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Consulting Editor:

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

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

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emulate this state of affairs. Mr. Karmarkar, Union Health Minister, has assisted every help to the Kusht Nivaran Sangh in the matter of expanding its services, so that no part of this vast country might be without a near-by centre of hope for leprosy patients. Seventy-two leprosy centres are now at work, serving a population of over 86 lakhs and treating about a lakh of patients. The State Governments work in co-operation with the Union Government and, in fact, assistance of a very valuable kind comes also from foreign countries. It has also been recorded that voluntary agencies in India have been increasing in numbers in different parts of the country. The Government of India have made grants amounting to about Rs. 5 lakhs annually to institutions run by voluntary organizations.

We have the assurance of RAJKUMARI AMRIT KAUR that the terrors of the disease have definitely decreased. The control of the disease must remain the responsibility of the Government, which should take measures to secure segregation of patients wherever necessary. At the same time, removal by

means of constant propaganda, of any stigma attached to patients suffering from leprosy will bring more of them to the centres of treatment.

Attention is also being devoted to the rehabilitation of those patients in whom the disease has been checked. The problem has both its medical and social aspects and, above all, its humanitarian aspect, too. The President's words addressed to leprosy workers have a special significance: "the kind of work you do.....creates in us that spirit of service which is absolutely necessary for the uplift of the country."

It is our sanguine hope that the RASHTRAPATHI's appeal to doctors and social workers will not have fallen on deaf ears and that there will be hearty and willing co-operation and response from all quarters. Our social workers on leprosy control have proved their mettle and we strongly reiterate our frequent recommendation that the Government of India and the State Governments should not allow the National Leprosy Control Programme to languish for want of finance.

Speech

"To speak is to dilute one's thought, dissipate one's ardour—in brief, to disperse one's energies when action demands that one concentrate."

A university professor was waiting in the bitter cold for a train to London when the non-stop Cornish express astonishingly stopped at the station. The professor promptly got on board. He had one foot in the carriage when a railway official called out: "You can't get on here, sir. The train does not stop."

"That's all right," said the professor. "If it doesn't stop, then I'm not on it."—(*The Manchester Guardian*).

DIET COMPOSED OF PLANTAIN FRUITS AND MILK

PATIENTS suffering from congestive heart failure, cirrhosis of the liver and kidney troubles are usually intolerant of salt, as the salt is not eliminated readily as in normal healthy subjects but is retained in the body causing swellings (œdema) and other serious troubles. The choice of foods not containing sodium chloride therefore, presents great difficulties. Rice-diet (sippi-diet as it is called) has been used for such cases but has not gained wide acceptance because of its monotonous unpalatable nature.

Ayurveda and other indigenous systems of medicine in our country, prescribe a total restriction of salt consumption in such diseases—indeed far too drastic and disliked by the patients. The discipline enjoined by these systems is often much too severe, both as regards the medicaments and the observance of strict dieting. Medical research workers have been searching for a readily available, palatable and staple food low in sodium content to be used as a dietary adjunct for such patients.

Preliminary studies by Savitsky would appear to have shown that the plantain (banana) is a food which seemed to fit these requirements as its sodium content is very low. Sodium was in fact found to be a trace element in bananas, existing in concentrations of about half a microgram per gramme of banana pulp—a negligible quantity indeed. Researches were made on

Rao Sahib T. N. S. RAGHAVACHARI,
Bacteriologist and Public Health Consultant,
Royapettah, Madras-14

different varieties of bananas grown on different soils, using different fertilization methods and under different conditions of rainfall, climate etc., which might affect the chemical composition of the fruit. The location of the fruits on the tree and in the bunch, and the section taken from individual fruits were all separately tested for the presence of sodium and potassium. Fruits grown on very heavily fertilized soil showed a significantly higher content of sodium, i.e., 4.27 microgrammes per gramme of fruit. Even this increase in sodium is insignificant from the nutritional point of view. The potassium content of all fruits tested was normal and showed no variation.

Wacker *et al* writing in the *New England Journal of Medicine* for 6-11-1958, say:—

"The use of this fruit as a dietary staple has long been accepted in medicine: the average 100 gm. banana provides 100 calories and contains 23 gm. of carbohydrate, 1.5 gm. of protein and less than 0.5 gm. of fat; the vitamin content of the fruit is high. Bananas and protein milk often constitute the routine dietary treatment of growing children with coeliac disease. Banana diets have also been prescribed for adults in the treatment

of obesity. The present data indicate that bananas have been found suitable as the staple portion of low-sodium diets.

With the use of 10 bananas as the staple portion of the diet, supplemented with 1.5 litres of a low-sodium milk which is prepared by ion exchange, it is possible to obtain a palatable and nutritious low-sodium diet providing 1980 calories, 63 gm. protein and an average sodium content of 3.02 milliequiv. of which only 0.02 milliequiv. is derived from the fruit. The diet is best served in three equal portions for the main meals, with a light snack at bedtime. One can achieve variation in the diet by combining the milk and bananas to make a milk shake, which can be sweetened with granulated sugar, without adding to the sodium content significantly. It is also possible to cook the bananas, if this is desired. The diet is well accepted gastronomically even by patients with fastidious tastes.

Preliminary results in its use in the treatment of congestive heart-failure and hepatic cirrhosis with ascites have shown it to be effective.

Sodium is a trace element in bananas. This circumstance makes this fruit an ideal staple article for low-sodium diets. Two patients suffering from salt-retaining syndromes were placed on banana regimen. Profound diuresis occurred in both. The diet is simple to prepare and is well tolerated."

The above finding is very important to us, as it has a special bearing on the Hindu system of dieting. "Milk and fruit" is the time-honoured diet of us Hindus from very ancient times. There are several varieties of plantains in South India, which have different tastes and dietetic properties. Two or three of these (*Peyan*, *Poovan* and *Sirumalai* fruits) are considered to be good to give to patients. This fruit and milk diet is thus not new to our culture and tradition and Western science is only rediscovering for us or explaining to us the rationale of the routine practices and procedures enjoined by our *Sastras* and *Agamas*, many of which we have unfortunately discarded or neglected to observe except when they are prescribed by doctors!!

How Long to Live?

Three hundred years ago Sir John Denham composed a famous couplet about old age?

For never any man was yet so old
But hopes his life one winter more might hold.

Sir John lived to be fifty-four, a ripe age in the days when the expectation of life was little more than forty years. As late as 1891 a man could expect to live to forty-four, and a woman to forty-eight.

Today the comparable figures are sixty-seven and seventy-two. No one knows why, but women have always been more durable than men. There are nearly 7,000,000 people of pensionable age in Britain where seventy-five years ago there were only 1,250,000. In twenty years' time it is estimated there will be at least 9,000,000.—(*Family Doctor*, London, February, 1959).

Why Married People Live Longer

Dr. C. R. ANDERSON EXPLAINS THE REASON

AMONG the many interesting facts that have recently come to light as a result of modern scientific research is the one that "married people live longer than those who are single."

Of course, this does not occur in all cases. But it would seem that bachelors are more prone to develop certain degenerative diseases that cut down their years of usefulness and shorten their lives. And with men who are divorced, the ratio is even more striking. So there must be something very good in the "little woman's" cooking after all!

The real reason for this difference between married and single people is not too clear. But it is a fact that they actually do live longer, and this in spite of all the stress and strain of married life. Something important seems to happen to a person who is married, in spite of the wear and tear on his nerves and cheque book. From the scientific point of view it would seem that family living, with all its problems, must be the best thing after all.

It would be foolish to suggest that family problems do not exist. They are present in every household. Without them life might seem drab and uninteresting. Part of the fun of living comes in finding some way of straightening out these problems, even if it does involve an argument occasionally.

So if you are married you should consider yourself fortunate, for you may have a better chance of achieving many of the things you desire most in life.

Necessary adjustments:—Naturally there are some disadvantages in being married, but they can be overcome if one is patient. There are certain adjustments that always have to be made, for we all see things from different viewpoints. And by learning to adjust ourselves to the needs and desires of others we grow in personality and good sense.

Why do we have to make all these adjustments in life? Because we are all so different from one another. We have different desires and make different plans. These differences arise from two basic facts. The first is family background, which determines the manner in which we think, speak, and act. The second is our sex.

There are vast differences between the two sexes, caused by certain very potent substances called *hormones*. These powerful chemicals are produced within the various endocrine glands of the body. Some endocrine glands, such as the thyroid, the pituitary, and adrenals, are present in both sexes. Other endocrine glands, such as the ovaries, are present in only one sex. It is here, within these powerful little chemical factories, that the real differences begin.

What a stuffy old world it would be if all were men! It would be equally chaotic if all were of the female sex. There is a great advantage in the sexes being so different. Opposite view points help to bring balance, variety, and growth. And, speaking of growth, it takes both sexes not only to produce the next generation, but also to guide and inspire the children in developing creative lives of their own. A child who is brought up in the presence of only one parent must find some substitute for the other, otherwise he will always feel that something important is missing from his life. Such a substitute might be an understanding school teacher, a relative, or perhaps an old family friend. But both male and female view-points are desirable for complete growth and development in life.

And so it is that we have the two sexes, each so distinct from the other. From the very moment of birth, our sex determines the course of the mental, physical and social development for the rest of our days. Our whole personality is built up around this great fact. Practically everything we say or do will be influenced by our sex.

Blending of minds:—What is it that brings two entirely different personalities together so that they can blend their lives and live happily in each other's company for perhaps fifty years and more? Is it something physical? Yes, to some extent. But there is far more to it than that. To be successful, marriage must

be a blending of minds, ideas, and ideals. There must be a feeling of love and affection; springing from the deepest recesses of a person's life. It must be an unselfish feeling, one that will place another's desires and needs before one's own. Such feelings change the whole course of a person's life. They make him mature and give him something wonderful to live for.

Perhaps one reason why so many married people live longer is that they learn to share. In sharing they discover the real satisfactions of living. At the same time they follow a more orderly way of life. They develop a certain poise and balance within themselves that enable them to live out their years more completely.

The findings of these modern research workers demonstrate the truth of the Creator's words, spoken thousands of years ago: "It is not good that the man should be alone." Naturally there are some who are a bit sceptical about whether this applies to their particular case. They may have had to endure too much!

Understanding the other sex is never easy. There are so many things that have to be taken for granted, without adequate explanation. Each has a place in the great scheme of life. For instance, no normal woman is basically happy unless she feels that her husband is able and willing to assume the responsibilities of leadership in the home. This does not mean that she will not have her say. Indeed, she will

probably do most of the talking, especially on issues that concern herself and her children. She will mould her husband and guide him.

How old should a person be when contemplating marriage? That is a hard question to answer. Some young people are much more mature than others of the same age. Some are in better health and more capable of carrying out the responsibilities of marriage. But, whatever the actual age in years, the most important thing is that the two have a common viewpoint. There are enough problems in the world to be met, without adding more by marrying someone who knows nothing about your life or ideals.

Unequal yoking.—The Good Book has a lot to say about being "unequally yoked together." It is possible to harness a horse and a bull to the same plough, but the arrangement will never work very well. It is always better to harness two animals of the same kind and size to the same plough.

In the same way it is just as important for young people to have a similar background and the same ideals. They will then have far fewer adjustments to make in relation to each other. Wherever possible they should have about the same level of education.

This does not mean that only married people can be happy.

On the contrary, many single people are perfectly happy, while at the same time many who are married are hopelessly miserable. Much depends on our own attitude, and also on the partner we choose. Some people marry in a hurry, hoping for the best, and such often fail in the end. This is foolish. Much illness springs from the tensions that arise from an unhappy marriage. Nor is this confined to the husband or wife alone. All too often the results are seen in the lives of their children. Most psychosomatic diseases spring from unhappy homes in childhood.

Therefore, if there are any doubts as to whether you will be happy in marriage, it is far better not to involve another person in the experiment. Marriage is a risky business at best. It can be very long and dreary when one or both are unhappy. One should therefore count the cost carefully, for there is nothing so wonderful as a happy home, and nothing so miserable as trying to live under a cloud of suspicion and family friction. It is true that some never manage to adjust their differences or get along with others in the same family. This always brings tensions and other signs of illness. Such people never find the real joys of living. But in spite of these failures we must be thankful that a great many do succeed in their married lives. (*Good Health*, London, June '59).

Exploring Space

"We may as well go to the moon, but that's not very far. The greatest distance we have to cover still lies within us."

SCIENCE SPEEDS THE PLOUGH

EACH of these new discoveries is helping the world's farmers to produce more food in less space at lower prices.....

By crossing common wheat with grass, a scientist has produced a perennial wheat, the dream of farmers for centuries. Tests indicate that the wheat is "uniquely drought-resistant and, under suitable conditions, competitive in yield with the best annual wheats."

One of the best weed-killers, when used alone, is 2,4-D. It over-stimulates weeds to grow themselves to death. By mixing 2,4-D with trace minerals, research worker Jerry Twomey, of Winnipeg, Canada, not only killed weeds in maize but also got crop increases of 15 to 25%.

Geneticists experimenting with gibberellic acid, isolated in 1954 by I.C.I. research workers at Welwyn, Hertfordshire, say that it may prove to be the most important growth hormone found so far. Under its potent influence, crops do fantastic things: cabbages grow 15 feet high; tomato seedlings grow five times faster, set more fruit, ripen sooner; and in an American experiment, maize seedlings double in height in 72 hours, and yield more corn at harvest. Scientists at the Jealott's Hill Research Station in Berkshire have used gibberellic acid to grow pasture grasses one-and-a-half times normal height.

By bombarding plants with nuclear radiations, scientists can do by design what nature does by rare accident—create "sports,"

JOHN STROHM and ALEC BLAKE
in Farm and Research

or mutations. When scientists exposed a common variety of wheat to neutrons, they changed its chromosome structure and produced a new disease-resistant spring wheat.

Artificial insemination has long been used to stretch the reproductive capacity of superior bulls. Now superior ewes, too may produce more than their usual number of off-spring—*via* "foster mothers." Scientists at Cambridge, England, have transplanted fertilized eggs from one superior mother into common "incubator" ewes where the embryos grow to birth. This procedure permits the superior ewe to concentrate on producing eggs rather than be tied down to a once-yearly five-months' pregnancy. Instead of one or two lambs during the breeding season, the ewe in the Cambridge experiment mothered, though did not give birth to, eleven lambs. It was also found that the eggs from the superior mother did not have to be "planted" immediately, but could be stored for up to ten days in a live doe rabbit; this means that they can be transported across the country or even exported.

Since animals, like humans, work harder when they are cool, American farmers have taken air-conditioning out to the barn. Calves gained 200 pounds more when kept at 10°C. in the

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University of Missouri Climatological Laboratory than a similar bunch panting in 27° temperatures. A herd of Holsteins gave one-third more milk when kept at a cool 16°C during the summer.

Developments like these, and many more, will keep the world's growing population in food throughout the twentieth century.—(*Reader's Digest*, May 1959).

DIETETIC FOLLIES

IT is not long since people believed that food was just aliment from which the body extracted its nutrition. Later, the scientist and the chemist divided food into various parts. The first division gave us only protein, carbohydrate (starch) and hydrocarbons (fat), which led to a great many dietetic errors and deficiencies. Later, with the discovery of vitamins and mineral salts, we began to see that the process of fragmentation could go on almost indefinitely, and that, even now a great many more facts about them remain to be discovered.

As soon as we began to say that one part of food gave us this or that, we found ourselves in a dietetic jungle with no real guide. For example, the idea got abroad that the starchy and sugary foods gave us energy and that vitamins would cure disease. From this standpoint it became easy to believe that sugar, glucose and other derivatives from the carbohydrates would give us energy, and that vitamins could be prescribed as medicines.

Advertisements illustrate how widely these ideas have been commercially exploited. Drinks containing glucose are advocated as being of value in illnesses such as colds and 'flu, and many people now think that they supply a good source of energy. The authorities are now insisting on proper standards and regulations. In a statement issued by the British Ministry of Agriculture and Fisheries and Food it is said that, "*In the opinion of the Committee no soft drink at present on sale, whether sweetened with sugar or with glucose, is a sufficient source of carbohydrate to justify special claims relating to energy value.*"

Necessary as such regulations may be in present circumstances, the pity is that people have not a yardstick to measure these claims for themselves. From the Nature Cure viewpoint, how much better it would be for the health of the nation if the £100,000,000 now spent on soft drinks were used to augment the family diet with fresh, wholesome fruit.—(*Health For All*, London, May 1959).

What Next?

An American racecourse has insured fans from going home completely broke by setting up a blood bank in its first-aid room and offering five dollars to each donor.

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How to be a Successful Widow

By DOROTHY CARNEGIE

Mrs. Carnegie is the widow of the famous author-lecturer Dale Carnegie, the man who taught so many "how to win friends and influence people."

ONE of the happiest persons I know is a woman who is so busy that she often says, "Where does the time go anyway?"

By day, she is a part-time receptionist in a big printing plant.

After working hours, she is so preoccupied with civic welfare groups and neighbourhood endeavours that it is hard for her to find an hour to call her own.

This woman, happy in an active, unselfish plan for living, is a widow who lost a beloved husband. She has never banished the sense of that loss, but she has learned to order her days, to make the transition from sheltered partner to individual. She has developed courage, and has found a new purpose in life.

Whenever I think of her, another woman also comes to mind. She, too, is a widow. She lives in a fine old house that was gay when her husband was alive, but she doesn't go out much any more, few friends call, and she is growing old.

She still asks the unanswerable question, "Why did I have to lose him?" She thinks misfortune has singled her out for a tragic role.

We all should know, widows—for I am one—that there is nothing unique about her plight. In the United States alone, there

are 7,600,000 of us, from teenagers to the oldest. We have different backgrounds and viewpoints, different qualities of stamina and spirit, since no individual is like another. But we all share a simple, elemental need—the need to live on.

It seems to me that the two women I have described exemplify two ways to meet this need. One way crushes your will to live. The other helps it to soar.

Only a fool will suggest that the pangs of widowhood can be avoided by a bright smile, a positive attitude, and cheerful activity. It is normal to miss a husband who is separated from us temporarily by a business trip. Separation by death is infinitely more final, even for those whose faith embraces immortality. Whether we like it or not, we must go on living. The kind of life we lead in widowhood will be determined by the qualities of spirit we develop in ourselves.

When my husband, Dale Carnegie, died, I was obliged to face immediate and complex problems. This seemed hard at the time but I know now it was good for me. It gave me no time to feel sorry for myself.

I had to assume the management of my husband's international business. It was necessary for me to master the legal

and financial aspects of his estate. And I had to assume the sole responsibility for rearing our four-year-old daughter.

With my child and my business responsibilities, I have been able to fill my hours with constructive activity. I feel that my life now has renewed purpose and direction.

As soon as possible a widow should, I believe, force herself to mingle with friends and acquaintances and *talk to them, not of herself but of everyday affairs.*

Commonplace contacts with other human-beings—who, you may be sure, have sorrows of their own—will be a balm at first and then a stimulus to make the big decision. I mean the decision to plunge into a strange new life.

One of the pitfalls that may beset you as you are about to take this plunge is the well-meant, but often disastrous, invitation of children or relatives to "come and live with us."

Unless a woman is too feeble and incapacitated by age or illness to do anything else, she should resist this mistaken kindness. We must face the fact that we are our own responsibility and must live our own lives.

Most of us, of course, cannot do this without working for a living at least part of the time. Few widows these days are left completely independent financially. Even insurance payments and small annuities or trust funds must usually be eked out somehow.

This isn't unfortunate as many people think. I believe that

most of us, if we have our health, should be thankful to work for a living—it makes our adjustment to a single life easier.

If you have ample means to get along without working for a living—work anyway. There are many worthy and noble causes, great and small, that need volunteer services. Find one. You will help yourself by helping others.

Some of my files are full of letters and stories from people who have built new lives on work and on association with others. These letters were written by widows when they were students in our public-speaking classes.

It seems that communion with others, particularly a communion in which you can give something instead of demanding something, is fundamental in a widow's successful living.

I know of one widow who walks miles each day in New York City as a worker in her city welfare department. She says that earning a livelihood this way has become an education in the conduct of her life.

"You can't brood too much over your own situation when you see other people facing up to tragedy," she says.

Another widow, in San Francisco, has a job but not enough strength to take on any additional duties. Yet I think of her as being a more valuable citizen of this world than many another who makes a great show of goodwill and service.

"I am a shoe clerk," she said. "This isn't thought of as a very important calling, is it? But I

think it is. I try to be the best shoe clerk in town. I try to give people the very best service anyone could give."

If you have to earn a living and have no special skill, it is possible to take training in something that will help you get a job.

College extension courses, night classes for adults, special instruction in special schools or classes—all of these can help us acquire saleable abilities—and they offer us a way to meet others and get our emotional bearings.

Many older widows who have spent their lives raising their children and making a home are baffled by the idea of finding a job when the need arises. "I'm not trained for anything," they say, "and if I were, how could I compete against younger women?"

They don't realize that they have a training they couldn't buy at any price. They know how to keep house—make a home. They know how to make people comfortable.

For the older widow who can cook or manage a household, there is a job anywhere any time she wants it. Menial? Not at all—it is a highly saleable talent in a field that is not overcrowded.

Another widow I recall went to a friend who was the wife of a former ambassador. She offered

to manage the staff of servants and run the house. Her friend engaged her and the plan was a huge success. The widow hired kept domestic affairs running smoothly, and the ambassador's wife had time for a social life.

The great secret of all these widows was constructive work—work that took them out of themselves and put them in touch with the stream of life again. There is a never-failing satisfaction in work well done, whether for pay or for the joy of the activity itself.

So take heart, widows! You have within you the resources to meet tomorrow. You can reorder your days upon fruitful activity. You can find there is a good life yet to live.

We all have within us endless resources to meet all the tomorrows that will come, even when we must face the future alone. Fruitful activity is part of nature's great healing process for bereavement. Work helps to knit together the fabric of life that has been so tragically torn apart by the loss of a loved one.

"Never despair," wrote Edmund Burke, "but if you do, work on."

Those who follow this advice find that despair disappears, replaced by the knowledge that life is still worth living if we are willing to meet it, not half-way, but all the way.—(*World Digest*, May 1959).

Shop Talk

A young advertising executive was rebuked by his boss for overwriting some copy. His mentor's memo read simply: "I've told you 40,000 times—stop exaggerating!"—(P.B.).

THE NEWER METHODS OF TREATING MENTAL ILLNESS

By CLIFFORD ALLEN, M.D., London

[The illnesses which the psychiatrist calls neuroses and psychoses are popularly known as nervous and mental diseases. That even the most ignorant realize that nervous troubles are less serious is shown by the resentment which is aroused by the idea that one is "mental"].

NERVOUS illnesses (or, more properly, neuroses) are best treated by some form of psychotherapy, which enables the doctor to dig out and unearth the cause. Mental illness is a more difficult problem. To discover the reason for the illness is often insufficient to cure the patient.

Mental illness appeared an insoluble problem until the work of Wagner-Jauregg some thirty years ago. Indeed, apart from using sedatives to reduce the patient's symptoms, most mental illness was treated by locking the patient up so that he did not trouble others and waiting for nature to complete his cure—if indeed he was ever to recover.

General paralysis of the insane.—The illness which attracted Wagner-Jauregg's attention, when he was a young man working in a Viennese mental hospital, was what was then known as general paralysis of the insane. It was syphilis of the brain and destroyed the intellect, so that the sufferer developed ideas of grandeur in which he believed that he was Napoleon, or even God, at the same time as it made him more and more demented and dull. Many brilli-

ant men, for instance Guy de Maupassant, suffered from this disease which usually ended sooner rather than later in general deterioration, paralysis, and death from pneumonia or some similar intercurrent disease. The tragedy was that there were wards full of such patients, even up to thirty years ago when I was a young doctor.

Now Wagner-Jauregg noticed that when such patients developed a fever for some reason the illness tended to subside. He collected a series and published a little book on it, but it attracted little notice. He started infecting patients suffering from general paralysis of the insane in Vienna with malaria. The recovery rate was enormously improved and the discovery brought him fame and opened a new path to treatment. Now penicillin has tended to replace this treatment but its value is not undoubted.

Insulin treatment:—Sakel, a Viennese psychiatrist, was developing his discovery that schizophrenia (commonly known as a "split-mind") responded to comas produced by insulin. He had discovered this by an attempt to treat drug addicts by reducing their blood-sugar; and

found it to work well. He at once switched his treatment over to schizophrenics, and got a recovery rate which was about twice that which occurred spontaneously. Since schizophrenics are the type of patients who fill mental hospitals, and, in any case, it is a crippling disease, the importance of this discovery cannot be overestimated.

Insulin treatment cannot be given in a private house. The insulin must be given in large doses so that the patient becomes unconscious, and as this is done daily for a long course, sometimes as long as two or three months, it is arduous and wearisome, but compared with the seriousness of the illness it is well worth while. The treatment is long, wearisome, and arduous.

It has been found that patients given insulin therapy tend to put on weight and this fact has been used to modify it suitably for less serious illness. Insulin will often produce the plumpness and help the patient to be less worried. The only unfortunate thing about this modified insulin therapy is that although it is easy to make the patient plump it is not so easy to keep him so.

When Sakel was treating schizophrenic patients he discovered that sometimes the reduction of the sugar in their blood caused a spontaneous epileptic fit. This is not unexpected since we know that epilepsy is induced at times, by variations in the blood-sugar, just as it can sometimes be produced by over-breathing and reducing the carbon-dioxide

in the blood. But Sakel noticed that the patients who had epileptic fits responded better than those whose treatment was uneventful. He found that he obtained better results in some patients by injecting camphor compounds which will produce fits by irritating the brain. This had been discovered as long ago as 1798 by Weikhardt, but no one had realized its value. Von Meduna of Budapest was experimenting with camphor compounds at the same time as Sakel was using insulin, and it is difficult to say who deserves the credit for their use. However, the treatment was developed by which patients were injected with camphor about this time, and it was found that depressed patients responded better than any others. Camphor was not, however, a satisfactory injection to use to produce fits.

Electric shock treatment.—Two Italian doctors, Cerletti and Bini found that fits could be safely induced by using an electric shock to the head. It was easy to develop an electrical machine which would give automatically the right "dose" of electricity, so that it was impossible for the patient to have a severe shock; many refinements have since been developed.

This treatment produces rapid improvement in about 60% of depressed patients, and instead of being ill for months they are well in a few weeks. The only dangers apart from minor fractures (which rarely occur if the treatment is carefully given) are unusual things such as broncho-

pneumonia due to inhaling saliva (which may occur with any anaesthetic). The patients sometimes complain of loss of memory after a course of treatment, but this usually returns completely in a month or two.

Prefrontal leucotomy.—Another much more controversial treatment which was developed by Moniz, a Portuguese psychiatrist, is prefrontal leucotomy used in cases of schizophrenia. Two holes are bored through the skull. A special knife is inserted and cuts the front of the brain. Since it is this part of the brain which causes us to worry, the patient loses his anxiety and feels care-free. The danger is that he often becomes so care-free that he is unreliable and "slap-happy", not caring what happens to himself or others.

Tranquillizers.—Leucotomy is

now being replaced by the new "tranquillizers," chemicals which produce the same results as leucotomy; but they cease to act as soon as they are stopped and leave no permanent result. This is a tremendous advantage, and may even allow the tranquilizer to be reduced or withdrawn if only the patient can adjust himself to life in a more satisfactory way.

Unfortunately some people have used tranquillizers to remove their normal worries, and so they have tended to fall into disrepute, but used properly they are of tremendous value, and enable patients who have a tendency to irritability and violence to live a normal social life, whereas otherwise they would have to reside more or less permanently in a mental hospital. —(*Health Horizon*, London; Spring, 1958).

YOUR FOOT ITS NORMAL WORKING

DR. J. PAUL HARVEY, Jr., M.D., of the New York City Hospital for special Surgery, writes: The foot is a very important part of our anatomy. The sensory perception in the foot tells us where we are and often where we should go. The bones and ligaments in the foot provide a platform to maintain balance, a spring to take up the shock in weight-bearing, and even an instrument, as in sports. The muscles provide stability by holding the legs straight upright on the bony platform and provide

motion by moving the bones which, acting as levers, move our weight usually in the desired direction.

The normal foot has five toes and a large pad immediately behind the toes, metatarsal pad or ball of the foot. Behind this there is an arch, the longitudinal or main arch on the tibial side of the foot. On the fibular side the surface is weight-bearing and forms a continuous area from the ball back to the heel. The heel pad and pad under the metatarsal area are normally slightly

thickened and, in people who spend a great deal of time bearing weight, somewhat calloused.

In a normal walking-gait-pattern, the heel strikes the ground first, then the remainder of the foot. The weight is then shifted forward on the foot to the metatarsal pad, the heel is lifted up and, using the great toe, the body is thrust forward. The foot is picked up, swung forward, slightly dorsiflexed, and then the heel strikes the ground and again the cycle is repeated.

When a person is standing, the weight is borne on the heel and the distal end of the first to fifth metatarsals. The weight is divided equally on six points, the first metatarsal being supported on two sesamoids, both touching the floor. One half of the total weight borne by the foot is carried by the heel and one half by the six points of contact in the metatarsal area, divided equally between each point of contact. The multiple joints in the foot allow the normal foot to accommodate for irregularities by turning a moderate amount in the necessary direction while the body remains upright. The bones and ligaments are so arranged that the foot maintains its shape with no muscular effort when the subject stands still.

The normal heel surface is perfectly perpendicular to the floor and the tendo-achillis should be a straight line from calf to insertion and the calcaneus (heel-bone) should continue in a straight line with this tendon.

The normal baby's foot should be freely movable. The longi-

tudinal arch is often hidden by a large pad of fat so that one should not be alarmed by the absence of an arch in a baby. Of course, no callosities are present until weight-bearing becomes a regular activity. In utero the foot is in adduction, and the leg is in internal rotation. Therefore, initially, this appearance will predominate, but gradually a change will take place toward slight external rotation, and by the age of four or five the arch should be slightly elevated.

The baby who does not bear weight does not need any shoe. However, when weight-bearing begins, a good shoe with firm sole is needed to help keep the foot in a correct pattern until bones and ligaments are fully formed and tightened. A slight heel and a pad under the longitudinal arch are useful. Good support of feet is necessary, at least until all growth ceases.

When the child first walks, gait is uncertain. Normally, the child will often fall. There is a tendency to flatten the arch and have the heel turn out (valgus). This occurs because the ligaments are weak and do not hold the foot in a normal position. By the fourth or fifth year, however, the foot should have and maintain an adult appearance. The barefoot baby shows a flattened valgus foot, but there is little cause for concern. However, if this pronated appearance still persists at age five with eversion of leg and valgus heel, definitive corrective measures, such as wedges and pads, should be inserted in the shoes.

In a normal adult, standing in a relaxed position, the longitudinal arch may be moderately low. The heel may relax and go into slight valgus, thus allowing slight angulation in the appearance of the tendo-achillis and posterior aspect of the calcaneus. The forefoot may spread somewhat, and the toes often do not touch the ground.

Under normal tension the heel is straight, the toes are firmly touching the ground, and the longitudinal arch is present but not marked. With extreme muscle tension we can keep the toes on the floor but elevate the arch markedly, and we can even lift the whole first metatarsal up sufficiently to remove it from weight-bearing. The heel can be pulled into a varus (inversion) deformity, and the forefoot is slightly decreased in width. This appearance is noted when running with the foot usually held in equinus (elevated heel).

The normal foot does a great deal of work and undergoes a great deal of trauma constantly. A firm shoe with plenty of room for the toes, the greatest length on the medial side, and a straight inner border fits the foot best. A lacer is preferable since the shoe is held on to the foot by resting across the dorsum of the foot, rather than by cramping across the top of the toes, as

with a pump. A low heel, as in men's shoes, is to be desired.

The foot is thus an important part of our anatomy, used continuously and abused almost as much. The foot and its problems are so commonplace that many physicians feel it beneath their dignity to treat them. As a result, there has arisen a group of people who tend only to the problems of the foot. Although well understanding the local problems, these people are limited in their scope and are subject constantly to the easy error of overstepping their limitations. The foot is a part of the body. It has a host of problems unique to itself, but it also reflects disease elsewhere in the body. The foot should not be overlooked at any time in examining the patient.

Proper diagnosis and treatment of foot problems necessitates thoughtfulness and acuity. Many problems demand specialized orthopaedic care. But many problems can be handled by all physicians, and foot disabilities may be a significant sign of trouble elsewhere. The physician should not allow the understanding of foot problems, the treatment of foot problems, or the significance of the foot in the over-all picture of the patient's well-being disappear from his fund of knowledge.—(*New York State J. Med.*, March 1, 1959).

Hamlet Without the Prince

The policy so often pursued of ignoring the medical profession and ascribing gains in World health to the vision of politicians, administrators, sociologists, and so on, is surely equivalent to presenting *Hamlet* without the Prince.—(*World Med. J.*, January 1959).

The Role of Medicine in Rehabilitation

DOCTORS and hospitals have a large stake in the total field of rehabilitation, if by rehabilitation we mean the restoration of the handicapped individual to the maximum of physical efficiency in the shortest possible time. In the case of a simple fracture, it would appear that good medical treatment and rehabilitation are synonymous. In the case of a fractured neck with paraplegia, on the other hand, good medical care constitutes only the beginning of a period of rehabilitation. A much broader definition is necessary, and the medical aspects constitute only a portion of total rehabilitation. As we know it today, rehabilitation envisages a total effort toward the restoration of physically handicapped persons to useful lives, and the process includes surgical correction, functional restoration through exercise, special education, vocational training, and finally, employment. A team composed of doctors, nurses, physical and occupational therapists, social agencies, educators, vocational directors and employment agencies combine their efforts to meet this responsibility.

Handicapped persons in every community, large and small, look to doctors for help with their problems, and it is not enough for the doctors to give them medical advice alone. It is the responsibility of every practising physician to be aware of the rehabilitation potentials that are available, and to guide the handicapped person through each

CARROLL B. LARSON, M.D.,
Iowa City

phase of the total programme of restoration. Indeed, the physician is ideally suited to act as captain of that team, and if he fails to accept that post, he betrays his community. It is his further responsibility to cooperate fully with all groups and agencies having the same goal, acting at all times as their advisor if not as an actual participant in the work. We as physicians may say, and rightfully, that our training has been directed toward the care of those afflicted with acute or chronic illness, and that any responsibility beyond medical care belongs to the community. This may be true, but by the very nature of our knowledge of the medical limitations and of our ability to evaluate disabilities and arrive at prognoses, are we not in the best position to act as captain of the community team, and would we not be shirking our duty if we refused?

Whether or not doctors approve, it is a fact that rehabilitation in various forms is being publicized from all sides. Most states in U.S.A. have divisions of vocational rehabilitation and training, receiving state appropriations and matching federal moneys. In Iowa, counsellors are available from the central office in Des Moines, to test, advise and arrange for the training of handicapped persons, and they are

ready and willing to cooperate with doctors on a consulting referral basis. Insurance companies, labour unions, local and national foundations such as the Society for Crippled Children and Adults and the National Foundation are all actively engaged in promoting rehabilitation. The President of the United States has appointed a special committee on "hiring the handicapped," and has set aside one week of the year for emphasizing the importance of providing job opportunities to such people. Hospitals throughout the state are becoming increasingly interested in rehabilitation, and some of them are setting up small rehabilitation services. Thus, it can readily be seen that the demand for rehabilitation in one form or another is likely to increase rapidly in the future.

The altruistic goals of comprehensive rehabilitation must stand out clearly for all concerned if we are to expect the momentum we build today to survive into the future. We must ponder the questions and build our state organizations on solid foundations, rather than ride the crest of public enthusiasm in the house that Jack built. To build a firm foundation, we must first meet the crying need for a common

language that all of the interested groups can use, and for an understanding among the organizations and agencies that are now working in the field of rehabilitation. These objectives can be attained through conferences where the general purpose is agreed upon and a free interchange of ideas takes place.

The need for rehabilitation may be explored from the points of view of doctors, vocational counsellors, insurance companies, welfare agencies, industrial commissioners, farm groups and representatives from the various foundations. Organizational patterns can be set up to provide the specific types of rehabilitation needed in various areas, and those patterns will show the need for cooperation and dovetailing of all agencies and centres to provide, in the end, a continuity of care for the handicapped, leading to job-placements and the preservation of their self-respect. Such planning might point up the need for more and better leadership, indicate where presently existing overlaps and duplications of effort could be eliminated, and generate a more active interest among employers in the hiring of handicapped individuals.—(*Journal of Iowa State Medical Society*, April '59).

For Directors Only! Red Tape

They moved a rising executive into a larger office in a big firm the other day. A building-maintenance man promptly arrived with a pair of shears and cut away a neat 12-inch border of carpeting at the sides of the room. As he left with his burden of woolly nap he told the startled executive: "Company orders. Only directors get fitted carpets."—(*Neil Morgan*).

THE BREATH OF LIFE

MIND THE WAY YOU EXHALE

W. P. KNOWLES

Over the past 30 years Captain William Knowles has been consulted by more than 60,000 sufferers from respiratory complaints. At the Institute of Breathing in London, which he founded, some 500 people a year study correct breathing practice. During the Second World War, Captain Knowles instructed R.A.F. and Army personnel on ways to achieve physical fitness.

It's my belief that the songs encouraged men to *breathe out* while they worked, to release air from the lungs in a moderate and orderly manner. You can't sing without exhaling gradually, and when you exhale you expel impurities and empty the lungs for a fresh and involuntary intake of air.

Real breath-control means learning to control the way we *exhale*, not the way we *inhale*. Energy is best renewed by the orderly release of breath, not by strenuously pumping the lungs full of air. Thus in sustained physical exertion—carrying a heavy bag, walking rapidly, wielding a garden spade—your power is enhanced when you concentrate on the slow expulsion of air from the lungs.

Speakers, singers, swimmers and runners know this. The rest of us can find it out by simple tests. When you step under a cold shower, the tendency is to gasp and tense the muscles. This only increases the torture. If, instead, you try breathing out in a steady purring breath, you will be amazed at how slightly the temperature of the water affects you. Exhaling helps the body to accommodate itself to the change.

In the same way, careful breath-control, with emphasis on exhaling, helps us to relax under any kind of tension or stress. Most of us are only half-breathers: we breathe in because we can't help it but we fail to breathe out completely. The result is that we sigh a lot—a sign of our need to exhale. The sigh is nature's way of deflating the lungs when we have neglected the breathing apparatus long enough. The sensible thing is to learn to sigh in a systematic and organized fashion. We know that any interference with breathing causes acute distress. It follows, as common sense and science show, that any improvement in our breathing can bring exhilaration to mind and body.

The more air we exhale, the more we can breathe into our lungs. The amount we actually take in, which can be measured by a spirometer, is known as our vital capacity.

To increase our vital capacity is the object of all breath-discipline. Thus consciousness of breathing out becomes the most important factor of all.

But the main thing is to cultivate the habit. Breathe out before you begin any task. The chore of climbing a long flight of

stairs can be minimized by breathing in, on two steps and out, on two steps. But expulsion of the air from the lungs must come before the first step. Half a dozen long outbreaths will bolster you and fortify our resistance when you lean against a bitter wintry wind. By breathing out slowly in any tedious or tense situation—whether it be at a meeting where you are bored, or at an interview when you are on tenterhooks from expectancy—you recharge your system and follow the pattern nature intended.

One of the best exercises to establish the habit of proper exhaling, involves reading aloud. From a newspaper, read aloud in one breath as many words as you can without effort. Now count the number of words you covered. Tomorrow try again. See how much you can increase the length of your exhalation.

Another effective way to practise controlled outbreathing is counting. Sit down comfortably in an upright position, breathe in gently and steadily to the count of 4. Pause a second and then breathe out to the count of 12. Next time breathe in to the count of 12. Next time breathe

in to the count of 5 and out to the count of 15. Continue this practice until you see notable progress. By the time you are able to breathe out to the count of 21 you will find that humming helps immensely to limit the amount of air you release. Humming as you breathe out gives you your own form of work-song.

There are many by-products of breathing out consistently, but the greatest of these is awareness. It introduces a sharp change in our regular habits and, in a sense, makes us repossess our bodies. Conscious breathing brings with it a consciousness of posture. You begin to realize that you cannot sit all hunched up and breathe well either in or out. But with shoulder blades pulled as nearly together as possible, you feel your lungs fill and empty with smoothness and ease.

By practice we can happily make our breathing involuntarily good, just as it is likely now to be involuntarily bad. The body responds to wise treatment, and a consistent effort to enlarge vital capacity by learning to breathe out will pay off. Good habits will take over and in turn become second nature. —(Reader's Digest, May 1959).

Speak Lovingly

Thoreau says, "The only way to speak the truth is to speak lovingly." I suppose there must be some things so cold that you can best understand them by approaching them coldly. The multiplication table, perhaps, or a time-table. You do well to be cool and detached when you are seeking information, but I remind you of the wife who complained, "When I ask John if he loves me, he thinks I am asking for information." —(Charles Curtis in "A Common place Book").

The mind is like the stomach. It is not how much you put into it that counts, but how much it digests. —(A.J.N.)

PROGRESS OF MEDICINE

By ARTHUR J. SNIDER

Don't fret about colicky baby; he'll be a leader:—Bleary-eyed and distraught parents who walk the floor with a screaming, doubled-up baby with colic may take solace in the knowledge that they probably are cradling a superior child. A Northwestern University paediatrician says colicky babies usually grow up to be leaders of men. They collect many friends, are skilled in sports, take leading roles in school plays, and are class officers.

The colicky conditions, dreaded by most parents, is a reflection of the fact that the baby has boundless energy, says Dr. Herman F. Meyer. The infant is voicing his resentment against the restrictions imposed on his infancy.

Such a baby holds up his head early, sits and grasps early, walks early. All of his motor skills and often his mental progress are ahead of his development age, Dr. Meyer writes in *Postgraduate Medicine*. He rushes through life from one success to another, drinking deeply from the draughts of a vigorous and rewarding existence. He is rarely found on the psychiatrist's couch.

In dealing with parents of colicky babies, doctors must explain to them the child performs at a higher-than-average level because of his keyed-up pattern. They must be assured the child's future is secure and that the very symptoms which

are presently disturbing will be virtues when he has grown more mature.

Stress in pregnant mother may cause birth defects:—Maternal stress during pregnancy may be a more important cause than heredity in the occurrence of birth defects, according to Dr. Lyndon A. Peer of St. Barnabas Rehabilitation Centre, Newark, N. J. The stress factors that might affect the growing embryo include insufficient oxygen, exposure to X-ray, vitamin deficiency, virus infection and overproduction of cortisone—the adrenal-gland hormone. Defects, such as cleft lip and palate, which affect one in a thousand newborns, may be prevented if the stress factor can be found and eliminated, Dr. Peter said.

Efforts to prevent such birth defects have been hampered in the past by the belief that heredity was the sole cause. Hereditary influences can be traced in about one of every four cases, said Dr. Peer. In the other three, it is likely that a hereditary tendency is reinforced by a stress factor during the pregnancy.

In his own experimental work, Dr. Peer has found that cleft palate in mice had been prevented by the administration of large amounts of two vitamins, folic acid and B₁₂. As a result, he is administering the vitamins to his own pregnant patients who had earlier borne babies with cleft palates. Thus far all the off-spring of these mothers have

been normal but the series is not large enough to be significant.

New drug for angina needs to be tamed:—A "happiness" pill is found to be effective against angina pains. Dr. Arthur M. Masters of New York says that in his long experience with innumerable drugs for coronary disease, not one has brought the relief attained with the drug iproniazid.

But it has numerous side effects that could be dangerous to the patient, he says, and therefore should not be given except under supervision in hospitals, and then only to those patients for whom desperate measures are justified.

The side effects are chiefly gastro-intestinal, genito-urinary and cardio-vascular. The patient may become dizzy, suffer a sharp drop in blood-pressure and faint. A coronary thrombosis may result.

Doctor Masters expresses hope in the *American Heart Journal* that diligent investigators will continue to search for a chemical relative of iproniazid which will be both effective against angina pectoris and still not be dangerous.

The way iproniazid brings relief has not been determined. It may possibly be explained by brain stimulation, with an uplift of mood and an increased tolerance to pain. Dr. Masters says there also may be a direct action on the autonomic nerve connections between the heart and the spinal cord and brain.

Noise drowns out dental drill, routs tooth pain:—A dentist has

found that noise, drowning out sounds of the dental drill, can frequently eliminate pain. Dr. Wallace J. Gardner of Cambridge Mass., told the Acoustical Society of America that in a recent test, the so-called audio analgesiac suppressed pain in 63 per cent of 200 patients on whom drilling was done.

The device can deliver either noise or music, according to the whim of the patient who wears earphones and has two control knobs under his fingers.

Newly-discovered viruses bring known total to 300:—There are now some 300 viruses, plant and animal, known to scientists. Eighty new ones have been discovered in the last ten years, according to the National Institutes of Health. The effects of the most recently discovered viruses are largely undetermined. Some may be harmless but others may be responsible for hitherto misdiagnosed diseases. The new "salivary gland" virus has been found at the NIH to be responsible for generalized infection and even death. It also has been found to attack the central nervous system and may be responsible for some cases of mental deficiency.

Immunization programme does not end with adulthood:—Shots for protective immunity are largely thought of as a paediatric procedure, but adults need renewal boosters as well. *The Journal of the American Medical Association* points out that vaccination for smallpox is needed every three years. A booster dose should be given at the time of each injury

where the danger of tetanus exists, with injection in the absence of an injury at intervals no longer than five years. Reinforcing shots of anti-typhoid protection are necessary every three years. Influenza injections should be given every year to risk cases, such as old or chronically ill persons.

Not enough time has elapsed to know for certain the duration of protection against polio conferred by the Salk vaccine. Until that is determined and until commercial preparations can be produced at optimum potency, Dr. Jonas Salk has recommended a fourth shot. Dr. Salk believes that eventually it will be found that three injections will suffice.

"Walking" during surgery is urged to prevent clots:—Keeping a patient "walking" during surgery will help prevent formation of possibly fatal blood clots, two Canadian surgeons suggest in the *Archives of Surgery*. The "walking" is achieved through electrical stimulation of the calf muscles. This causes the muscles to contract as they do in walking, and to act as a pump to

force blood back to the heart. Blood pooling in the legs," say Drs. John and Angus D. McLachlin of the University of Western Ontario, London, Ont., "is the prime factor in clots forming and breaking off to eventually block the artery between the heart and lungs. Prevention of pooling by keeping the blood moving would lessen the possibility of clots."

Diabetics improve diet with new sulpha drugs:—The availability of the oral sulpha drugs for maintaining proper blood-sugar level in diabetics permits physicians a wider latitude in prescribing diets. Dr. Herbert Pollack of the New York University Post-Graduate School of Medicine points out that the unwillingness or inability of elderly diabetics to take daily insulin injections has been a problem which necessitated the prescription of minimum diets so as not to provoke high blood-sugar. In some of these patients, malnutrition developed. With the oral agents, it is often possible to prescribe a more nutritionally balanced diet.—(*Science Digest*, Apr. '59).

Office Accident-Traps

Very few accidents that occur in office buildings are the result of work hazards, reports Mary Katherine Burke, industrial nurse with the Stone and Webster Engineering Corporation, Consulting Engineers, Boston. "A majority of these accidents are the direct result of disregarding common-sense safety rules," she says. Many turned ankles are caused by wobbly sling-type heels worn by some women. Others wear spiked leather heels on waxed floors. Here are some simple things that cause accidents:

- Leaning backwards in swivel and typist chairs.
- Open file drawers.
- Placing sharp objects in waste-paper baskets.
- Dangling telephone cords—they're excellent tripper-uppers.
- Carrying pencils behind the ear.
- Reading while walking in streets and corridors, entering or leaving elevators.

—(*Today's Health*, Feb. '59).

Smile a While

Heir Apparent

One of the witnesses was a small boy who had to give important evidence on behalf of his father. He stepped into the witness-box with a hat over his eyes, the tails of his coat nearly reaching the door, and his trousers so long that the knees were at his ankles. Even the judge could not contain his mirth.

"Why do you come here dressed like that?" he inquired. The younger felt in his pockets, produced a summons, and with a dignified air pointed to the words "To appear in his father's suit."

"Can you suggest any reason why I should print your poem?" said the overbearing editor.

The dismal youth looked thoughtful and then replied: "You know I always enclose a stamp for the return of rejected manuscripts."

"Yes."

"Well, if you print it, you can keep the stamp."

"Judge," said the prisoner, "I don't know what to do!"

"Why, what is the matter?" asked the judge.

"I swore to tell the truth, but every time I try some lawyer objects."

"I know how to settle this unemployment problem," said the club wag. "Put all the men on one island and all the women on another, and we'll have everybody busy in no time."

"What will they be doing?"

"Why, boat-building of course!"

"You use too many unnecessary words," said the newspaper editor to the new reporter. "Now, here's a story I want you to go out on, and when you come back, tell it as simply as you possibly can." This was the story the reporter turned in:

"Donald Green, 5 Park Street, lit a match to see if there was any petrol in his tank. Yes. Age 41."

An old farmer attended a big picnic and stayed over to watch the dancing at night. He hadn't been out in the world much, and he was deeply impressed with the girls' clothes at the dance.

"Some of the ladies' clothes I see here," he said, "plumb puts me in mind of a barbed-wire fence."

Somebody asked him why.

"Well," said he, "it's this way: they appear to protect the property without obstructing the view."

While the diagnosis of the patient who had eaten rather generously was proceeding, the sick man said, "Doctor, do you think the trouble is in the appendix?"

"Oh, no," said the doctor, "not at all. The trouble is with your table of contents."

Little Willy ran into the living room where his father sat reading the papers.

"Oh, Dad!" he yelled. "Remember, on the radio this morning it said that a tiger had escaped from the zoo? Well, he just broke into the kitchen and is in there with Mom. What'll we do?"

"Nothing, boy," the father answered, "let that tiger get out of it the best way he can!"

The True Philosopher

Ralph Waldo Emerson, the essayist, was once asked to give his definition of a philosopher. "Well," he replied with a twinkle in his eyes, "I suppose you might say that a philosopher is one who, instead of crying over spilt milk, consoles himself with the thought that it was over four-fifths water anyway."

Anticipatory?

The happy couple was photographed leaving the church after the wedding and proofs were promised in a few days.

The large envelope arrived on time and was opened with great excitement by the newly-weds.

Inside were several studies of a baby lying on a rug, and on the back was stamped: "Please state clearly which size you want—and how many."

The Easy Way

The train was racing through the silent night, when suddenly a man ran into the dining-car and exclaimed:

"A woman's just fainted in the carriage ahead! Have any of you gentlemen got some whisky?"

One of the men in the car handed him a half-pint flask, and the messenger took a long drink, put the cap on, and handed it back saying, "Thanks a lot. It always makes me nervous to see a woman faint."

Great Expectation

At a wedding reception, a bridegroom was called upon to make a speech. He was evidently not used to speech-making, but rose bravely to the attempt, while blushing to the roots of his hair. Unfortunately, his hand rested on the bride's shoulder as he stammered the opening and closing words:

"This...er thing has been unexpectedly forced upon me."

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