, thought that communicates love, trust, inspiration to another human. So too with sex. It is physical, but with proper moral and human orientation, sex speaks its own language of completion, love, understanding, tenderness, while it is intrinsically creative. Sex then is no playing. It is not sordid, or shameful, or evil unless it be viewed irresponsibly and used

irresponsibly. In the context of God's plan for human participation in creation, in the total social perfection of men and women in this world, in the loving and responsible giving of self for the good of another, sex is another of those marvellous realities of human life, through which we should serve Him.—(From a *Symposium on Sex Education*, Am. Soc. Hyg. Assoc., Nov. 1957).

Maintenance of Health in this Machine Age

THE present age has now come to be known as the 'Automation Age,' which may be defined as the use of machines to run and control other machines. Most industries have introduced some form of automation. Bakeries have automatic machines that mix, shape, bake, cut, and wrap the bread. A telephone company has a machine that times long distance calls, computes the cost, and prints the information on the customer's bill. In modern automobile factories rough-cast motor blocks enter an assembly line and pass through 530 automatic operations in less time than it takes the average junior high school boy to run 100 yards. Yes, automation is here; it is not merely a dream of the future.

Automation is certain to change many of our ways of living and working. Hence, educators on the local, state, and national level should analyze what they can do to meet the needs of citizens in the new era.

Members of the educational (and medical?) professions cannot forecast the precise pattern of future events but the current trends do point the necessity of taking anticipatory action at certain levels in several areas.

Tomorrow's sedentary life may and probably will make people generally susceptible to biological disaster.

Already machines have eliminated much of the lifting, pushing, bending, and walking exercise that men once experienced. Electronic eyes open doors. Motors propel lawn mowers. Jeeps transport sportsmen. During the Automation Age, men will receive much less exercise in their normal pursuits. Moreover, they may also experience less physical education at school. In the future, brains may replace brawn as the basic employment requirement.

One wouldn't be surprised if people start demanding that schools stress academic training

has poor hair should put a sentinel at her doorway. My unexpected visit was once announced to a woman, and in her excitement she put on her wig askew. What a horrid thing! a bull without horns, a field without grass, a bush without leaves and a head without hair."

We must also realistically face the fact that no man appreciates the importance of face-creams. These highly prized beauty items are seldom viewed as anything but grease. Cosmetic creams are subjected to the most abuse. As one husband summed it up:—

"Ever since my wife passed 28, she's been greasing her skin every night to keep so-called school girl complexion! I haven't noticed that all of this oiling has made any change in her face, but you should see what it has done to the pillows and my affection. They're disintegrating."

In a recent survey in the New York area, men were asked to list their pet peeves. The first three in the line-up were: (1) too much make-up; (2) overdressing; (3) artificiality. These results are just as we would expect, because an unnatural look is one of their soundest objections. It not only is unattractive, but it may give the wrong impression. The reason for it is deep-seated and will probably never be completely overcome. In the history of our civilization cosmetics have often had dubious status. More often than not their use was limited to women whose morals were subjected to question. In fact, objection to cosmetics at times reached fanatical proportions. In England during the late eighteenth century, the word *Jezebel* was used to describe women who used cosmetics. And Jezebel has been branded by history as one of the

world's most wicked women. Certainly we have largely overcome such extreme attitudes. Our modern view of cosmetics has been liberalized to the extent that to a limited extent it may help to overcome defects.

Apparently there are other brands of artificiality to which some men object. We were shocked recently to read a letter to a beauty editor on curly hair. We did not believe that a man existed who was not fully indoctrinated with the virtues of curly hair. This man wrote:

"Curls, curls, curls! I wish I never had to look at another curl on my wife, my daughter, my hired help or any other woman. Everyone looks alike. No originality. Why should all women have curly hair when some are born with straight hair? It's like everything else—slaves to this and slaves to that—no one has the guts to be different."

Any discussion of male objections to women's appearance is sure to bring a number of angry retorts from women, as for example this one from a widow who wrote to a physician-author recently after she read his article on wives who let themselves become fat and unattractive:—"I am irked," she wrote, "by articles which imply that women are the only sex that relaxes after marriage. . . . Particularly when I recall the overhanging paunches, the bald heads, the heavy jowls with which my eyes are obliged to cope. I can't help but wonder if men are so entirely lacking in a sense of humour that they fail to recognize their deficiencies along these lines. Do men never look into a mirror?"

(*Today's Health*, October, 1957).

Sources of Social Infection

OF course we, in the wealthy countries, take it for granted that our local customs are better than those of the so-called under developed countries. Many of our people are astonished to find that in Asia, for example, there are to be found some techniques and methods, particularly in the fields of mental and social health, far superior to ours. We know that maternal deprivation, that is, the loss even temporarily, of physically close, warm mother love, is a potent cause of physical, mental, and social ill-health appearing in infancy, childhood, adolescence, or later life. Much of our recent concern for mental and social health has been for early diagnosis of emotional disturbance, particularly in the early school years. It is well known, however, that in most cases the serious and often irreversible damage has been done before school age. Diagnosis of mental illness in childhood is not prevention any more than early diagnosis of cancer or tuberculosis is prevention. Diagnosis may lead to the recognition of causes, but only elimination of the cause or causes is prevention.

Though we know all this we still, even in some of our recently built hospitals, continue to keep newborn babies under glass in nurseries, allowing them to be with their mothers only for the short periods necessary for nursing. We still take babies and small children suffering from illness or injury into hospitals without their mothers, a procedure

we know to be destructive to the child's physical, mental, and social development. In some extreme cases we even limit the hours in which mothers are allowed to visit their own children, sometimes to as little as 3 or 4 hours a day. Probably no young child can survive such an experience without some damage to his development.

In contrast, in most Asian, African, and the less highly "developed" European countries, babies are born at home and cared for entirely by their mothers, or in hospitals where the baby remains in bed with the mother or in a cradle close beside her or slung between the upward extended footposts of the bed, always within reach of the mother. Actually this system is far more efficient than ours, requiring far fewer trained nurses and less space, and insuring faster development and recovery from illness or injury. Relative freedom from damage to the necessary close mother-baby relationship is the most important advantage of that ancient system. When the mother with her first baby goes home from the hospital in those countries, she has none of the anxieties, tensions, or awkwardness so many of our new mothers show when they have only been taught to bathe the baby just before leaving the hospital. One of our barriers to better practices in this mother-baby relationship is the unwillingness, some nurses show in giving up the babies to the mothers, but it is not sound practice to sacrifice

and minimize physical education. It may be argued that vigorous exercise does not insure a high level of mental activity, but lack of it can impair the physiological processes. Such bodily inefficiency does affect the work a man does. *Thus, enlightening the public about the relationship between physical well-being and intellectual productivity will be a real challenge for the educators.*

Men of tomorrow must endure the stress of performing highly skilled work. Absenteeism because of illness will be more costly to industry than it is today. Workers and their employers will devote much time and money to preparatory and on-the-job training.

They will not want to lose the return on their educational investment, because poor health continually impairs productive output. Hence, educators will have to help citizens to attain the buoyant health essential to meet the demands of the Automation Age.

As the home, industry, and transportation systems eliminate more and more muscular activity, the schools' responsibility for physical fitness will increase. Instructors will have to provide students with sufficient activities requiring vigorous, total body movements to encourage the wholesome development and functional efficiency of the vital organs and processes. They will also have to help youths to acquire the habits of eating, sleeping, relaxing, exercising, work-

ing, and caring for their bodies that will promote physical and emotional well-being. The reduced hours of work forecast for the new Age will make LEISURE a major social problem.

Schools will have to assume much of the responsibility for directing leisure into worthy channels. It will be their job to provide youth with the musculature, skills, understandings, and attitudes needed to use the increasing number of free hours for human betterment. Able, physical and recreation educators will not merely develop a few highly skilled athletes. They will expose all children to varied recreational opportunities. They will help students to acquire sufficient competencies in some activities to enjoy participation throughout life. To aid adults in recapturing youthful skills and acquiring new ones, members of the professions will expand extensively the social and community health and also the industrial recreation programmes.

Because men will have greater leisure and a higher standard of living in the Automation Age, they will purchase more recreational goods and services than ever before. Youths and adults will need considerable guidance in evaluating the merits of various recreational equipment, facilities, and services. In order to meet the needs of the people in the next 30 years, members of the profession face the tremendous job of redesigning and expanding their services, facilities, and leadership training

programmes. Solving the problems of the Automation Age will require all the resourcefulness, creativity, and public persua-

sive powers the profession can muster.—(Dr. Van Dalen of the Pittsburgh University in *J. H. P.E.R.*, Dec. 1957).

Early Marriage is Preventive Medicine

THE senior class of the McGill Medical College was welcomed back this year by a well-presented discourse on the need for social consciousness and humanitarianism in the medical profession. This was a well-timed and much-needed reminder, for in one respect in particular, the fourth year class has been tragically apathetic towards its *social responsibilities*. Roughly two-thirds of us are guilty: the other third has fulfilled its duty and we ask them to ignore these comments.

The subject under consideration, of course, is *Marriage*.

The facts are well known to us, but few of us have the moral courage to act upon them.

We know that from the obstetrical and gynaecological point of view, early marriage is preventive medicine. We know that the incidence of abnormal presentations, of mongolism, of foetal deaths, of uterine myomata, of cardiovascular disease, and of obesity is low in the young female. We know that in this group prolonged labour and rigid cervixes are rare.*

We are also aware of the fact that fibrocystic disease of the breast shows a relatively high incidence in the twenty-five to thirty-five-year-old unmarried

[Note:—* The Hindus were obviously well aware of this fact and so advocated early marriage.—Ed. HEALTH.]

women, who also often show signs of ovarian dysfunction.

We are well-trained in psychiatry and are fully cognizant of the psychiatric complications which may result from late marriage. The psychological trauma to a female who finds herself at her twenty-third birthday and still unattached is great indeed and may be manifested by such behavioural traits as paranoia, frigidity or nymphomania.

And yet we refuse to act!

Who are we to condemn a lovely girl to the fate of becoming an "elderly primigravida?" Is it not worth the time and the effort, the debts and the worries in order to be able to produce an offspring in a healthy uterus? If we medical students refuse to accept our individual responsibilities, how can we hope to collectively uphold the honour and prestige of the medical profession?" Besides (from the selfish point of view) what better way than marriage will avoid left-sided varicoceles?"

And let us not be swayed by evil men who try to convince us that late marriage will lower the incidence of cervical carcinoma which is a myth.

Our duty is obvious. Let us get married at once.—(Editorial in *McGill Med. Jour.*, Oct. 1957).

the baby to the emotional desires of the nurses.

Unfortunately, we have succeeded in convincing many of the medical and nursing professions and the hospital architects of many countries that our ways are best, most modern, and most efficient. Most of the Communist countries, for example, have followed us in our hospital architecture and mistaken treatment of babies and children, still build nurseries in maternity hospitals and in many cases do not provide accommodations for mothers in children's hospitals. It is encouraging to see that a few, but still only a few, of our maternity and children's hospitals in North America are beginning to allow mothers to have their new-born babies with them, and more rarely, even to stay in the hospital with their ill-children.

On the basis of reliable evidence, it is in this area that we should be working most earnestly to try to reduce our heavy load of juvenile delinquency and other symptoms of mental and emotional ill health. As Bowlby puts it: "Deprived children, whether in their homes or out of

them, are the source of social infection as real and as serious as are carriers of diphtheria or typhoid." In this enormously important aspect of public health, we in North America are among the world's most backward people. We are still largely under the influence of obsolete attitudes and are finding it very difficult to change, though the damage we do our children has been obvious for some time.

This type of damage is of course, from the point of view of world peace and security, and even racial survival, far more dangerous than smallpox, diphtheria, typhoid, yellow fever, or malaria. We cannot expect children deprived of close mother love to be able to develop, to be able to "live harmoniously in a changing total environment," unless indeed they are unusually fortunate in other aspects of the early emotional situation, but we should remind ourselves that that ability has been included in the prescription of minimum requirements for peace and security, written by the nations of the world in setting up the United Nations and its specialized agencies.—(*Public Health Reports*, November 1957).

Babies and Tobacco

Dr. W. J. Simpson, reporting in the *American Journal of Obstetrics and Gynaecology* on experiments with animals, wrote: "It thus seems that nicotine passes especially readily through the placenta and destroys the tissues of the foetus during the actively dividing phase, in the same way as it affected the germinal epithelium of the ovaries." Dr. P. Bernard of Germany, found in a study of more than 5,000 women, that the possibilities of menstrual disorders were nearly three times greater for women who smoked than for those who did not. Premature menopause affects one in five of women who smoke, but only one in fifty of non smokers.—(*Good Health*, Feb. '58).

DON'T MEDDLE

E. CHON HINDEN, M.D., (Camb.), M.B.C.P. (Lond.)

1. About Circumcision

MANY mothers wonder whether their baby boys should be circumcised. They have vaguely heard tell that the foreskin should pull back, so they try on occasion when they are bathing the baby—and they find it does not. This alarms them. They are afraid that something is wrong and will need an operation to right it sometime or other; they have been told that the operation is much more troublesome when the boy is grown-up, so they press for it in infancy. Usually they ask their family doctor about it, or inquire at the clinic; in either a more determined attempt is made to retract the foreskin. This, too, fails. The foreskin is condemned as "adherent" or "tight," sentenced and summarily executed. Often no attempt is made to see whether the foreskin will pull back: its mere presence is held to be objectionable. The result is that very many infants undergo this operation unnecessarily before they are many months old.

Yet the truth is that the whole procedure is based upon faulty knowledge of the anatomy of the part. In the growing foetus, the foreskin and the gland of the penis (the portion covered by the foreskin) grow as one piece: the space between them just is not there at all. In later life, a cylindrical layer of cells just outside the penis but inside the future foreskin, breaks

down and disappears; and by so doing produces a cleft which separates the foreskin from the penis proper. But this takes place well after the baby has been born, usually in the 5th and 6th month, and until these cells have gone the foreskin will not pull back. It must be clearly understood that this is not a once-free cover sticking again to the tissues beneath it: the foreskin is still one piece with the gland—it has not yet been formed as a separate organ. If one watches carefully a circumcision on a very young baby, one can see a number of fine bleeding points on the gland, where the living cells still jointing the foreskin to the gland have been forcibly torn asunder. The statement "the foreskin should pull back easily," is *not* true of the infant. It follows that there is no point even in trying to see whether it will retract; it never does. If we consider "adherence" of the foreskin as a reason for circumcision, then the operation should be advised for every male; but if we accept the above account of the embryology of the foreskin, then *there is no reason for meddling in any case*. Of course I am referring to medical reasons: circumcision performed on ritual grounds is outside the scope of this argument.

This is not to say that circumcision is never necessary. Although in the great majority of

THE CRYING BABY

H. E. POLAK, M.D., D.C.H.

ALTHOUGH it seems that crying in infancy is but a trivial problem, excessive crying has to be taken seriously. Something has gone radically wrong. A crying baby ceases to be a joy to the mother and tantalizing questions "Why?" "What is the matter?" arise. The answer has to be found, not only for the sake of the infant's health and happiness, but also for that of the mother, as her peace of mind so strongly reflects upon the primitive emotions of the baby.

An infant whose individual basic needs are satisfied will not cry. What does a baby need to be happy and contented? Good health, adequate food for his size, age and temperament, and the feeling of security: to be surrounded by a peaceful, happy atmosphere. It is enough if individual requirements in any one of these spheres are not satisfied to make a baby cry. Often there is more than one reason. A short analysis of the reasons for excessive crying in infancy and a few suggestions as to the management of this problem will be given in this article.

Illness.—The first question on which both mother and doctor want to satisfy themselves is:—Does the baby cry because it is ill? A careful family history of recent illness and a thorough clinical examination should precede all discussions. Crying babies often vomit. Vomiting might be the predominant symptom, thus giving an additional

reason to suspect illness. It is not the seriously-ill baby who is restless and will cry, but the one suffering from a mild infection which is often difficult to detect. In persistent cases the urine should be examined. I well remember a baby who cried for weeks without any apparent reason till I had a catheter specimen examined in hospital, which showed a slight urinary infection. The baby was subsequently treated and the crying stopped. This is only an example. Some of the mild infections require treatment, some do not.

Malnutrition.—The next question will be: Is baby adequately fed?

Many infants will cry because they are hungry. Some will cry because their digestion is overtaxed. All crying babies will swallow air—abdominal distention, pain and frequent vomiting will complicate matters. Other infants, although obviously under-fed, will be contented. Reactions vary with the individual. Confronted with a crying baby, feeding has to be adjusted to satisfy the individual, keeping in mind that food requirements will also vary from case to case. The logical outcome of this reasoning is to let the infant take as much food as it wants; in other words, to feed by demand. Feeding by demand has to be carefully explained to the mother. Commonsense is essential. Neither should a baby be fed every half-hour, nor can

persistent crying be expected to stop immediately. The vicious circle of crying, swallowing of air, abdominal pain and crying, is often difficult to break. No adjustment of the diet will have any effect on a crying baby without the whole-hearted support and co-operation of the mother. Her mental attitude and emotional approach to the problem are of the utmost importance, which brings me to the last point to discuss as a common reason for excessive crying in infancy.

Crying as a behaviour problem.—The vast majority of babies who cry excessively during their first months of life are *first babies*. They are deprived of one of their basic needs, *viz.*, security. Some inexperienced mothers are unable to cope with the work and the many little chores connected with the new baby and these prove too much for them. Others are afraid that they are doing wrong and anticipate difficulties. Often both these factors combine in getting the mother into a state of nervous tension. This feeling of insecurity and emotional tension is transmitted to the baby, whose emotional life is closely linked with that of the mother. Crying in these cases is only a symptom and is not a problem of physical health, but a problem of behaviour. It is safe to assume that behaviour problems in early infancy play a decisive role in the emotional development of later childhood and for this reason they should be taken seriously. A new approach is

necessary and the psychological treatment of the mother should be the primary aim in the management of each individual case. It is not enough merely to tell her what to do, to show her how to get on with her daily routine and to forget her other problems. This only leaves her with fears and anxiety and does nothing to remove them.

Team work by the clinic staff is essential and several visits of the health visitor are usually necessary. It cannot, however, be stressed enough how important it is that all members of the staff would "speak the same language." Laying down the law, unsympathetic handling or conflicting advice will only increase the feeling of insecurity in the mother. The ultimate aim is to change her negative attitude into a positive one and to give her confidence. She should be taught the joys of motherhood as well as the art. As the first step, all strict rules such as four-hourly schedule, ten minutes feeding at each breast, no night-food, etc., should be removed. Feeding by demand should be explained and all the little problems of the daily routine fitted into a general relaxation of "rules." This relaxation of rules is often enough to put a mother at ease who formerly had a feeling of guilt and inadequacy. It seems unfortunate that relaxation—so widely taught and practised in ante-natal care—is less commonly stressed once the baby is born, although the same principle applies. Fear of something

unknown, in this case the correct handling of a baby, and the anticipation of difficulties will lead to nervous tensions and often to complete breakdown if this state of affairs is allowed to persist. The next step, therefore, is to induce the mother to relax and time for complete relaxation should be fitted into her daily routine. Once the mother ceases to be worried and tense the baby usually stops crying and no further difficulties are encountered. With some of the mothers, however, anxiety and tensions are basic traits of their character. Some are entangled in odd complexes, the baby acting as a receptacle for

their emotions. These cases are particularly difficult to manage. It happens very often that, once crying has ceased, new problems in a different sphere crop up like weaning trouble or sleep disturbances.

Faced with the problem of a crying baby, we have first to eliminate physical illness, then try and adjust feeding to the individual requirements of the infant and in all cases consider the personality of the mother, her happiness and peace of mind and to try and help her overcome her emotional problems.—(*Mother and Child*, London, Nov. 1957).

Children are not What They were

THE youth of today is certainly no worse than that of yesterday, but it is completely different. For this reason methods of education and upbringing in the family and at school and at work which could be applied successfully some years ago, are useless today.

“Our children and youth increase in height more quickly; the entire development of the body occurs earlier.....sexual maturity comes sooner—on an average two years earlier than it did fifty years ago.” But this physical speed-up results in most cases in a psychological go-slow: quicker development in height and sexual growth can

be bought only at the expense of a proportionate postponement of spiritual and mental growth. With the exception of child prodigies, “90 per cent of our children are not ready for school at six and very few fourteen-years-olds are ready for work! So our youth is physically two years in advance, but mentally up to four years behind!”

Yes, children are different from what they used to be, and our educational methods must be adapted accordingly.—(*From an article by Dr. Albert Huth on Industrial Welfare, Journal of the Industrial Welfare Society, 48, Bryanston Square, London, W-1, via World Digest, February 1958*).

MAY, 1958

std. 1923



FOUNDED BY THE LATE Dr. U. RAMA RAU

A JOURNAL DEVOTED TO HEALTHFUL LIVING

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U. KRISHNA RAU,
M.B., M.L.A.

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M.B., B.S.

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What's New in the News?

Scrambled in the Shell

A new electric device now on the market should appeal to the very worst cases of gadget-mania among housewives. The idea is to scramble an egg before it is cooked and before it leaves its shell.

A tiny hole is pierced in the shell and a very fine agitator is inserted. Driven by an electric motor, it whips up the white and the yolk, and leaves only a tiny hole to be sealed before the egg is boiled.

Radiation Stops Potatoes from Sprouting

The head of the Isotopes Division of the Atomic Energy Research Establishment at Harwell recently mentioned experiments in using radiation to help to preserve potatoes.

A very small dose of radiation merely delays the sprouting of the potatoes, and it is hoped that this treatment will enable seed potatoes to be marketed as far afield as South Africa and Australia.

At present the seed potatoes which have to pass through the tropics on their way to these places suffer from the rise in temperature which induces premature sprouting.

A large dose will stop potatoes harvested late in summer. The only trouble is that they become more susceptible to bruising because the radiation impairs their ability to heal themselves.

However, if potatoes are allowed to rest a few days before treatment, their skins are already hard enough for them to stand up to normal handling.

Paper—But it's Tough

A London firm has produced what they claim to be a mould-resistant paper, and to prove their point they have subjected it to the most exhaustive tests.

For two weeks it was exposed deliberately to paper-attacking mould, and came out unscathed. It was buried for thirty days and was dug up with little loss of tensile strength. It was left in running water for 24 hours, and it was baked in an oven at 180° Fahrenheit for 48 hours.

Among its other tortures was exposure to ultra-violet rays, which still couldn't break it down.

What will it be used for? Well, apart from its obvious uses as a top-quality paper for military maps and the like, it will be especially useful for making strong paper sacks, sand-bags, and similar containers.

Baby-Size Mechanical Shovel

An engineering firm in Welwyn Garden City, Hertfordshire, is marketing a baby-size mechanical shovel. It is pedestrian-

controlled and self-propelled like the motor lawn-mower, but it has a shovel capable of carrying over three hundred-weight. It is driven by controls placed on the handle-bars, which also steer the machine.

It is claimed that it will do the work of four men using wheel-barrows.—(*World Digest*, February 1958).

Shopping by Press-Button

Taking the next logical step after the serve-yourself type of store, automation has now made its appearance in the retail trade. A completely electronically-operated food shop has been demonstrated in New York City by the Independent Grocers' Alliance.

As the customer enters she is given her electronic key, which she inserts in any of the glass-panelled cabinets placed round the shop.

Each of the cabinets displays 169 different commodities by a letter and a number. After turning her key, the shopper presses the appropriate buttons to indicate what she wants to buy.

She passes from cabinet to cabinet until she has done all her shopping, and then takes her key to the cashier. He inserts it into a slot and presses a button. In the stockroom the selected goods automatically drop on to a conveyor belt which carries them to the cash desk. Simultaneously an automatic register lists the goods and the prices, totals them up and presents a receipt.

In deference to the forgetful customer, the cashier is able to press buttons and produce goods not selected from the cabinets.

The independent Grocers' Alliance expects to see a thousand electronically-operated food stores within the next five years, and predicts that the grocery bills will be reduced by about thirty per cent.

Automation has the advantage of eliminating cash-desk error and pilfering—but a burnt-out fuse could put the whole robot "staff" out of action!

Ashtangasareeram

By

P. S. VARIER.

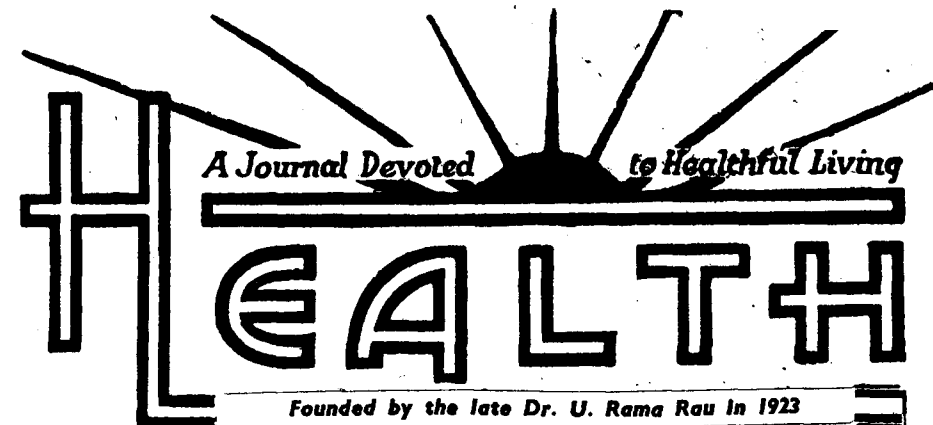
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Published on the 15th of every month

Consulting Editor: U. KRISHNA RAU, M.B., B.S., M.L.A.

Editor: U. VASUDEVA RAU, M.B., B.S.

Annual Subscription: Rs. 2-50 np. Foreign Sh. 5. Post paid. Single Copy 25 np.

Editorial and Publishing Office: 323-24, Thambu Chetty St., Madras-1.

Vol. 36

MAY, 1958

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CHILD WELFARE

Plea for a National Commission

INAUGURATING the National Seminar on Child Welfare organized by the All India Balkan-ji-Bari, at Delhi early in April 1958 Mr. C. D. DESHMUKH, Chairman of the University Grants Commission, said that India had probably the second largest population of children, roughly about 15 crores, and the problem of child welfare was stupendous.

It was, therefore, necessary to have a long-term plan for the next 15 years, or a generation, for the orderly sustained development of child welfare work. "Unless this is done systematically," said he, "I do not think that our plans can be implemented systematically." We are in entire agreement with Dr. DESHMUKH's views.

In the present set-up, countries are judged not by their general character but by their achieve-

ments in art, science, medicine, surgery and in short in all that pertains to the healthy and happy existence of the people. These really go to build the greatness of a nation. So all attempts to promote human welfare must be primarily directed to preparing the children of the land for the new world which is emerging, by taking into account the physical, mental, moral, ethical and even the spiritual health of the growing child. "Every child is an experiment in life," said Dr. S. RADHAKRISHNAN in November last at Hyderabad, "an adventure so to say, in a common endeavour. It should therefore, be our aim not to spoil this kind of natural innocence of the child but educate him in a way in which his natural instincts are properly developed and make every child feel that there is one race and

one world and that is the race of humanity. Two years ago in May 1956, RAJKUMARI AMRIT KAUR rightly stressed the need for a national blue-print for child welfare work in general and a concrete plan into which all activities could be judiciously dovetailed so as not to fritter away the available energy and resources. Two years later Mr. DESHMUKH has now to reiterate almost the same suggestion. He pleads for the appointment of a National Commission on Child Welfare to make recommendations for a systematic planning in the coming years for the welfare of children. The present juncture when preliminary material would have to be collected for the Third Five-Year Plan, is most important from the point of view of preparing a blue-print on child welfare also. Apart from Seminars, there should be more intensified and more systematic attempts to collect all facts and start framing in a preliminary way, plans for development for five years beginning from 1961. For this purpose, the Government should, in the course of this year, appoint a National Commission, and its work should be preceded by work by a steering committee which could get the assistance of experts and social scientists to help the Commission with preliminary material. The Commission's recommendations, should be the basis of child welfare plans for the Third Five-Year Plan. Let us hope this will be implemented quickly and without delay.

Mr. DESHMUKH commended the

example of the United Kingdom where, during the last war when there was destruction all round, the health of the children was not only preserved, but improved upon, because it was realized that the nation would be served by the next generation.

If we have to take lessons from the United Kingdom, let us take this lesson and frame our own plans for the development of child-welfare work as an essential element in the process of nation-building.

The development of child-welfare work is essentially a problem of resources. In both the First and the Second Plans, the percentage of resources, allotted to social services, which include ordinary services, like health and education, was about one-fifth of the Plan's outlay. The expenditure on social services in India would therefore, be Rs. 15 per person per year as against Rs. 500 in the United Kingdom. The provision of Rs. 30 crores in the Second Plan for social welfare would only touch the fringe of the problem.

A "felicitous combination" of official and voluntary agencies in social welfare work is therefore, needed. RAJKUMARI AMRIT KAUR regretted that with the emphasis on industrialization, education and health got "a raw deal" and enough funds were not made available for social services. We welcome the suggestion of Mr. DESHMUKH for the appointment of a National Commission on child welfare. If we neglect children today, no plans we make will be worthwhile. They will be barren of results.

BED-REST and HOSPITALIZATION

In the Management of

PULMONARY TUBERCULOSIS

SINCE the advent of chemotherapy as a successful method of treatment in tuberculosis, the need for prolonged bed-rest has been questioned. This questioning and the widespread abandonment of intensive use of bed-rest are hardly considered in the reported literature. Many practising physicians no longer use bed-rest as an important part of therapy. To the admonition that such abandonment has not yet been indicated on the basis of controlled studies, they are likely to answer that the value of bed-rest has similarly not been proved by controlled studies. Moreover, they note that such long term observations as have been recorded have not substantiated the expectation of any prolonged benefit from bed-rest, in either minimal or in more extensive disease (*Amer. Rev. Tuberc.*, 1955). These studies seemed to indicate that those patients who had the most bed-rest apparently did the poorest. Needless to say, such conclusions are unwarranted since it is likely that longer duration of bed-rest was advised for those patients with more serious disease and consequently, with a poorer prognosis. Still, the fact remains that these studies did not demonstrate any long term advantage from bed-rest.

Many physicians are reluctant to advocate any significant

reduction in the amount of bed-rest required in the management of pulmonary tuberculosis (*N.F.S.J. Med.*, 55: '55). In addition to bed-rest, the value of hospitalization has been emphasized,

with particular reference to the education of the patient concerning the handling of his disease (*Lancet*, 1956). The advantage of this aspect of institutionalization has been questioned (*Tubercle*, 36: 1956) and it has been pointed out that the educational value of the sanatorium can be replaced by the equally effective action of good clinic organization. Moreover, it is noted that sanatorium admission can break continuity of treatment, quite undesirable where such treatment must be prolonged. If it includes difference of medical opinion, such interruption of therapy may be harmful. It is noted, too, that with clinic or home management, and closer contact with the patient's family, the patient's whole situation may be better managed. This is especially true if the sanatorium is far removed from the patient's home. With elderly patients, this latter situation often leads to irregular discharge from the sanatorium. Stradling notes further (*Tubercle*, 36: 1956) that segregation in a sanatorium, in addition to the sense of stigma entailed, often injures morale and undermines a person's sense of social security. Return to work may become a major psychological problem. It is not claimed that sanatoria are not useful in long-term cases and

those unsuitable for home care. The latter would include patients unlikely to lose sputum infectivity rapidly, those with poor home circumstances, those in whom sputum infectivity would be a particular risk, especially when there are children in the family.

The recommendation of short-term hospitalization has been made in place of long-term sanatorium treatment. "It is a mistake to think of the time spent in sanatorium as a holiday, providing physical and mental rest, and to forget what disorganization of family life and the anxiety that separation from home means to many patients. A drug that was capable of causing physical distress of a comparable degree would be used with discretion and the introduction of some less unpleasant but effective medicine be hailed as an advance of treatment. In this light, reduction of the time spent in sanatoria may be regarded as an advance in the management of tuberculosis" (*Tubercle*, 36: 1956).

All these criticisms of prolonged sanatorium rest would carry little weight if it could be shown that deprivation of such rest worked to the detriment of the patient. There are no data at present which would indicate that this is so. In the series we have studied, all therapy was conducted on an ambulatory basis and bed-rest was utilized only in the presence of constitutional symptoms. Otherwise, after a period of graduated rest and activity, full activity was rapidly resumed by the patient,

especially where no tubercle bacilli were present in the sputum. More than half the patients began their chemotherapy while on full physical activity. Approximately three-quarters began full activity before the end of six months.

Widespread use of ambulatory therapy has been reported as satisfactory where hospital facilities were either not available or not desired (*Am. Rev. Tuberc.*) and in other investigations in which ambulatory therapy was a deliberate function in the study (*Br. Med. Jour.*, 1955). Should such ambulatory therapy without the inclusion of systematic rest, prove to be an acceptable feature in the management of tuberculosis, the social burden imposed by tuberculosis throughout the world will be minimized. In India, for example, there are today only 20,000 beds for tuberculosis, balanced against approximately 2,000,000 cases of the disease (*WHO Newsletter*, 9: 1957). It is our clinical impression that further experience will confirm that bed-rest, except for acute disease or in the presence of constitutional symptoms, adds little to chemotherapy. Should chemotherapy not be available, however, because of toxicity, bacterial drug-resistance, etc., bed-rest might be utilized advantageously. In the management of the patients in our series, full activity including employment, in many from the date of institution of therapy, did not seem to delay or prevent adequate chemotherapeutic response.

—(*J. Mt. Sinai Hosp.*, N.Y., Aug. 1957).

SOCIAL STRESSES SEEN IN DAILY PRACTICE

(A Doctor's Warning)

R. FRIEDLAENDER, M.D., London

158763

Football Fans.—"People of all social classes have become weekly devotees of the local football game and, fit or not, will attend a match in any weather. Some patients, though suffering from a feverish cold or acute bronchitis, thus expose themselves against their better knowledge to damp, cold weather. They may even be compelled to be absent from work for this reason, or by following their urge, turn trivial illnesses into more serious ones.

"More important are those with coronary disease. The football grounds are often further from the car-park or bus-stop than they usually have to walk; they hurry and become members of the herd, rushing to their stands, and often have to climb many steep steps, enduring a physical effort they would do their utmost to avoid at any other time. In addition, their emotional excitement leads to further strain. I have records of several patients in whom a first or a fatal attack of coronary thrombosis can be directly attributed to attendance at a football match.

[Horse-racing and cricket test matches are perhaps even more exciting than other sports and games and must account therefore for several similar accidents.—ED. HEALTH].

Anxieties in the 'lodge'.—"Looking at the history of middle-aged patients with nervous breakdown, hypertension, or coronary disease, it is surpris-

ing how many regularly attend Masonic meetings and break down in preparing themselves for high office in their lodge. Sometimes for a year or more, their free time, and often long night hours, are devoted to memorizing long passages; and this can lead to continuous anxiety.

"Ambition, pride, and fear of failure usually keep them going until their object is achieved, and then they break down in utter exhaustion, often with an anxiety state or coronary thrombosis. The ceremony itself, with perhaps two hours in a locked or closed room, causes acute anxiety symptoms.

"These lodge activities are rarely disclosed spontaneously by the patients themselves, but once attention has been drawn to them (usually by their wives) the strain is admitted..... Perhaps some lodges would allow their members to read their ceremonial addresses and not insist that everything must be spoken from memory.

Worried about taxes.—"In my third group are those who fear, or are actually in trouble with, the income-tax (and sales-tax) authorities. Their symptoms of sleeplessness, nervousness, lack of concentration, and feeling run-down, are so characteristic that one can almost ask them outright whether they have any tax troubles. An interesting point is that these people do not

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start worrying until they are in fear of being found out or are already in difficulties.

"The severity of symptoms is not always in proportion to the gravity of the offence. It seems particularly to depend on the length of time taken to settle the problem with the authorities and, even if the material effect of the settlement is less ruinous

than had been feared, the effect on physical and mental health is often devastating. No treatment is likely to do much good until the authorities have reached their decision, and the only help a family doctor can give is friendly advice to disclose everything in order to save the patient's best asset, his health."—(*The Lancet*, London).

The Most Critical Days in a Child's Life

THE most dangerous period in the life of the infant is that immediately before, during and after birth. The closer the time of delivery, the greater the danger to the infant. According to a recently published study by the World Health Organization (WHO), this is becoming more and more apparent because of the fact that while infant mortality generally has decreased sharply, mortality at birth has decreased much less.

In England and Wales, for example, mortality among infants between six and twelve months of age has dropped 92 per cent since the beginning of the century, but the decrease of mortality among infants immediately after birth is only about one third of that. The loss of life at birth, therefore, accounts for an increasing percentage of infant mortality.

To further understanding of this, as yet inadequately explored phase of human mortality, the specialists have introduced a new concept; *perinatal mortality*, covering the period

from the twenty-eighth week (seventh month) of pregnancy to the first week of life, and the WHO study represents an initial attempt to collect international statistics concerning this period.

It shows that almost a third of all perinatal deaths occur on the day of birth; that the death rate is considerably higher for boys than for girls, but that far more girls than boys die of congenital malformations of the nervous system. The reasons why this is so are not yet clear, and the fact that a high percentage of perinatal deaths are listed in the study as being due to "ill-defined or unspecified causes" also goes to show that much has yet to be learned about perinatal mortality.

Deaths due to conditions of the foetus itself account for the highest percentage of perinatal mortality; in Canada, for example, the percentage is 45.7. Next come obstetrical causes (31 per cent); then congenital malformations (14.8 per cent); and, finally, "causes in mother,"

accounting for 8.5 per cent of all perinatal deaths.

What are the prospects of controlling these causes? The drop in infant mortality generally is, first of all, a result of immunization against communicable diseases and a decline in gastrointestinal diseases due to the education of mothers and the efforts of well-baby clinics. With the scientific knowledge available, a further lowering of perinatal mortality is still possible, both in regard to these conditions and in regard to those affecting the infant before as well as after birth, such as syphilis and infectious diseases like German measles and chickenpox, which, apparently, are mild to the expectant mother, but nevertheless a cause of congenital defects in her baby.

To prevent these diseases from damaging the baby, action must be taken before birth. Indeed, many years before, if,

for example, rickets in the mother, which is a cause of death to the infant during delivery, is to be checked.

Of the 17 countries covered by the study, Norway has the lowest perinatal mortality, with 26 deaths in 1955 per 1,000 live births, followed by New Zealand (28); Sweden (28.4); the Netherlands (29.2); United States of America (30.4); Switzerland (30.9); Canada (31.5); Finland (33.6); Denmark (33.9); France (34); Belgium (35.4); England and Wales (38.3); Austria (40.5); Scotland (42.1); Germany, Federal Republic (44); and Italy (46.2).

The study warns, however, that the collection of statistics on perinatal mortality still encounters great difficulties in many countries and that the imperfect nature of the data should be borne in mind when making numerical comparisons between countries.—(*W.H.O. Report*).

Use and Care of Dentures

How well your dentures function will depend to a great extent on your patience and effort in learning to use them. It takes a little concentrated practice, just as learning to drive a car or ride a bicycle.

Here are a few tips:—

If you have trouble with the dentures clicking or slipping when you talk, try reading aloud while you are alone. It trains the muscles of your lips, cheeks, and tongue which have to hold the dentures in place.

Don't expect the dentures to correct irregularities of your features. Few people realize how unsymmetrical their faces are until after they start wearing dentures. The tendency is to blame the new teeth, though in most cases it's the same face they have been shaving or making up for 20 years or more.

In biting food, it is better to press the food against the teeth, rather than to pull at it as you bite. Take care that you don't switch permanently to softer, easily chewed foods. You're

only preventing your muscles from learning their new job and you may injure your general health. Wear the dentures night and day. You can't learn to use them when they're in a bureau drawer. It will take several weeks for the gums and ridges to become toughened to their new task. If sore spots develop, your dentist can make adjustments to relieve the pressure.

Brush your artificial teeth as often as you brushed your natural teeth—on arising in the morning, after each meal and before retiring, using baking soda or some special commercial dentifrice; don't use harsh cleansers.

Tartar gathers on artificial teeth just on natural teeth, so periodic visits to the dentist for cleaning and polishing are important.

Limited Use of BCG Vaccine Recommended

USE of BCG tuberculosis vaccine should be restricted to groups unduly exposed to tuberculosis and without other adequate means of control, according to recommendations of the Ad Hoc Advisory Committee on BCG composed of 10 doctors of the public health service.

The Committee cited a number of reasons why large-scale BCG vaccination programmes would be inadvisable. It pointed out that the effectiveness of BCG ranges from 0 to 80%. BCG offers no protection to persons who are already infected and are most likely to develop active tuberculosis. Widespread use, more-

Just as your glasses need changing over the years, so do your dentures. The ridges on which the dentures rest may shrink so that vertical dimension is lost. Then wrinkles or depressions form in the upper and lower lips, the lips become compressed, the chin protrudes more than formerly, and pouches form on each side of the lower jaw. Generally dentures should be rebuilt or new ones made every three or four years.

Here is one final bit of advice. Modern dentures are good, but your natural teeth, in most instances, are better. Take good care of them. If you have to get dentures, try not to be either overly optimistic or unnecessarily pessimistic. Just give them a chance—(*Today's Health*).

over, would cancel out permanently the effectiveness of the tuberculin test, by which it can be determined whether or not a person is infected with the disease. Since BCG causes all persons who have been vaccinated to react to the tuberculin test, its wide-spread use would eliminate one of the important diagnostic means of discovering tuberculosis.

For these reasons, the Committee recommended that the vaccine be restricted to such special groups as physicians and other medical personnel working in hospitals having inadequate tuberculosis control programmes,

families in which a member with tuberculosis must remain in the home, and persons associated with institutions in which exposure is known to be high, as in certain mental hospitals and prisons.—(*Public Health Reports*, December 1957).

New and Safer Ways with BCG Vaccine

INJECTION into the skin of a measured dose of standardized fresh vaccine is the customary procedure and brings good results, but the trouble involved and occasional bothersome local reactions has led to attempts to vary the technique. "Freeze dried" vaccine is a new preparation with just as good results as fresh vaccine and far more convenient to store and keep. BCG vaccine can be given by mouth, but large doses, repeated frequently, have to be used. This method requires special vaccine, but it does work, albeit at the occasional risk of complications of its own—enlarged cervical glands, middle ear inflammation and intestinal ulceration, and it is not as yet accepted in this country as a reliable technique for wide-spread use.

BCG vaccine can be scratched

into the skin of the back to produce elongated, parallel scratch lines, but here too the results are uncertain and it is doubtful whether multiple swollen scratches on the back are more tolerable than a localized reaction on one arm.

Administration of a special concentrated BCG vaccine by multiple puncture, that is by pricking 20 or more, 1 millimetre-deep punctures with a special apparatus through the spread vaccine on the outer arm, has recently proved a very satisfactory technique. Ulceration does not occur, nor does glandular enlargement, yet post-vaccinal tuberculin conversion is good and persistent. It is a more acceptable method to children than the injection technique and it is likely to replace the latter before long.—(*Mother and Child*, London, January 1958).

An Adequate Diet

Probably the most satisfactory way to provide a thumbnail sketch of an adequate diet is to consider the basic seven foods. It might be more specific to refer to these as food sources, since much more than seven individual items are considered. They are as follows: (1) Green and yellow vegetables. (2) Citrus fruits, tomatoes and tomato juice, strawberries and melons. (3) Milk and milk products. (4) Meat, poultry, fish and eggs. (5) Bread, flour and cereals. (6) Butter or fortified oleomargarine. (7) Other vegetables, including sweet and white potatoes. Daily combinations of these basic seven products will provide an adequate diet for a normal person. Amounts depend upon appetite and needs. Not only will proper nutrition be provided, but also there will be no need for vitamin or mineral supplements or the taking of special so-called "health foods" occasionally advised by food faddists.—(*Today's Health*, Sep. 1957).

I GIVE UP!

THIS is to serve notice on the world that I quit, I resign, I give up the crusade. For 40 years I worked on the copy-desks of newspapers and magazines, trying to straighten out the grammar of the great reading public. My success has been about that of most reformers. Things have been getting steadily worse.

As every copyreader knows, *six* of the *most common faults* are these:—

Using "data" as a singular noun. (The data is readily available).

Using "contact" as a verb. ("I'll *contact* you tomorrow)."

Confusing "like" and "as." (Just go on behaving *like* you did before).

Comparing "unique." (His collection of coins is rather *unique*).

Using "providing" for "pro-

vided." (He will come, *providing* he is able).

Using "literally" for "figuratively." (I was *literally* bowled over by what he said).

Now I am resigning from my crusade. It is perfectly clear that the public in their collective unconscious wisdom are changing the language. They have every right to do it. I can't stop it. This has been going on as long as there has been a language, with fuss-pots like me being dragged, kicking and screaming, at the tail of the procession. Another few years and even the purists will happily use the expressions I find so painful today.

When that day comes, just *contact* me, *like* I'm asking you to do now. I'll then look in my most *unique* files for the *data* which is there confirming my prophecy. This is, of course, *providing* I am not literally frozen with horror at the way things are going.—(Bruce Bliven in *The Saturday Evening Post*, April '58).

Moderation is the only Virtue

The other so-called virtue are virtuous only in so far as they are joined with moderation. To be over-courageous is to be foolhardy. To be over-thrifty is to be parsimonious. To be over-loving is to be doting. To be too unselfish is to weary the world with the spectacle of your martyrdom. To give a child, a mate, or a friend too much attention or too little is equally disastrous. Self-abnegation and self-glorification are both vices. To be too thoughtful is to be incapable of action, and to be over-active is self-defeating. Moderation is what counts.—(Charlton Ogburn, *Reader's Digest*, Jan. 1958).

Mother's Is Best

If a child is badly burned, his mother seems to be the best person to donate skin for her graft. This is indicated in experiments described to the American Association of Plastic Surgeons by Dr. Lyndon A. Peer of Newark, N.J. Patches of skin from mothers, fathers and a grandfather were transferred to 26 infants when the babies were having cleft lips repaired. The skin transplants from the mothers lasted the longest.—(*Today's Health*, Sep. 1957).

THE SEXUAL RELATIONSHIP IN MARRIAGE

FREDERICK HARRIS

THERE are few personal problems of deeper concern to men and women today than the sexual adjustment in marriage. Marked sexual maladjustment frequently results in profound emotional disorders, in shattered partnerships and in pitiful spiritual degradation. But this is probably not the most significant aspect of the problem. The real tragedy is that such a large number of people are muddling along so aimlessly that the sexual relationship, instead of being an enriching experience, remains a generally disappointing and recurrently disruptive element in the partnership.

Sexual matters are not always treated rationally and the result is that we live in a dim twilight beneath heavy clouds of prejudice. The relation of the sexual impulse to the association of a man and a woman in marriage remains confused because we do not analyse our experience.

What we receive from Nature is a powerful and imperious organic impulse. But we have omitted in sex education to instruct youth as to how this disturbing drive can be brought successfully into harmony with other elements in marital experience.

How can such an integration be achieved? I believe that the issue cannot be evaded by any vague "spiritualization" of sex. Shall we not rather look for our salvation in drawing the sexual relationship into the circle of true partnership by making it a

genuinely shared interest? This means that, instead of seeking personal sexual satisfaction, each partner shall endeavour first to consider the other in order that perfect mutuality shall be established.

The essence of mutuality is that the whole experience—from the first caress to the climax of sexual intercourse—shall mean essentially the same to both, and shall bring the same enduring satisfaction to both.

I am aware that perfection is not within the range of human possibility, but *we can achieve as near an approximation here as in any other adventure in sharing*. It is proper that both partners shall understand the import of all their acts, that they shall ascend the heights of sexual emotion as nearly abreast as possible, and that each shall attain the climax which is essential to mental and physical well-being.

I have no illusions as to the difficulty of this achievement, but the only alternative is that one partner shall satisfy his or her desire at the expense of the other. It is such experiences which create that disgust of the physical act which mars the life of so many women. Buoyed up in the early days of marriage by the force of a deep love, later on such women come to feel more and more keenly a desperate bewilderment about, and a

sharp recoil from, a passion which they are called upon to serve without sharing.

It is strange that in an enlightened age all this should have to be set down; but I have talked to a number of earnest and intelligent married men who do not even know whether or not their wives have ever experienced, in sexual intercourse, the climactic release of nervous tension technically known as an *orgasm*. With all their sincerity, such men must be set down as having little intelligent concern for the sexual interest of their partners. There is nothing really shared under such circumstances.

The ideal sexual partners are those who have sized up the character of their problem. As they are utterly frank with each other elsewhere, they are utterly frank with each other here. They have studied together the facts about each other's bodies and the characteristic psychological reactions of men and women. They understand that adjustment between their mutual moods must determine appropriate times and seasons for sexual satisfaction. They have not an atom of fear of each other.

In all high emotion, there must be a sense of abandonment, of perfect freedom; and such daring freedom is theirs because each understands that the other is not grasping selfishly at his own delight. There can be little danger of unserviceable sexual behaviour when the sexual life of each partner is the object of

the other's intelligent and affectionate concern.

There are many phases of love, but these phases come together in the purpose of affection—the desire for unity with the beloved. The sexual relationship may play its part in enriching and perfecting unity. In its due season, it may represent, above every other relationship, the most intimate and delicate sense of oneness.

As a glance of the eye or a touch of the hand or the graceful homage of a kiss—all sensuous things—becomes not only a symbol but part and parcel of affectionate expression, so sexual intercourse, the most intense of all sensuous experiences, may be a most perfect expression of mutual love. Sexuality as it appears in acts whose purpose is merely to satisfy one's own demands tends to be cruel and relentless; but when it appears as a purpose of two partners to share an experience with each other, it is the handmaid of tenderness. This is the ideal experience.

The chief difficulty in realizing this sort of relationship is our curious reluctance—due to the habit of strict reticence about sex matters—to admit social intelligence into the case. We speak about Nature showing the way. But the kind of sexual intercourse I have been discussing is not “natural” at all. It is as unnatural as a bus or a Beethoven symphony. It is the product of human patience, intelligence and skill.

The sex behaviour of the lower animals and of undeveloped races is more or less casual, largely self-centred, and quite probably violent. Such behaviour serves a purely procreative purpose, but it does not enrich the experience of sexual mates. This mutuality in the sexual relationship is an artistic achievement and artistic achievements do not just happen.

There are less ponderable obstacles. Wide differences in time of sexual response between man and woman, instability of emotional mood at certain times, odd little crotchets of time or place or conversation or preliminaries that, trivial enough in themselves, may grow in this particular experience into matters of extreme significance—the list could be multiplied. But such obstacles are nearly all surmountable by patience and skill. Because we insist upon exaggerated reticence, men and women bear in uneasy fortitude what could be readily removed by intelligence.

Some disappointed people talk of the monotony of monogamy. But if the perfect sexual adjustment enshrined in the marital partnership brings a common

happiness to both partners, there is insurance against monotony; for the very essence of sexuality is its tidal ebb and flow. “The first fine careless rapture” is recaptured, recaptured again and again; we celebrate once more a vital and enduring unity.

It is my conviction that the achievement of this sharing of the sexual experience tends to become so satisfying to the partners that their sex problem is settled within their partnership. Sexual irregularity for such partners no longer appears in their desires.

I am told by those who have had the opportunity to examine many cases that under such circumstances sexual love may continue up to the threshold of senility. It is a beautiful idea that marital lovers far beyond middle age should be able to warm themselves in an emotional experience recalling all the fine romance of the first flush of youth.

There is always a rich reward for the pains we take in trying to perfect a personal relationship.—(Condensed for the *Reader's Digest*, March 1958, from *The World Tomorrow*).

Heart Culprit Unknown

It's too early to blame any single thing, such as diet, as the cause of coronary heart disease. Many factors have been suggested as playing a part—fatty diets, heredity, age and sex, blood clotting and blood dissolving processes, sex hormones, exercise or lack of it and emotional tension. But “I feel that we may safely conclude that coronary and cerebral artery disease and thrombosis have many causes and are probably not caused by any single factor,” Dr. Phillip L. White, Secretary of the A.M.A.'s Council on Foods and Nutrition, declared in a speech to the National Live Stock and Meat Board.—(*Today's Health*, Sep. 1957).

On Exercises the Wise Demand

IN all the civilized countries of the world, where mortality statistics are kept, deaths from heart and other circulatory diseases are causing the gravest concern, and as they amount to about one-third of the total number, the reason is not hard to find. The problem is being studied from many angles, and much attention is being paid to the use of fatty acids, the development of cholesterol and other nutritional factors.

On one aspect of the problem practically all heart specialists are agreed, i.e., that exercise and hard work are *not* detrimental to the heart and circulation. At a conference sponsored by the National Health Education, in the United States, which was attended by many of the most eminent of heart specialists, the following resolution was adopted: "What this country needs is to express emotional and mental tension through physical exercise and to combat the idea that hard

physical work causes stress and strain."

This is a fundamental physico-mental concept that is often overlooked in heart cases, particularly by those who advocate relaxation in the face of mental-emotional strain. Relaxation should be secondary to activity, and the release of the tensions that are concomitant with worry, anxiety and all forms of stress will come only through physical activity. A famous sociologist pointed out, years ago, that the division of labour which involves too much mental strain on certain members of the community and which is not balanced naturally by physical work, will tend to cause a breakdown in health.

Dryden wrote, "The wise for cure on exercise depend." If we substitute the word prevention for cure that remarks would sum up the opinions concerning heart and circulatory troubles that are held by many of the most prominent of heart specialists.—(*Health for All*, March '58).

The Antibiotic Boomerang

TODAY, we hear less talk about "miracle" and "wonder" drugs; time and events have somewhat changed the tune. The latest report of the boomerang effect of the antibiotics appeared in the *London Times*, January 14, 1958, under the headlines, "Germs Resist Penicillin—Many Deaths After Influenza. Trouble in Hospitals":

"The Public Health Laboratory Service in London yesterday said that they had been investigating the characteristics of the considerable number of deaths caused by the influenza epidemic. It appeared that most of the victims had a staphylococcal infection in addition to the influenza virus. It caused sepsis, boils, and other condi-

tions and led to trouble in hospitals, because it had a way of becoming insensitive to penicillin and other antibiotics. Deaths took place so quickly that treatment would probably have had no chance."

The rest of the report showed that the infection reached alarming proportions which led to the closing of some hospitals, including the Royal Maternity Hospital at Glasgow, and special precautions had to be taken in an old persons' home, among other places where the sick are cared for. Young and old had died from the infection, and Dr. J. M. Croll, of Lincoln, was reported to have said that the germ responsible for the infection "could kill in 24 hours."

It seems evident from these disturbing events that the safest way of treating the 'flu is to rely on simple natural methods like resting comfortably in a warm bed, clearing the bowel with a warm-water enema, and fasting until the temperature falls. There is not the slightest need to complicate the issue by taking any kind of medicine, simple or otherwise, and a quick shot of penicillin or some other powerful agent is just the kind of measure that should be avoided. In such a case the antibiotics may upset the balance in germ activity and make it possible for the more virulent kind to gain ascendancy.—(*Health For All*, March 1958).

The World's Strictest Banker

JAMES F. BENT, M.D.,

The most inexorable banker in all the world is Mother Nature.

She gives no quarter.

SHE holds the stakes on all of us, and she's one banker who can't be fooled. She can be quite generous in making a loan when it's needed in a hurry, and she's usually reasonable in demanding repayment, but she won't carry an overdue account very long. When the time comes to pay, you pay! She won't listen to excuses, pleas, or promises to pay later; you settle your note when it falls due or she forecloses.

We've all got to settle with her some day, but that day can be long delayed by following her simple basic rules. Ordinarily she lets us take our own time to

close out that final account, but we must obey her rules.

Who is this tough lady banker? The name we best know her by is Mother Nature. Her bank is the Bank of Life, and her loans are in terms of strength and energy. Just try to stretch one of those loans a little too far by refusing to rest when you need it, and see what happens. Your family and friends may be speaking of you in the past tense.

Mother Nature will cheerfully make her loans to children and young people and usually asks no questions. Why not? Their credit is good, and they can repay her in full with a single

good night's sleep. Notice how quickly a healthy child recovers from all but the most exhausting experience. He can be ready to drop at bedtime, and bounce up again in the early morning.

Not so with those who are getting along a bit. The farther they are down the road, the more reluctant Nature is to lend them extra strength and energy, and the quicker to demand repayment. Anyone past forty who thinks he can get away with reckless spending is in for an unpleasant surprise.

Nature's penalty for too heavy borrowing may take the form of a sudden fainting spell, momentary weakness or dizziness, or even a mild heart attack that lays the patient up for a few days. That is Nature's first warning that the note is overdue, and the borrower had better slow down a bit and start making repayment.

If this warning is not heeded, she may send another, stronger warning; but rarely a third. She'll mark the account, "Overdrawn—no more credit," and foreclose. That could mean a long stay in bed if the borrower is lucky; it means death if he isn't.

She won't listen to excuses that business, social, or family matters prevented you from resting enough to keep your account solvent. You can't get by with pleas that you were relaxing by indulging in sports. Her agent, the doctor, will point out that eighteen holes of golf or ten sets of tennis after a hard day's work can scarcely be called resting.

If you're under thirty and reasonably healthy, you may be able to get away with it for a while, but not if you're past forty or have any kind of physical disability. Sooner or later the old lady will send her note, and you'll have to pay it.

She'll insist that you bring your account back to a reasonable balance by proper rest when you need it. If you refuse for any good reason, no matter how good it may seem to you, she'll collect her note with interest.

To keep our credit good and remain physically solvent, Mother Nature has given us a few simple rules to follow:—

1. *Watch your rest*:—Try to get a good night's sleep. The amount of sleep needed by different people varies. Some people can get along on five or six hours' sleep daily and remain perfectly healthy. Others need more. It depends on the individual, not on the old average of eight hours for all.

It may not always be possible for a busy man to find time to lie down, but there are other ways to relax. One of the best is to lean back in your chair for a few minutes, close your eyes or look out of the window, and relax completely.

Try to keep business worries and other troubles out of your mind.

2. *Watch your diet*:—Cut down on starches and other fattening foods, and eat less of all foods. One of the main troubles with modern civilizations is that most of us eat far more than we really need, especially of rich and

heavy food. Put a check on your intake, and help yourself to better health.

Don't let family quarrels, heated discussions, debates, and business worries interfere with meal time. Keep these matters in their proper place, away from the table, and make your meal-time a pleasant affair.

If you tend to eat too fast, slow down and take time to enjoy the meal. Gulping food like a starved wolf can raise a fine crop of ulcers, besides being a waste of time and effort spent in making the meal tasty.

3. *Watch your weight*:—If you are overweight, try to lose some of the excess poundage. The best way to lose is by diet, for overweight is generally caused by overeating. It's neither easy nor pleasant to regulate meals and stick to a diet, but there's no better way to reduce. It's always easier to put it on than to take it off.

Extra weight is like a trunk that must be carried everywhere you go. If you are carrying such a trunk, determine that you will drop it. You will feel and look better, besides keeping solvent your account with Mother Nature.

4. *Watch your condition*:—Most people don't get nearly enough exercise in this day of the motor car and labour-saving machinery. As a result they cannot walk more than a few yards or do much lifting and carrying without becoming exhausted. If you are like that, it's time to check up on your condition.

A ten- or fifteen-minute daily

walk will do wonders towards putting you back in shape. Take the walk in the morning when you feel fresh and rested, or in the evening after you have recovered some of the energy lost during the day. It will put fresh air in your lungs, improve your circulation, and improve your muscle tone.

5. *Watch your habits*:—The best way to control habits is to remember the old teaching: "Nothing in excess." Cut out smoking and drinking. They can become habits very difficult to control, but it's worth the effort for the sake of better health.

6. *Watch your general health*:—Have a thorough medical check-up at least once each year; more often if you're getting on. This is always much less expensive and troublesome than a long illness, and there's always the danger that you may lose the bout.

Give immediate attention to the first sign of serious trouble; time is the greatest ally of cancer and most other diseases. A stitch in time can save more than nine—it can save your life or the life of some member of your family, not to mention heavy expense and suffering that can often be prevented.

Treat your body for what it is—a gift of God. He meant that you should use it, so don't pamper it or be afraid to give it hard work. On the other hand, he didn't intend it to be overworked or abused.

Mother Nature is a tough banker, but she can be reasonable.—(*Good Health*, January 1958).

Simple Habits of Living

Conduce to

HEALTH and LONGEVITY

THE need for reverting to the ancient ideals of plain living and high thinking was stressed the other day by H. H. Sri Sankaracharya of Kamakoti Peetam when he addressed a very large gathering at George Town, Madras. He observed that when we desire to be happy and free from want, we should also wish the same for the rest of mankind. To achieve this purpose, our thoughts must be focussed for at least ten to fifteen minutes every day on the feet of the Lord and His Consort. We are all their children and so should develop the consciousness that the world is one family and we are all members of that family, the rich and the poor, Hindu, Muslim or Christian all alike. Then only can there be happiness in the world. From the feeling of human kinship flows the obligation that each one should render what little help he can to the less fortunate in society. In this matter-of-fact world, one will have the inclination to help another only when one is himself free from all wants and worries. But there are people who have developed the strength of mind to bear their own difficulties with fortitude and to go to the succour of those in need.

The impact of Western civilization has created several

changes in our society. The love for one's neighbour has given place to individualism. We are trained to look upon the State to provide institutional care to the sick and the aged, the widow and the orphan. Some families have begun to depend on hotels for their food requirements! We have also multiplied our wants and most of us have become indebted. If we are to recapture the concord and contentment of a past generation, we must change our entire outlook and learn to depend less and less on the State. Let us for a moment examine the food-habits of our grandparents in olden days; we will find that people of all castes and creeds, the Maharajah and the peasant were all satisfied with millets, cereals and other food-grains available in their respective localities. There was nothing *infra dig* in taking even ragi congee. Raw rice was used only for special occasions and for making offerings to God. Now every one wants only raw rice, which results often in an acute shortage of this food-stuff and in having therefore, to ration it to the people. In ancient times excepting the Kings, Zamindars and rich traders and merchants, all the others lived in huts and in this respect there was no difference between a Brahmin and a Harijan. Cloth requirements were also limited. One used only cloth sufficient to cover nakedness and to obtain protection from cold. Men were satisfied with a cloth round the waist and a cloth to cover the body and even well-to-do women went in only for

sarees worn by an ordinary peasant. This ideal was kept up by Gandhiji.

The disappearance of these simple habits, besides adding to the family budget, has also widened the gulf between sections of society, resulting in ill-feeling and bitterness. Before it is too late, we should pause and take stock of the situation. To begin with, we must put a stop to coffee and other stimulating drinks which are making a heavy drain on the family purse and cease to wear silk sarees. By imitating the West in our

clothing and other habits, we consume more cloth and also incur additional expenditure by way of tailoring, laundrying, hair-cutting and toilet. A few started these wrong habits, which have gradually spread among the rest. Let a few make a beginning in the right direction and in course of time, others will follow. In this respect the responsibility of rich people is great. They can set an example for plain living, utilizing what they are able to save thereby in helping the needy.—(His Holiness Shri Sankaracharya of Kamakoti Peetam).

MENTAL PATIENTS CAN BE CURED

"Your patient today—your neighbour tomorrow" is the slogan that is bringing new hope to Mental Hospitals

Prof. ALEXANDER KENNEDY AND Dr. WILLIAM C. MENNINGER

Few misconceptions are more widespread or more costly than the myth that the mentally ill can't get well. The fact is that there is no area of illness which has potentially a higher rate of recovery.

Mental patients occupy about 40 per cent of all hospital beds in Britain. With more doctors and nurses to provide treatment and with improved hospital and community services, many of those who have spent 10, 15 or even 20 years in mental hospitals could be discharged. An outstanding example is Warlingham Park—the famous "open door" hospital in Surrey—from which 93 per cent of the patients admitted return to normal living within 12 months.

Experience at Warlingham Park shows that if there are enough well-trained doctors and nurses, working in the right environment, five out of six patients can be discharged as "socially recoverable" within a year. Of the 59 patients admitted in one month in 1956, 58 were able to leave within 12 weeks. The major reason? In contrast to the national average of one consultant for every 264 inpatients, Warlingham has one consultant for every 83.

Moreover, 85 per cent of those discharged go back to productive work. The hospital's after-care department uses every resource to help patients find jobs and re-establish a suitable life. Many former patients are

employed in shops, offices, hotels and hospitals.

Here are facts from the Banstead Hospital in Surrey. During the three-year period ended December 1956, 150 patients left the hospital after having been there *five years or more*. Many of them had been regarded as hopeless—by themselves, by their families and by the hospital staff.

These amazing results were made possible by a concerted drive by doctors and nurses to give constant, round-the-clock attention to each individual. Although there was no increase in staff or expenditure at Banstead, there was a determination not to succumb to the inertia which has crept up on so many hospitals in the face of acute overcrowding, shortage of staff and the indifference of the community to the plight of the mentally ill. For the first time patients received *active treatment*.

"Your patient today—your neighbour tomorrow" has become the slogan of the doctors and nurses at Banstead. Enthusiastically they believe that no case is incurable and their optimism is shared by everyone in the hospital. Even the cleaners, porters and kitchen staff identify themselves with this positive approach to recovery.

Other hospitals have had equally astonishing results in their attempts to rehabilitate long-stay patients. Three years ago the De La Pole Hospital in Yorkshire had 70 per cent of patients in locked wards; today,

as a result of an intensive-treatment scheme, the figure is down to 10 per cent and soon there will not be a single patient kept behind a locked door.

If *everyone* were to realize that most mental illness is curable, it would be a great step towards solving what Ian Macleod, then Britain's Minister of Health, called "the most serious and baffling problem in the National Health Service." Although in 1955 over 4,000 new mental hospital beds were planned, the tragedy is that the hospitals cannot be staffed with enough doctors and nurses. There are only 568 mental health consultants in Britain—about three-quarters of the required number, and at least 7,000 more mental nurses are needed.

Hospitals like Banstead and De La Pole have proved that even with existing staff it is possible to rehabilitate many of the most regressed patients. With adequate staff and positive therapy, not hundreds but thousands of patients could be nursed back to a happy, useful life in the community. Hence the importance of encouraging more men and women to make the care of the mentally ill their vocation. Not enough people realize that the sick in mind can be cured just as can the sick in body, and that it is as satisfying to restore a disturbed and turbulent patient to normal living as it is to mend a broken limb. In a recent experiment at Edinburgh a group of general hospital nurses did a period of mental nursing in an intensive

treatment unit. At the end more than half asked to stay on to make their careers in mental nursing.

Why don't more patients get well in Britain's mental hospitals? First, because shortage of doctors and nurses makes it almost impossible to give patients sufficient individual treatment. Secondly, people haven't got well because of the lack of adequate living conditions for lack of funds. In the general hospitals the daily cost for a patient is about 50 s. (Rs. 33). In mental hospitals it is just over 14 s. (Rs. 9)—about the same as is spent on a man in prison. It is impossible to provide decent conditions on such sums.

A third reason why the patients don't recover is that too little is done to establish and maintain human contacts with the outside world. Tremendously important in the recovery rate of mentally ill patients are the attitudes and actions of relatives, friends and volunteer visitors.

"We are steadily removing the walls round many of our mental hospitals and opening the gates," says Dr. Alex Baker of Banstead, "but there is still the barrier in the mind of the community." This

"barrier" is the widespread attitude which condemns the recovered patient and interferes as much as anything with his chances of staying well and earning a livelihood.

A fourth reason is that hospitals are handicapped in helping the acutely ill because of the practice of placing the elderly in mental hospitals. About one-third of admissions to mental hospitals in recent years have been persons of 55 or more. When Grandmother becomes a little confused or querulous or too ill to carry on, the tendency is for her to be admitted to a mental hospital. Such elderly people need help, but they don't require intensive medical attention. When they are mixed with younger, seriously ill patients, it is a handicap for everyone concerned.

But new light is dawning for the mentally ill. "We are living in the most exciting time in psychiatry," says Dr. Ernest Charlton, Medical Superintendent of Banstead Hospital. "After years of neglect and failure, we are at last winning the battle against mental diseases. It may not be long before we are able to close down many of our large mental hospitals. Only shortage of staff retards our progress."—(*Reader's Digest*, March 1958).

Arthritic Personality?

People who develop rheumatoid arthritis "have a particular and unique personality pattern. These people seem to have strong feelings of inadequacy, coupled with a high degree of social consciousness. They seem to have an ever-present desire to do the right thing and a need to live by the Golden Rule. They are meticulous, perfectionistic and over-anticipatory," according to Dr. Norman O. Rothermish, Columbus Medical Centre, Columbus.—(*Today's Health*, Sep. 1957).

SINUSITIS

"Nowadays there are several ways of treating these infections of the air spaces surrounding the nose" says

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SINUSITIS means inflammation of a sinus. Sinuses are air-spaces in the bones around the nose. The largest in the upper jaw on each side is called the antrum.

The bones of the forehead are also hollowed out by air-spaces leading from the nose. These frontal sinuses, as they are called, vary in size and shape, often being absent on one or both sides. They reach their full size in adolescence. Numerous small thin-walled sinuses called ethmoid cells form a mass somewhat like a honeycomb between the eye-sockets and the nose. Lastly, the sphenoid sinuses are almost in the centre of the head, above the roof of the back of the nose.

Any infection in the nose may involve a sinus. Sinusitis is usually preceded by an airborne infection of the nose. But there are two other important routes. The floor of the antrum is very close to the roots of the molar teeth. Sometimes during the extraction of a molar tooth the egg-shell-thin wall of bone separating the apex of a tooth root from the antrum is broken. Infection can then enter the sinus directly.

The other way in which a sinus may become infected is by the entrance of water during diving or swimming, especially swimming under water. Sinusitis, just like inflammations in

the middle ear space, can often be traced to this cause.

Sinusitis can also follow colds, influenza, scarlet fever, measles, whooping cough, diphtheria, pneumonia, and in fact all the infections that are spread by air-borne bacteria and viruses. So sinus infection is common in children, and sinusitis in adults is often a legacy of a childhood infection of the air-passages suffered many years ago.

In acute sinusitis in adults, pain may be prominent symptom and unfortunately it has become the fashion to ascribe headaches of all kinds to sinusitis. In acute inflammation of a sinus, an outstanding symptom is pain, but it is usually readily controlled. For example, with acute frontal sinusitis the pain is almost always one-sided beginning about 10-30 a.m. and subsiding near 3-30 p.m. It is worse on stooping, as when tying up the shoes, and can be provoked by gently tapping the forehead.

The site of the pain really does not matter from the point of view of diagnosing because acute sinusitis can be diagnosed by nasal examination, by X-ray examination and by bacteriological examination of the infected discharge. It is certain that headache is rarely a result of sinusitis. A sufferer from acute sinusitis never complains of headache, he complains of pain round the eye-socket or the

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check but has no headache. Further, no evidence of sinus disease can be found in the majority of cases of headache.

The characteristic symptoms of sinusitis are those of an exaggerated common cold. The running, blockage, loss of smell, and general unwellness, are magnified because not only the nose but a much greater area of the lining of the nose is involved. The usual sequence of events in the common cold is swelling first, and then over-secretion from the lining membrane. After a few days the virus infection is followed by infection by pus-producing organisms. The watery discharge becomes thick and yellow.

Persistent cold.—In children there is a cold. This cold persists. The nasal air-way is never really clear, there is a discharge of yellow slimy phlegm from one or both sides of the nose, and probably periods of deafness or earache. Cough is a very constant symptom. Many investigations may have failed to provide any explanation of a persistent cough until X-ray examination shows that there is a lung infection and an infected sinus.

There is a very close relationship between infections in the nasal sinuses and those in the tubes of the lung. The cough is due not to disease of the lungs but to the natural reflex which expels from the bronchial tubes any matter coming from above, the so-called catarrh. This enters the bronchial tubes at night when reflexes to stop it

are inhibited. It has to be cleared on waking.

Nasal obstruction is a natural result of sinus infection. In children the obstruction is frequently ascribed to adenoids. It used to be common to blame a habit of breathing through the mouth on adenoid enlargement. Severe nasal obstruction due to adenoid enlargement is possible but by no means common. Nasal obstruction is the common result of pus in a sinus.

If a grown man has sinusitis he has either recently acquired it or he has had it for many years. There are many men who will say that they suffer from sinus trouble or sinusitis. Very often it will be found that the diagnosis has never been confirmed. A diagnosis of sinusitis cannot be proved unless supported by X-ray evidence and by the removal of fluid from the sinus.

Sinusitis may go on for years. By washing out the antrum and perhaps leaving a little plastic tube for subsequent perfusion with a suitable antibiotic it may be possible to eradicate the antral infection entirely. This is very widely practised in children and is very frequently successful. But it is very much less certain in adults, where prolonged inflammation may have led to the formation of nasal polyps.

These are enlargements of chronically swollen tissue, the effects of which are much exaggerated by gravity and forcing out the breath through the nose. A person like this is