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women who go out to work, snatch a hurried tea and toast breakfast before they leave, have a hurried lunch, often sandwiches, because they want to do their shopping in their lunch hour. I am very down on the tea and toast breakfast. It is not sufficient nourishment to start the day, and it is important to eat a good breakfast as well as one other good meal each day. This can be lunch or your evening meal whichever suits you best. If you and your husband can get a good meal in the canteen at midday, you need only have a light evening meal.

Third, do see that your working conditions suit you. If you are susceptible to chills and colds, don't work in a draught. Tell the manager if your working conditions don't suit you. In several instances I have changed people's job because they did not suit their health. Keep happy, and you will certainly keep a lot more healthy.-(*Family Doctor*, February 1960).

Our Sense of Smell

COMPARED with the animals, our sense of smell is rudimentary. A male moth can smell, and be attracted to, a female moth a mile away. A dog can distinguish his master's scent from that of all other humans. Yet even we can distinguish *Chanel No. 5* from *Soir de Paris*, sewage from rotten eggs.

Things which are soluble in oil have stronger scents than those soluble only in water. We can detect the smell of garlic if only one part in 500,000,000 parts of air is present. We can't smell salt at all.

We tend to classify smells as delicious or horrible according to their emotional associations. Scent makes you think of gardens, or of pretty girls; either makes you think of operations. If you smell rotton seaweed it reminds you of the seaside and, although the smell isn't really pleasant at all, you give a big sniff and cry: "Ozone! Isn't it wonderful!"

There is no need to sympathize with the person who has to work all day in a nasty smell. The sense of smell very quickly gets dulled. Anæsthetists can seldom smell either; those who work in scent factories get little pleasure out of it.

A strong odour always masks a weaker one, which is why a drop of scent behind the ears and under the arms will mask the smell of perspiration. The smell of camphor is masked by *eau de cologne*, which is a tip, if your clothes smell of moth balls.

Influenza, chronic catarrh, smoking too much, or a head injury, can damage the nerve endings in the nose so that either the sense of smell is lost altogether, or completely changed. A cigarette smoked during a flu attack may smell like burning grass!

Nervous or tense people often have an enhanced sense of smell and will complain of odours no one else can detect.

home, even though she goes out to work. But the strain of trying to achieve perfection both at her job and in her home gets too much for her at times. Her conscience will not let her give in and do her job less than perfectly. The only refuge she has is to get ill because then she has to call the doctor, and is justified in giving in.

Indigestion.—Many digestive disorders are due to anxiety. A disordered stomach and bowels are common symptoms of fear and anxiety though fear is not always present in the conscious mind.

Illness is not always due to emotional tensions and upsets. Physical illness and infection cannot be avoided. But a general state of good health and good working conditions can help to combat infection. In the twenty years since I've been doing my job, 75 per cent of illness was caused by emotional causes. Health is affected by a person's whole background, by thoughts and feelings as well as by working and living conditions. Improving health means treating the person, not only symptoms.

Looking after women as I do and particularly married women at work, I would say that three things are important to keep healthy. First, a happy marriage. This is the most important thing in life. But to have a happy marriage, you and your husband must have absolute trust and confidence in one another and be able to share everything. Your troubles as well as your joys.

Try not to let finances or domestic difficulties or troubles with in-laws weigh you down unduly. It is when you start worrying that you find you are not able to cope with your work. But if you do have worries, don't battle them up inside you. It is very true saying that a trouble shared is a trouble halved.

Mrs. J. was such a good worker when she first came to us and then she started coming in late each morning and seeming to lose interest in her work. Instead of dismissing Mrs. J., as her supervisor asked, I had a talk to her. I found out that in order to get to work in time, she had to take her little boy to school before the school was open and he was left hanging about outside. This worried her and she worried about it all day. I soon set matters right by giving Mrs. J. permision to come in a quarter of an hour later each day and she is once again, one of my best workers.

Mrs. K. was given promotion which she had well earned. From senior sales lady she became a buyer. But she was always being off ill when she become a buyer though her health had been quite all right before. I found out that she had to look after an invalid mother and found the added responsibility of a buyer's duties too much for her.

Second, it is important if you want to keep healthy to make sure of three, or at least two, good meals a day. So many

EMOTIONAL UPSETS

LEAD TO MORE ABSENTEEISM THAN PHYSICAL CAUSES

By AMY COHEN, M.B., Ch. B.

MY work is looking after the health and welfare of three hundred women who work in a department store. Two-thirds of them are married.

Looking through the doctor's certificates that come in to me I find that very few women are ever absent for any really serious illness. In the last year I have only had three doctor's notes for any serious illness. Most of them have been for colds, headaches, various forms of rheumatism, gastritis and nervous debility.

Many people think that as women get older, they lose more time because of illness. The relation between age and the time off work from illness depends largely on whether a woman is married or single.

Women between the ages of 21 and 28 years who are married are away sick more often. Usually because of the emotional problems which cause many symptoms of illness during the early married years. Emotional difficulties, problems of house-keeping, of living with in-laws, housing difficulties, problems with children, all cause worry and fatigue and often symptoms of illness.

Once over the initial difficult years married women are generally as reliable as single women of the same age. The older woman tends to have less odd days off for illness but, once away, she is often longer away than the younger woman.

Colds and their complications account for the greatest amount of absenteeism among our staff. Some of these colds are primarily due to infection, but in many cases some emotional factor is involved. It is interesting that some women suffer often from colds which they develop at the slightest excuse. Others working under the same conditions never succumb.

Miss B. always develops a cold whenever things go wrong. While Miss C. only develops a cold if there is a change of temperature or if she is in a draught or if a cold wind blows. Miss D. working in exactly the same conditions never gets a cold. The school of psychomatic medicine classifies many colds as originally of nervous origin. The case of the students who develop "exam" colds is well known. Mr. Gladstone was supposed to suffer from a "diplomatic" cold whenever he had to make a difficult speech in the House of Commons. The cold due to emotional causes is given the subject of a song in Guys and Dolls. Whenever things go wrong for Adelaide whose marriage is always being delayed "A person can develop a cold" she tells us.

Some people worry about unimportant details. Mrs. E. is an over-conscientious worker. Everything she does must be perfect, whether at work or in her home. She has often told me what pride she takes in having everything "just so" in her

C. Keep out of the argument?

11. A person dose something you don't approve of. Do you understand his reasons—

A. Fairly easily?

B. Fairly easily if he's a friend?

C. Not too easily—he'd be wiser to do something else?

12. Do you ever find yourself depressed or nervy?

A. No.

B. No more than others.

C. If you're alone for too long.—(*World Digest*, Feb. '60).

Now for your Score: A person getting 12 A's will be the life and soul of any party, such a person loves the world, bears nobody any grudge, and has a place in his heart for everyone.

The most balanced person will have the odd C, a few A's and mostly B's. He will make more friends of the right sort.

A predominantly B character can be relied upon to help his friends through all difficulties. He will be liked and respected by most people, though he may have a few enemies. He is the friend in times of need.

Play Things for Children

The Toy Manufacturers of the U.S.A., Inc. and the National Safety Council have embarked on a long-range programme of promoting and publicizing toy safety. They recommend that parents look for the following safety features:—

Toys should be built substantially enough to withstand hard use by children.

Key-winding toys should have a strong spring enclosed in a cylinder, and keys should not turn when the toy is in action.

Electric toys should have the label of the Underwriters' Laboratory (UL) on the cord and on the toy itself to insure safe construction.

Toys for babies should be washable, too large to be put into the mouth, lightweight, and made of non-brittle material.

All toys made of lead or coloured with lead-based paints should be avoided.

The trick in buying toys is knowing which toy is best for which child. For instance, a marble is a safe toy in the hands of a 10-year-old boy or girl. But it becomes a menace to a two-year-old youngster who may place the marble in his mouth.

Parents should follow these simple rules:—Instruct the child in the proper way to use the toy.

Inspect the toy regularly and carefnlly for possible broken edges or splinters which may prove dangerous.

Assist children is acquiring skill before trusting them alone with toys that require special handling.

Get older children in the habit of keeping their toys in places where younger ones can't locate and misuse them.—(*Today's Health*, December 1959).

DO YOU WANT TO BE POPULAR?

ANSWER THIS QUIZ HONESTLY

EACH question has three possible answers. You may think that more than one is true. But you must pick the one you have given most times when this problem has faced you in actual life.

1. At the other end of the street you catch a glimpse of someone you haven't met for a year or two. Do you—

A. Wave and attract the person's attention?

B. Walk towards him thinking. "I wonder if he'll recognize me?"

C. Cross the road so as not to embarrass either of you by meeting?

2. Would you say that your workmates are—

A. A good crowd to work with?

B. Nice people, with one or two exceptions?

C. Rather hard to get on with at times?

3. As a child, did you—

A. Get on very well with your brothers and sisters?

B. Prefer the company of one or two of your school-friends?

C. Feel you were in some way different from your brothers and sisters?

4. What gives you the most enjoyment in the evening?

A. Going to a pub or club, and whooping things up.

B. Staying at home with your family or a couple of friends.

C. Settling down to television or a good book.

5. A salesman comes to the door with something you'd like to buy. Is your instinct to—

A. Invite him in for tea?

B. Listen on the doorstep to what he has to say?

C. Tell him you usually buy from shops?

6. Do you feel—

A. You've got a lot of friends?

B. You'd be better off with more friends?

C. You don't know quite how to go about getting more friends?

7. Do you day-dream about being a film, television, or some other kind of star?

A. Rarely?

B. About once a fortnight, perhaps?

C. Most days?

8. At the last moment you're asked to "make up" equal numbers for an evening with people you don't know too well. Do you—

A. Think "what fun!"—and go?

B. Wonder why they asked you—but go just the same?

C. Think you ought to know them a bit better before accepting.

9. Generally speaking, do most of the people you know behave–

A. Much as you do?

B. Less broadmindedly than you?

C. In a rather irritating way sometimes?

10. If there's an argument going on between people you know, do you usually—

A. Pay little attention?

B. Want to take sides?

even limiting their social evenings to companionship with their physician colleagues? If we knew how we looked to others, perhaps we might be willing to change our way of living. Besides, if we are to improve our ability to understand and solve the problems of our patients, we need to take every opportunity to learn how people in other walks of life live and think.

We can most easily begin working with, as well as for other people by enlisting ourselves in community projects. Recently, I was asked to be a candidate for election to our local school board. I was reticent at first, thinking that I was too busy and that nothing should be permitted to interfere with my work as a doctor. However, after repeated nudgings from my friends and even from my dear wife, I entered the race. Lo and behold! I was elected, and all of a sudden I found myself in the midst of the problems involved in educating 25,000 students and in spending approximately $17,000,000 annually. I never before had realized that so many problems existed, or that they affected the lives of so many. These problems had no direct relation with medicine, and yet the knowledge I had gained as a doctor aided the other board members and me in solving them.

I can truthfully say that when I am attending a school board meeting, I completely forget being a doctor. Yet, I don't feel that in doing so I am neglecting my profession, for I am doing something worthwhile, and when I return to my office after a four-hour session, I am completely refreshed and can re-enter my medical work with renewed vigour and enthusiasm. By projecting myself into public school work, I feel that I am making a better doctor of myself, and I take this opportunity of urging each of my fellow-physicians to think twice before he refuses to work on some community project, simply because he is too busy or because he thinks his taking some time for specifically civic activities will diminish rather than increase his usefulness to his community.

Remember how you must look in the eyes of your fellow citizens if you insist on always working for them rather than with them!—(*West Virg. Med. Jour.*, Sep. 1957).

[*Note*:—Happily, many medical men participate in public activities in India. —Ed. HEALTH].

Pleasure Centres of the Brain

Experiments with animals show there are pleasure and pain centres in the brain. Electrodes can be painlessly implanted to reach and study such centres. Tranquillizers no longer press a lever to receive an electrical stimulation of the pleasurable reaction. The research is part of studies on mysteries of the brain and behaviour by Prof. Olds.—(*Today's Health*).

treated exactly like her brothers. Even in schools and colleges designed for girls alone, the only separation is physical. The subject-matter is still that of boys' schools.

What happens, then, to these beautiful Amazons with their healthy bodies, their well-trained minds, their sense that the destiny of earth is in their hands?

If the girl in question does not immediately acquire a husband, or if she has an exploitable talent or trade, she goes to the market-place. There she is in for a shock. She discovers that this is still a masculine world, that most of the plums are reserved for men. Sixteen years out of her 22 have been given to education, and this is her first lesson in the facts which most concern her! She may have topped her class in anthropology or economics or medicine, but if she wants to enter a profession she will discover that the gates which swing wide for young men contract narrowly for her.

"Take a secretarial course, my dear," advises the publisher. "That's the only way to begin with our firm."

"Why not teach?" asks the vocational director when the mathematics graduate applies for a business job.

The medical student gets sent to the lesser schools. The young lawyer takes the position her male colleagues have declined. Oh, there are ways for a woman to succeed, and many do succeed. But the price of success is often a grinding, gouging, knock-about struggle in which the essentially feminine quality is lost.

I do not say it is a bad thing that the world should be so geared. I think merely that girls should be realistic as to their chances.

Not that it matters to most of them. For the majority still marry, and marry young. They hurl themselves into marriage—a vocation for which almost nothing has prepared them. Wifehood is something they are expected to know by instinct.

And who has taught them what a woman chiefly needs: a terrible patience, a vast tolerance, forgiveness, forbearance, and an almost divine willingness to forget private wants in the needs of family? The lucky ones are born with that knowledge. Some never get it. Then come the recriminations, the self-pity, the divorce court.

Say what you will, making marriage work is a woman's business. Marriage is *not* a "partnership" in the usual sense of that word. It is an institution invented to do woman homage; it was contrived for her protection. Unless she accepts it as such—as a beautiful, bountiful, but quite unequal association—the going will be hard indeed.

And modern society conspires to make it *more* difficult. Boys and girls marry before they are financially stable, upsetting the ancient tradition that a man must have a house of his own to which he brings his bride. The young wife, in turn, trained to

make not a home but a living, becomes his working comrade. Either she shoulders the double burden of wage-earning and house-keeping or she presses him into being half house-wife. The whole machinery of marriage is upset. Or else the children come and domesticity closes about her like a Bastille.

"It isn't fair!" is the cry of the young woman newly married.

Well, of course, it's not. She should have been told long ago that life is seldom fair, and that woman's chief honour is to be able to surmount it.

"Share your husband's interests," she has been instructed. So she can beat him at golf or listen to Mozart with him or make a good partner at bridge. But is she equal to meeting him at the door after a day of demon antics among her children, of cakes and baby-feeds spoilt and cleaning women who did not appear—and listen honourably to the story of *his* trials and disappointments? Can she watch him discipline the children and not obviously interfere? Can she treat him, in other words, like a husband and not a clumsy intruder or the person responsible for her woes? If she has worked in an office, she knows that business holds no rougher ordeals than the day-by-day exasperations of household living.

How, then, do we correct the false concept of marriage as a complete partnership? How do we alter education so that it will emphasize differences as well as likenesses between the genders?

Without relinquishing our new learning or our immediate opportunities, *let us teach our daughters* not self-realization at any cost but *the true glory of being a woman—sacrifice, containment, pride and pleasure in our natural accomplishments.*

Let us win back honour. The honours will take care of themselves.—(*Reader's Digest*, February 1960).

DOCTORS AND CIVIC RESPONSIBILITIES

How many of you doctors have wished for just a few hours' respite from the daily grind and pressure of your practice? I don't mean to suggest that you are unhappy as doctors, but rather that occasionally you'd like to refresh yourselves with a change of scenery or with the companionship of others, not in a recreational activity but in a joint endeavour on a project having no direct relation with the field of medicine.

Oftentimes, I have felt that we doctors live a circumscribed life, devoid of normal relations with normal people in other walks of life. We develop one-track minds, always diagnosing or treating the ills of others and never thinking of how we appear in the eyes of others. To many of our fellow citizens we must appear selfish, egotistical and aloof. Have you ever noticed how many doctors "live medicine" 24 hours of the day—

THE HONOUR OF BEING A WOMAN

PHYLLIS McGINLEY,
Birmingham

A definition of successful womanhood by a poet, wife and mother.

WHEN we had been married for only a few months, my husband paid me the supreme compliment in his power. "You're a wonderful girl," he remarked fondly. "You think like a man."

I can remember refuting him passionately. "But I don't! What a horrid thing to say!"

My denial, if over-heated, was still the expression of a truth: I was, I am, a member of the nation of women. And in spite of our new freedoms, of all our recent skills and strengths and talents, we do not want to think like men or feel like men or behave like men—only like women and human beings.

But this is difficult. Women resemble one of the new states created after a war. We have not owned our freedom long enough to know exactly how it should be used. We are urged to take our rightful place in the world of affairs. We are also commanded to stay at home and mind the hearth. We are lauded for our stamina and pitied for our lack of it. If we run to large families, we are told we are over-populating the earth. If we are childless, we are damned for not fulfilling our function. We are goaded into jobs, then warned that our competition with men is unsettling both sexes.

I think sometimes with envy of the women of other eras who learned their duties and their limitations by prescription. They did not have electric driers or the vote, but they knew what was expected of them. And they were aware what honour was due to them.

"Honour!" The very word taken on a tinge of sentimentality. We have honours instead: prizes for writing novels, winning at golf or inventing advertising slogans.

Yet the ancient, almost mystical respect which was once paid us as the opposites of men has vanished. Now we carry the terrible burdens of equality, and our shoulders sag a little because the equality is, actually, in name only. Women, I contend, are not men's equals in anything except responsibility. We are not their inferiors, either, or even their superiors. We are quite simply a different race. A separate tide beats in our blood. Our bodies are shaped to bear children and our lives are a working out of the processes of creation. Yet for the first time in history, society takes no cognizance of it.

Somewhere along the path we have been misled. Chiefly the error is one of education.

A woman's training is a hand-me-down from man's shelf a garment unaltered and misfitting. The moment a little girl skips off to school she becomes a cog in an enormous system designed for boys. From kindergarten to university the girl is

perly fitted, it should be completely comfortable and no more of an inconvenience than braces or a pair of spectacles. But an ill-fitting truss is sheer misery!

But the main question goes right back to certain simple plumbing principles. A truss or a belt will never cure a hernia. But a fairly simple operation most certainly will.—(*Family Doctor*, February 1960).

Flight from Personal Responsibility

IT is a well-recognized axiom of medicine that for each disease process there is one specific ætiologic factor, although as the disease progresses complications may and do arise as the result of individual predisposition and the interaction of other concomitant agents. The one single ætiologic factor responsible for most of the problems facing the physician today is the widespread flight from personal responsibility manifested by almost every individual, and this almost universal tendency of course includes physician and patient alike. This flight from personal responsibility is at once the root cause and the chief characteristic of that pandora's box of socio-economic aberrations variously known as naziism, fascism, communism, socialism, state socialism, new dealism, fair dealism, more properly described as collectivism, in which the individual is encouraged to deny and reject responsibility to the group. The origin of this collectivistic philosophy takes root in great antiquity. Plato discussed it at great length in his Republic, written about 400 years before Christ, and men in every clime and in every age have been fascinated by its promises and have suffered grievously time without number because of its fallacies. The explanation of its great and seemingly unbreakable grip on the American public is simple indeed. Our progressive educationists under the aegis of John Dewey, William H. Kilpatrick, George Counts and their successors, have engaged for the past several decades in a carefully-conceived and skilfully executed programme in the school room to inculcate in immature minds the basic tenets of this vile collectivist teaching. Discipline has been discarded because of its alleged damaging effect upon the pupil's psyche. Competition has been eschewed on the Alice-in-Wonderland theory that in a race all must be winners and all must have a prize. Controversial subjects have been tabooed because all must be sweetness and light in this best of all perfect worlds these our perfect educationists are fashioning for us. Most of all, conformity in thought, word, action and social attitude is the golden calf before which all must bow. The individual is of no significance in this teaching; the group counts for all.—(From *Rocky Mountain M. J., 56:* 58).

broad band of sticky tape. Nor by applying a penny or a button, which will only stretch the scar and make it still weaker.

The third baby appeared at first sight to be similar to the second. In fact the bulge was not actually at the navel, but an inch above. The abdominal muscles were not meeting properly. There was a gap, where only weak fibrous tissue opposed the pressure when baby strained. This type does not get well by itself and will need an operation to bring the muscles together.

Extra effort.—Let's jump twenty years, to the young lorry driver, who comes along on a cold morning and says: "Had to start her up on the handle, and I think I've ruptured myself!"

Now the fact is that he has always had a potential tunnel of escape, but he had strong muscles over it and no loop of intestine ever got in till today. Then, stooping to crank the lorry, he relaxed his groins, took a deep breath pushing his diaphragm down, and heaved. *Result*: bulge. All he needs is a fairly simple operation to cure his hernia.

But old Mrs. Sykes is fat and flabby. Her muscles went to seed years ago. Corsets replaced them, but lately she has had winter bronchitis, and all the tissues round the navel have given under the strain of coughing so that there is a big soft bulge of the size of a Jaffa orange. It is easy to squash it back. But it will only stay there if she has a good padded belt to keep it in place. And it may be that in the long run she will have to have an operation.

Hernias may be kept in with trusses and with belts, but such appliances do not cure them. Only an operation to cover the weak spot with stronger tissues will do that. Poor Mrs. Sykes has not got strong tissues. Surgically, she could be a hopeless task. So a belt it has to be for as long as possible.

The real disaster, strangulation, only happens to a small proportion of hernias but one never knows, which one is going to do it, except that small ones seem more prone to it than huge ones.

If a hernia is sticking out and then some strain suddenly forces more into it, there is terrific pressure inside causing tension at the comparatively narrow entrance to the tunnel. The blood vessels going to the loop of intestine are squeezed, so its circulation is cut off. If left, the intestine will become gangrenous and set up peritonitis.

Strangulation is an alarming emergency. The patient has agonizing pain, the hernia is hard and very tender to touch. Pain comes in spasms, with signs of shock and with vomiting. The only thing to do is to whistle up the ambulance, because the sooner the surgeon can cut that tense tunnel entrance and let a blood supply get back to the imprisoned intestine, the better.

A well-fitting truss will control a hernia so that it cannot get out and stay out, and there is no danger of strangulation. If pro-

HERNIAS CAN HAPPEN AT ALL AGES

●

Hernia is the proper name for a rupture, and operation is the best treatment for hernia because trusses and belts, although useful, do not cure it.

WHENEVER you cough, lift a heavy weight, or strain to open your bowels, you contract your abdominal muscles, push down your diaphragm, and enormously increase the pressure on all the contents of the abdomen. So, all your life, these organs and especially the more loosely attached ones, such as the intestine, seek any opportunity of breaking forth from bondage and getting somewhere where they aren't pushed about so much. Nature has provided certain potential escape routes, where the retaining wall may not be strong enough to withstand an assault.

In the groin, in men, is the passage by which the spermatic cord goes down to the testicles. In women, this passage is occupied by a ligament which supports the womb and so is a more difficult tunnel to negotiate, though not impossible. A little lower is the spot where the large blood vessels go down to the thigh, the femoral canal. In some people, too, the navel never became really strong after the cord separated when they were born, and they have a weakness of the abdominal wall there. Others have had an operation scar that left a weakness where the muscles were cut.

When some part of the abdominal contents, most often a loop of intestine, finds such a weak spot, and gets forced through it, a bulge appears outside. Sometimes it is called a rupture, but more correctly a hernia. Rupture implies that something has broken, which is not the case.

Consider the story of the three recent bulgy babies, all brought to my surgery by their mothers with the question, "Has he got a rupture, Doctor?"

First baby's groins were far from symmetrical. The left was normal, but the right had a soft swelling which, when gently pressed on, gave a gurgle and vanished back to its proper home.

The canal through which, not long before birth, the testicle had descended, had not sealed off as it should and the intestine was trying to get down there too. In a very young baby, sealing off may yet take place, if the intestine can be restrained from its antics. With a baby who alternately cries and strains on its pot, this is no easy task. But a light rubber truss, worn day and night for some months, with luck may do the trick. If this fails, as it often does, then an operation is needed to seal off the tunnel.

Baby number two had a bulging navel, as if someone was trying to poke a finger through it from inside. The scar where the cord had separated was still weak. Such scars naturally contract and get stronger, and the vast majority of such bulges heal themselves. They are not helped by drawing the two sides of the abdomen together with a

EDUCATION FOR HEALTH AND FITNESS

[The Society of the American State Directors of Health, Physical Education and Recreation gives highest priority to this subject].

THIS Society has expressed strong concern over the threat of conflicting ideologies to the security and peace of the nation. It recognized that to counteract effectively any possible aggressive moves in this direction by any foreign power we must prepare more and better scientists, mathematicians, and statesmen. It commended, and supports, educationally sound efforts to improve school and college curriculums for the attainment of such goals.

The Society, however, cautioned that in our anxiety and haste to achieve these objectives, we must not lose sight of other equally important purposes of education and, thus, do irreparable harm to what is generally acclaimed as the greatest system of universal education the world has ever witnessed, a system so necessary to the survival of our democratic way of life. Any action or programme designed to favour a selected group of students and others, or to eliminate or curtail essential education experiences for all, was deplored.

The Society of State Directors called attention to the complex and dynamic forces at work today in the United States. It reiterated that education as a major social institution should be responsive to the needs and opportunities of a changing culture. Some of the significant cultural developments, with their attendant problems, which produce a tremendous impact on American schools include: (1) the ever increasing population, (2) increasing urbanization, (3) the rising standard of living and technological developments, (4) political and ideological differences, and (5) changing problems of health.

Stressing the tremendous effect of these changes on the health of individuals and, thus, on the strength and welfare of the nation, the Society expressed serious concern over the failure of schools and colleges to provide adequate experiences for all students in the areas of health and safety education and physical education, including athletics and "off-the-job living." It reaffirmed the American Association for Health, Physical Education, and Recreation statement on "Fitness of Youth" and called particular attention to that portion which reads: "Modern man is.....confronted with a critical choice. Either he includes valid health information and vigorous physical activity in his life or he suffers inevitable losses. If he chooses to remain fit, he must elect those practices and activities that will lead to that end."

The Society called upon all citizens in general, and educators in particular, to place high priority on education for health and fitness. It recommended that at least a daily period in the school curriculum be devoted to

health and safety education and physical education for all students, that adequate facilities and qualified personnel in sufficient number be provided for these programmes in all schools and colleges, and that educational facilities and personnel be utilized to the greatest degree possible for community leisure-time activities.

Placing great emphasis on the importance of leadership, supervision, and co-ordination for these separate but related programmes in producing best results, the Society urged (1) school districts to organize these programmes into one administrative unit under the leadership of a qualified person on the chief school administrator's central office staff and (2) state education departments to provide greater assistance to school and college officials in improving programmes through the employment of state directors of health, physical education, and recreation with sufficient staffs to fulfil properly this responsibility.

Fitness is a priceless asset.—The Society concluded by stating that regardless of what advances are made in the scientific, social, or political fields in the years ahead, personal fitness will remain as our most priceless asset. *Fitness has been defined* as that state which characterizes the degrees to which a person is able to *function—physically, mentally, socially, and spiritually.* As such, it is basic to all our endeavours whether they be intellectual achievement, production of material goods, resisting an enemy attack, or living happily and productively. Only as our children, youth, and adults develop and maintain fitness and become imbued with the understanding and appreciation of the values of fitness for living can we hope to survive as individuals or as a nation. The Society of State Directors recommends at least a daily period devoted to health and safety education and physical education, for all students. It calls upon schools and colleges to fulfil their responsibility for providing adequate instruction in the all-important area of fitness.—(*Johper*, Nov. 1959).

[*Note*:—We in India, should take a lead from the above official statement as it applies equally well to the conditions obtaining in our country at the present day.—Ed. HEALTH].

Rocket Age Dividend

Conventional drugs for lowering blood pressure are made far more powerful by combining them with the rocket fuel, hydrazine, says Dr. John H. Biel, Director of Lakeside Laboratories, Inc., Milwaukee. The potency of one drug is boosted 200 per cent in dogs. Hydrazine compounds have been found to be powerful stimulants against depression and fatigue.—(*Today's Health*).

Varicose Veins

These are dilated veins, usually in the legs. They occur in varying degrees of severity and can be very painful. In many cases a crepe bandage or elastic stoking is enough to overcome the pain and prevent the veins getting worse.

or by tumours growing into the area often produces raging fevers.

By far the largest producers of fever are bacterial and viral diseases. The exact means by which these microbes cause fever is not known. It may be that under microbial attack whiteblood cells release fever-producing chemicals called pyrogens, which prod the brain-thermostat into action, raising the body-temperature.

Are fevers harmful?–There is no cut-and-dried answer. Some fevers are clearly dangerous—particularly those caused by brain injury, tumours or sunstroke. They soar to levels where temperature itself becomes a menace to life. A fever of 109°F, for example, does irreparable damage to the brain if not brought under quick control by iced-water enemas or immersion in tubs of iced-water.

Fevers following heart attacks are also serious affairs. The danger here is this: in fever the rate of cellular activity in the body (metabolism) may be greatly increased. Going at this faster rate also greatly increases the oxygen requirements of cells. Thus there is an added load on an already damaged heart.

These are the exceptional cases. About the more common fevers that accompany colds, sore throats and such, one point should be remembered: fever is not a *disease* but a *symptom*—often a valuable and revealing one. Many doctors are today questioning the wisdom of fighting common fevers with temperature-reducing drugs, like aspirin. Speaking mainly of childhood diseases, one professor of medicine observes: "Anti-fever therapy is often employed more for the benefit of the parents, or the doctor, than the child. It is doubtful whether body temperatures in the range of 104°F are harmful, even if prolonged for several days."

Fever may be the best, or the only, available sign for following the course of an illness, as many diseases have readily recognized temperature-patterns. In typhus, for example, fever is continuous. Malaria has a relapsing pattern —normal for a few days, followed by an upward swing. In typhoid there is a remittent pattern (marked fluctuations remaining above normal); in bone infections and abdominal abscesses there is an intermittent fever (where normal is approached at some time during the day).

What are safe limits for fever? —There is no hard-and-fast rule. It has been observed that people rarely survive temperatures above 109°F. However, temperatures almost never rise above 106°F. Apparently, the body has some emergency-mechanism that takes over at this point. A chain of life-saving events gets under way. The patient usually goes into a coma; blood-flow to the blood-vessels near the surface of the body is increasd, and sweating becomes profuse. These events produce a cooling effect, and fever begins to fall to safer levels.

Fearsome as fever may be to laymen, it has many beneficial

effects. It prods the body into greater production of bacteria-fighting white blood cells and bacteria-killing antibodies. Recent evidence indicates that it increases production of the hormone ACTH, which in turn combats the stress placed on the body by disease. It appears to enhance the action of such antibiotics as penicillin.

At certain reasonably safe temperature levels some bacteria are simply cooked to death. Last century, for example, doctors noted that after bouts of certain feverish diseases (malaria, typhus) many patients were cured of syphilis. This led Julius Wagner-Jauregg, an Austrian doctor, to infect patients with malaria as a treatment for syphilis, and led, later on, to the production of artificial fevers with a high-frequency electric current.

As wider knowledge of fever has accumulated, many old rules have been re-written. A generation ago it was standard practice to "*starve a fever*"—which undoubtedly killed many badly debilitated patients. Since fever hoists the metabolic rate, the need for food and fluids is greatly increased.

Today's rule: *a high-protein, high-vitamin diet, with all the liquid the patient can take.*

Until recently it has been customary to keep feverish patients in bed. Under certain circumstances this rule, too, may be ready for discard. One doctor collected records of 1,082 feverish youngsters. Some were confined to bed, some were allowed to be up and about in the home. Temperatures returned to normal at almost exactly the same rate with each group. The doctor concluded: "This study seems to indicate that in 'ordinary' or 'self-limiting' illnesses .....children may rest as they desire, and play quietly in the house."

To sum up:–Fever is no longer the frightening thing it once was. More and more, doctors are tending to let the common, everyday fevers alone, unless they make patients restless and sleepless, or unless they persist too long.

According to present-day thinking, the great majority of fevers are more apt to be friends than foes.—(The *Atlantic Advocate*, via *Reader's Digest*, February 1960).

Cooking Grease Hazard?

Constant, repeated use of the same cooking grease might cause stomach cancer, suggests E.A. Cuyler Hammond, Ph.D. of the American Cancer Society. Laboratory tests show that cancer-causing chemicals are produced by repeated heatings of the same cooking grease, he says, and now the question is whether they are created in sufficient concentration to produce cancer.—(*Today's Health*).

[*Note*:—This is a very common practice in many hotels and sweetmeat shops in India and one can see iron-heating-pans full of repeatedly boiled fat (oil and ghee mixtures) in many hotels particularly in the moffussil areas.—Ed. Health].

FACTS TO KNOW ABOUT FEVER

By J. D. RATCLIFF

A high temperature is not only a symptom; it is part of the body's mechanism for curing disease.

THOUSANDS of people each day slip thermometers under their tongues, wait a few minutes, then consult the little red arrow. Most laymen believe that the higher the body temperature, the graver the illness. Doctors aren't so sure. For upwards of 2,000 years, medical men have been debating the question:—"Is fever friend or foe? Is it an indicator of how ill a person is or of how vigorous an effect his body is making to get well?" Today, doctors are closer to the answer than ever before.

What is fever?—It is simply an indication that the body is generating heat faster than it is losing it. Your body's remarkable heating system is in many respects strikingly like a home heating system. The food you eat is burnt, mainly in muscle tissue. The resultant heat is piped around the body by the blood in blood-vessels. Like a well-built home, the body has its insulation—a layer of fat under the skin—to cut down heat loss. The entire system is controlled by the small cluster of cells in the hypothalamus, on the underside of the brain. This is the body-thermostat. When it is pushed too high, there is fever. The sweating mechanism slows down and the skin becomes dry and hot.

No real studies of body temperature were made until, in the middle of the last century, Dr. Carl Wunderlich of the University of Leipzig measured temperatures of 100,000 people and concluded that "normal" body-temperature was 98·6° Fahrenheit or 37° Centigrade.

Today's research-men note that body temperature varies widely during a day—lowest in the early morning hours, highest in the late afternoon. Therefore, doctors think it would be better to speak of a *normal "zone"—97·2° to 99·5°F. or 36·2° to 37·5°C.*

Although the blood is highly efficient as a distributor of heat, it doesn't do a perfect job. If the mouth temperature is 98·6°F, the rectal temperature is usually a degree higher. The liver, hottest organ in the body, is about 101°F and the skin temperature of the feet on a cold day may drop to near freezing-point. The groin area is usually at least a degree lower than the interior of the body. Survival of the human race depends on its rising no higher. Above this level, the male reproductive glands are unable to produce sperms.

What induces fever?—A surprising variety of causes. Anxiety is one. Children, frightened of going to hospital, often run "temperatures in the 101° to 103°F. range. One service medical officer found that the temperatures of 324 call-up examinees, anxious about their grade, averaged nearly a degree above normal. Also, injury to the brain-thermostat—caused by accidents

the surgeon was marking out the lines of incision.

The rest is easy by comparison. The section of skull is stitched back into place and the scalp sewn up. The patient is wheeled into the recovery-room. She is still under the anæsthetic, unconscious of the miracle of surgery performed on her.

The surgeon turns to me and his voice sounds tired. "I don't know about you," he says, "but I'm going off for a cup of tea."—(*Romford Recorder*, via *World Digest*, February 1960).

FAME

FAME is a mysterious lover once you fall into her clutches. She is very jealous and all-demanding, theatrical sometimes, and sometimes humble, sober, even commonplace. But those who have tasted her lips can go back to no mortal woman, the poets say: for she holds those pleasures of the spirit those promises of one's ardent youth, that have fascinated the pirate and the scientist, the conqueror and the writer. That promise is that your name, out of the myriad millions of other names in your generation, shall stand out, giving you the sweets of immortality as long as man is lord upon the earth. To some, this fame is more important than those elementary physiological needs that dominate most men—hunger and sex. It burns with greater ferocity than any human love, than any attachment, friendship and loyalty. In its name are done great and worthy deeds; in its name, too, have been committed most of the great crimes in history....Fame is the subtle mistress not only of the dreamer and the man of action. She also serves those who wait for her to pass them by. She escapes the dreamer and the man of action giving them a footnote in some obscure book, what is all that the generations to come will know of them. But she comes more often casually, dragging out some name from obscurity and placing it in eminence amongst those of the greatest. The only way to hold fame, once she has smiled at you is to seize her. Let her go, and her wanton feet will lead her away forever, notwithstanding all the promises she may make.

Simple Pregnancy Test

Tablets of the hormone progesterone, taken daily for three days, provide a simple and accurate test for pregnancy, says Dr. Harold A. Schwartz, Chief of Obstetrics and Gynæcology at Baroness Erlanger Hospital, Chattanooga, Tennessee. If the woman is pregnant, the hormone helps to implant the ovum or egg properly. If she is not, she begins to menstruate a few days after taking the last tablet. Tablets containing progesterone and a small amount of œstrogen provide a more rapid answer than do injections of the hormone.—(*Today's Health*).

"The chances are ten to one that if we don't operate she will have a third hæmorrhage and die," said the surgeon. "Make no mistake. This condition is a killer."

As we talked we were stripping completely and changing into sterilized white clothing—open shirt, trousers and boots, hat and mask. The surgeon also wore a white gown.

I asked him how dangerous the operation was to the patient. "Well, it's a major operation but we hope to make her safe," he said.

He would probe between the two hemispheres of the brain, find the aneurysm and try to isolate it by placing a tantallum clip at each side of it on the blood vessel.

This would stop blood flowing through the vessel and prevent a further hæmorrhage.

Until about ten years ago this feat would have been impossible. Now *two* modern advances in medical science have enabled surgeons to operate with a good chance of success.

One, is hypothermia. *Two*, is angiography, an X-ray technique that shows up every blood vessel in the brain and lets the surgeon know the exact site of the aneurysm before he begins to operate.

In partnership, hypothermia and angiography have reduced the toll of deaths through cerebral hæmorrhage, particularly in younger people, and have given the patient a fighting chance of strengthening his or her hold on life.

It is 2·51 by the clock in the operating-theatre and the surgeon is asking the anæsthetist: "What's her blood pressure down to?" "Eighty-five." "All right to start?" And the anæsthetist says: "Yes."

The surgeon and assistant-surgeon press the scalp against the skull so that the incision will be bloodless. Then the surgeon's knife cuts round the line which he has previously marked out. A large flap of skin is folded back and the skull exposed.

I remember the surgeon has told me there will now be *three stages* to the operation: (1) exposure of the brain and its weak blood vessel; (2) dealing with the aneurysm; and (3) closing up the head again.

(1) *This stage, then, is the exposure.*

The surgeon is beginning to open up the skull. With a small drill he punches a clean hole through the outer bone of the head. Then another hole ..... until there are five at intervals round the area of the skull directly above the brain.

I watch slightly unnerved, my stomach muscles tense! I marvel at the detached unconcern of the nurses who stand alert and ready to help with the routine tasks.

From the precise array of instruments in front of her, the theatre sister hands to the surgeons strips of wire saw, which they thread through each pair of holes in turn to sever it section by section.

Intent and deliberate, the surgeon and assistant surgeon

are working in complete harmony.

Now the sections between each hole in the skull are severed and that part of the front of the skull is lifted away. I can see the outer covering of the brain itself. The time is 3·14.

Perhaps I look apprehensive, because a young coloured doctor asks: "You're not nervous?" I tell him "No," but the strain is intense—even in watching! I wonder what it must be like performing such an operation.

The surgeon's face, as far as one can see behind his mask, remains impassive. On the younger assistant surgeon's brow there are beads of sweat and the coloured doctor thoughtfully reaches from behind and wipes them away.

This team-work is impressive. There is close co-operation between surgeons, anæsthetist, and everyone in the operating theatre. As the chief surgeon glances at the brilliantly-lit X-ray plates on a wall to his right, one is reminded that the radiologist who produced them has been in to see the operation progressing.

At 3·30 the anæsthetist asks: "Shall I start the blood?" The surgeon tells him: "Yes, she's lost about half a pint. There is no immediate danger, but it is as well to replace blood that is lost." So transfusion starts.

The surgeon begins his lengthy, delicate job of probing between the halves of the brain. The aneurysm is down there but he does not know exactly where. Blood vessels in the way have to be pushed aside, gently, because bleeding starting in the slightest degree could obscure visibility.

Just before 4 p.m., the surgeon with endless patience has reached the area where there has been bleeding.

He is going so deep that the spot-lamps suspended above are little help. A headlight is strapped on by one of the nurses and its beam focused to give clear visibility down the deep hole in the brain. To accentuate its brilliance, the blinds are drawn and all other lamps turned off, so that the only light is the one on the surgeon's forehead.

It is 4·5 when the surgeon turns to his assistant and asks: "Can you see that?" He has found the weakness in the blood vessel through which the hæmorrhage has occurred.

This is the climax of the operation. With the utmost care, the surgeon places a tiny metal clip on the vessel on one side of the aneurysm and then the other. The surgeon has won, and the danger is over. He looks round and for the first time his voice carries a trace of pride. "Look," he says, "here's the killer. I'll point it out to you."

I peer into the patient's brain at a little irregular thing about the size of match-head. I am looking at one of the inmost mysteries of life and death. A killer conquered!

The rest of the team crowd in to see. I note that the time is 4·15, an hour and a half since

LOOKING IN ON A BRAIN OPERATION

JACK FOSTER

[Ten years ago this feat would have been impossible].

IT is 2·38 by the clock in the first-floor operating-theatre at Oldchurch Hospital. In a few minutes a major brain operation will begin on the woman who lies on the operating table, breathing steadily under an anæsthetic.

The scene in the harsh glare of the overhead lamps is the familiar film-set come to life.

In the foreground is the patient, a middle-aged woman with a brain hæmorrhage that could kill her.

Grouped around are the anæsthetist at his elaborate machine and in charge of the blood-transfusion apparatus, a woman electrocardiographist recording the heart-beat, and the theatre sister.

In the background, nurses stand by, to help with routine operating room-procedure.

The chief surgeon, a slimly built man of about 45, with a calm, mild manner, and the assistant surgeon are vigorously scrubbing clean their hands and arms.

But my attention focuses on the middle-aged woman lying six feet away from me.

All I can see of her as she lies draped in towels and covers on the long white metal table is the front of her shaven scalp which a nurse is now cleansing for the incision.

At 2·46 the surgeons are ready. The chief surgeon deftly marks with a skin pencil the line of the incision.

One of the most difficult and dangerous types of operation in modern surgery is about to begin. A highly trained team will use all the skills at its command so that a woman shall not die.

I am to be a spectator at this life-and-death drama.

The first phase of the operation had opened three hours before, when the patient was lightly anæsthetized and the body temperature gradually lowered over a period of two and a half hours by hypothermia, the so-called deep-freeze technique. By the time the operation was due to begin the temperature was 86 degree Fahrenheit or 30° Centigrade.

The surgeon explained this to me. "With the body in a state of hibernation, I can work at a lower blood-pressure and thus more safely. Deep-freeze also shrinks the brain, making it easier to manipulate, and reduces the amount of bleeding."

Next he detailed the cause of the hæmorrhages from which the patient was suffering. She was born with a weakness on a blood-vessel in the brain, a small "blow-out" or bulge called an aneurysm. In this case the aneurysm had given way twice, causing hæmorrhage.

Each time, the patient was seized with violent headaches and lost consciousness.

agencies concerned with different branches of social work, which receive substantial support and aid from the Union Government. To co-ordinate their several activities and so avoid dissipation of resources and effort is more important than to seek the Government's direct participation in such activities. As Dr. KRISHNA RAU stated, if there were a Ministry of Social Welfare at the Centre, such co-ordination could be initiated by it. In its absence, a body like the Indian Conference of Social Work which has taken up the work will certainly achieve success in time.

In this context, the lack of trained workers is also felt in other fields particularly by those who are concerned with the suppression of immoral traffic in women. The Union and State Governments have done all they can in the way of legislation, but legislation has to be followed up by sustained rehabilitation-work if the evil is to be eradicated. This was the theme of Shri M. BHAKTAVATSALAM'S speech when he inaugurated a training camp organized by the Madras Branch of the Association for Moral and Social Hygiene, as also of Dr. R.V. RAJAM'S illuminating presidential address. Whether prostitution can be abolished by legislative enactment is debatable.

Legislation is no doubt necessary to a certain extent. "In recent years," said Dr. RAJAM, "there have been *two* problems. Apart from the "very very low commercial type of prostitution, there has been an increase in loosening of the moral standards even among the middle and educated classes, and there has been an increase in sexual promiscuity. It is not prostitution in the accepted classical sense of the term that we notice, but a certain amount of laxness of behaviour, such as an attitude of getting some fun out of it!"

Dr. RAJAM warned that two things which will have serious repercussions "on this sexual promiscuity" are the family-planning programme, in which contraceptives are freely made available, and the great advancements in the field of medicine.

Because of the advances in medicine and the laxity to their moral standard of values, "even what little fear of danger there was, is slowly disappearing. Moral fibre is necessary for progress. Along with moral education, there is also need for religious education. These two are closely inter-related to each other. The insidious evils are sure to arise from the popularization of contraceptives, and as an esteemed contemporary recently stated, "while the American 'call-girls' system has not come into vogue in India, the traditional morality is being increasingly exposed to dangers from which social and moral health needs to be preserved. All this only emphasizes that the recruitment of qualified men and women must keep pace with the expanding area of social work." All welfare agencies must give their serious attention to this matter.

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TRAINING FOR SOCIAL AND MORAL WELFARE WORK

AT the symposium arranged by the Indian Conference of Social Work (Madras State Branch) on Wednesday the 24th February 1960, Shri Dr. U. KRISHNA RAU, Speaker of the Madras Legislative Assembly, rightly stressed the importance of securing co-ordination of the activities of the Government and various voluntary agencies engaged in social welfare work, in order to avoid waste and duplication of effort and achieve the maximum result from the resources expended. As important as the issue of closer co-ordination is the problem of recruitment and training of social workers. Lack of data, as Dr. KRISHNA RAU pointed out, is one of the obstacles to progress, which is further inhibited by illiteracy and ignorance, as well as by a paucity of trained workers. With the enormous problems of social welfare thrown up by industrialization and the resultant migration to the cities, the need for more workers has become urgent in the fields of social and moral progress and uplift. And this need can be met only by establishing in every State an institution of the quality and calibre of the Tata School of Social Work in Bombay.

A Ministry of Social Welfare for each State which was suggested by one of the speakers at the symposium, may be and probably is impracticable for a variety of reasons, and indeed it is arguable whether bureaucratic procedures are best suited to the tackling of social-welware problems. It is well to discountenance excessive dependence on State initiative, even in a Welfare State. There are now many non-official and semi-official