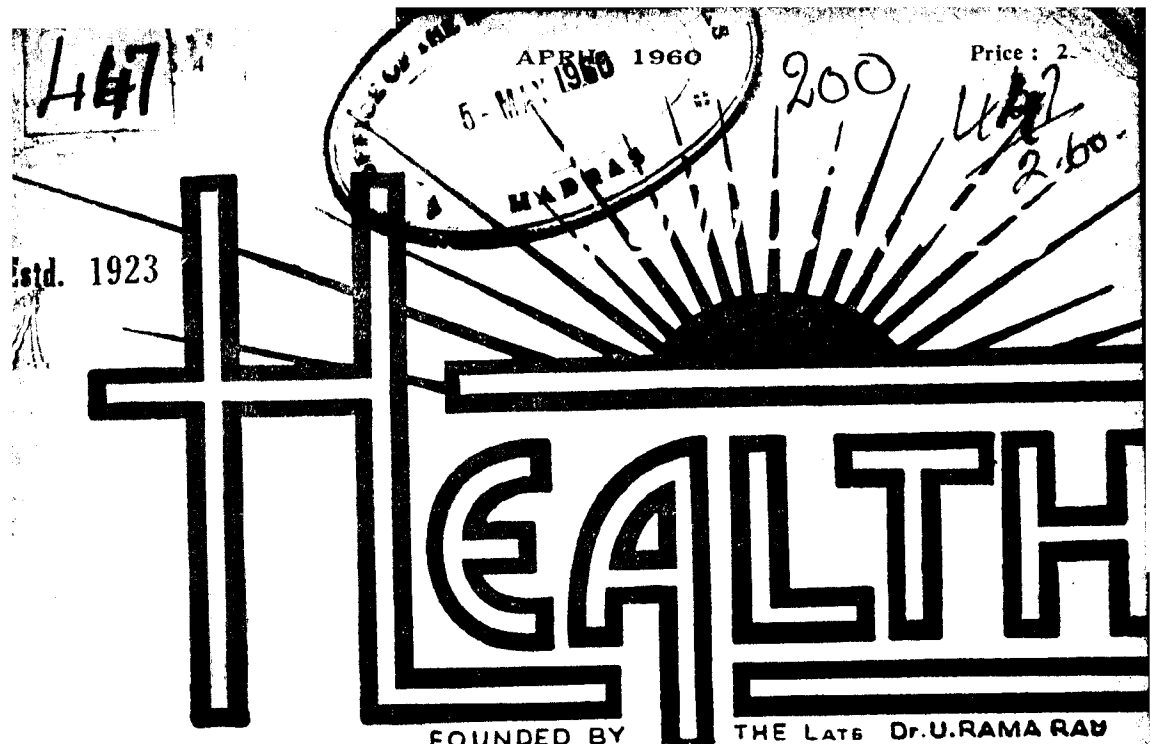




Estd. 1923

FOUNDED BY THE LATE DR. U. RAMA RAU

A JOURNAL DEVOTED TO HEALTHFUL LIVING

Contents

Consulting Editor :

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

Editor :

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

Malaria Eradication--
A World Challenge --*Editorial*
The Truth About True Love
Sugar for Energy
How Women Feel About Men
Otitis Media and Deafness
What They Said About Doctors
Marriage and Parenthood
in the Diabetic Patient
A First-Aid Kit for Your Car
Science and Humility
Eating and Drinking in Space

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

What's New in the News?

Regrow Lens in Rabbit's Eye

British and Soviet scientists have succeeded in getting new lenses to grow in the eyes of rabbits. The lenses were first removed, and has to be done in human eyes clouded by cataracts. Then the scientists implanted cells taken from embryo or unborn rabbits. Within a year, new lenses regenerated with about the same refractive power of normal lenses, report Drs. D. Strehlow, Stewart, and Paul G. Espinosa of the University, Hull, England. This procedure long shot hopes that the same might one day be done for humans if human tissue reacts in the same way and if no allergic rejection mechanism is involved.

Going to the Dogs

If you love your dog, keep him away from any child who comes down with tetanus. Two cases in which dogs contracted tetanus in this way have been reported recently by a research team from North Dakota Agricultural College, Fargo. It had generally been considered improbable that pets would contract the disease. —(*Today's Health*, Nov. 1959).

The Busy Bee Can Kill

Bees and wasps carry a stronger kiss of death than poisonous snakes. In a five-year period, bees, wasps, hornets, and yellow jackets killed 86 persons, compared with 71 succumbing to snake bites and 39 to poisonous spiders, reports Dr. Henry M. Parrish of Burlington, Vermont. While rattlesnakes seemed the most deadly single species, killing 55 persons, bees alone took 52 human lives when their victims proved to be allergically sensitive to their poisons. Doctor Parrish thinks many deaths from poisonous bites are erroneously attributed to heart attacks, heat strokes, or other causes.

Making it Easy for Mum

Professor O. S. Heyns, a leading research worker on the staff of South Africa's University of Witwatersrand, envisages a new era of painless childbirth.

He has invented a special suit for mothers to wear when undergoing labour. Known as a decompression suit, it greatly assists childbirth and enables mothers wearing it to feel completely at ease.

The eminent gynaecologist, Professor J. P. Greenhill, describes this invention as "the greatest advance in obstetrics made in our lifetime."

The first suits are now obviating labour pains for mothers in the Queen Victoria Hospital, Johannesburg. Both inexperienced and "veteran" mothers speak highly of their pain-relieving powers.

A local firm, now manufacturing the suits, has received orders and inquiries from obstetricians in Russia, Holland, Spain, Austria and America.

Our own National Research Development Corporation is also interested, and may promote their use in this country. (*Fit Bits*, London).

Gramophone to Tape Recorder

Until now, a British invention converts a gramophone into a tape recorder. It uses standard recording tapes and will play at four different speeds. It is easily clipped on to the gramophone turn table to be ready for recording and equally quickly can be removed. Its cost is in the £13-£14 region, but the microphone needed for recording speech, as distinct from recording direct from radio, is an extra item. Detailed description is impossible in a short space, but a booklet about the Gramodeck can be obtained from the makers through At Your Service, "World Digest," John Carpenter House, John Carpenter Street, London, E.C.4.

Time by Battery

The electric clock that is operated from a rare battery is immune from the troubles due to power failures or fuses. Time is reliably kept, but the easily forgotten task of winding is obviated. This type of clock has been much developed for use in aircraft.

A Swiss unit, a jewelled movement that will run for a year on an ordinary 1/2 dry battery, can be bought for between £2 and £3, and this can be used as the basis of a home-made clock. The same firm sells clock faces and clock hands quite cheaply. —(*World Digest*, March 1960).

Cutter for Nylon Dressmaking

Cutting the new synthetic fibre materials like nylon, "Terylene," or "Orlon" so that a strong, smooth edge not liable to fray is obtained, is made easier for home dressmaking by a new electric cutting appliance. This is held like a pen and traced along the lines of the pattern. It cuts by heat and heat-seals the edge—only light pressure is required. The cost is 19s. 6d., and models for 110/125, 200/220 and 230/250 volts A.C. or D.C. are available. Called the Dee Geo Nylon Cutter. —(*World Digest*, March 60).

Ashtangasareeram

By

P. S. VARIER.

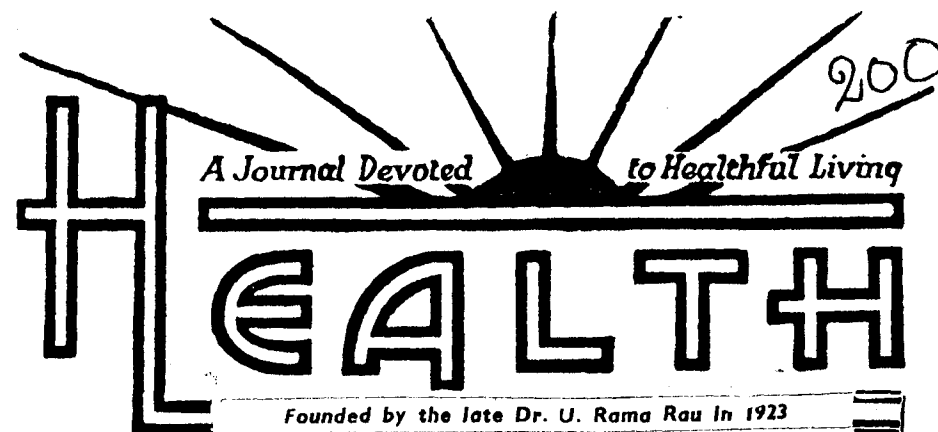
A Concise and Complete work on Anatomy and Physiology in Sanskrit. Certified by the All-India Ayurvedic Conference in 1956. Indispensable to lovers of Ayurveda. Price Rs. 12.

MANAGER,

ARYAVAIDYASALA,

Kottakal,

S. Malabar.



Published on the 15th of every month

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

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

Annual Subscription: Rs. 2.50 nP. Foreign Sh 5. Post Paid. Single Copy 25 nP.

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

Vol. 38

APRIL, 1960

No. 4

MALARIA ERADICATION—A WORLD CHALLENGE

OF all the regions of W.H.O., that covered by South-East Asia has a total population of 550 millions. Of this number nearly 500 millions live with a risk of malaria. The end of the last century saw the epochal discovery by Sir Ronald Ross, (then an active member of the Indian Medical Service) of the transmission of malaria from man to man through the agency of the anopheles mosquito. Since then anti mosquito measures have been planned and carried out (though not in a systematic manner) for the prevention of malaria in certain urban areas, and in some specialized committees where there were aggregations of labour either permanently or temporarily.

Malaria is a ruinous disease and can depopulate an entire region. Never before have concerted measures on an inter-

national scale been directed against the spread of a single disease and never before have doctors, engineers, laboratory workers and in fact helpers of all kinds been mobilized in such large number and in so many different countries to combat this menace, as it has been done during the last ten to fifteen years.

The discovery of the use of DDT during the Second World War encouraged some of the countries of the S.E. Asian Region to undertake large-scale rural malaria control measures, notably Ceylon and India. The advent of the World Health Organization, which gave malaria top-priority in public health schemes, led to close collaboration between it and governments in the establishment of demonstration and training-projects for malaria control, beginning from

158269
1949. The great interest evinced by the Government of the United States of America, through its Operation Missions in various countries, led to bilateral agreements through which some of the countries established malaria-control activities.

Scientific accomplishment with the use of this new weapon in the fight against man's greatest enemy was somewhat hampered by the development of resistance on the part of some insects of public health importance. This brought about a reorientation in the global policy on malaria and attention was focused by W.H.O. on the need for governments to accept *eradication instead of mere control* of the disease as their ultimate objective, to be accomplished well before local malaria-carrying mosquitoes could develop any degree of tolerance to the insecticide.

"An essential difference in the strategy of malaria control and malaria eradication is that in the case of the latter the performance has to be total, speedy and efficient, and rather than taking credit for what may have been achieved, one should take discredit for what yet remains to be done," said the late Sri Dr. D. K. VISVANATHAN, the Senior Regional Malaria Officer in a recent note of the World Health Day feature series.

In eradication the greatest emphasis is on efficient spraying to prevent the mosquitoes from living long enough or in suffi-

ent numbers to transmit the disease.

The first phase of intensive spraying is called the '*attack phase*' and lasts generally for four years or more. The next phase is called the '*consolidation phase*,' when spraying is withdrawn, but surveillance continues for a minimum of three years.

Still later, after the interruption of the local transmission of the disease is accomplished and substantiated, further watch against any possible reappearance of the disease will be the concern of the general rural health services, in the same manner as other communicable diseases which are dealt with by them.

The programme must be well drawn up in all its details. The preliminary surveys must be carried out thoroughly. The *attack phase* should proceed as planned. The *consolidation phase* should be carried out with meticulous attention.

In all these matters, the administrative wing of the State Governments has a profound duty to perform. Indeed, it is increasingly recognized that administration and organization are for more important than the technical aspects of the programme. And if there is such active implementation, we may be sure that in about ten years from now, most of the world will have been freed from this scourge.

THE TRUTH ABOUT TRUE LOVE

By JOHN E. GIBSON

LOVE is one subject which interests just about everybody—and scientists are no exception. Psychologists and sociologists have been taking a closer look at love to find out as much as possible about what makes it tick. They've conducted countless studies, polls, and surveys. Their findings provide answers to a lot of questions you've probably wondered about.

Is it true that the smarter you are, the "luckier" you are likely to be in love?

Yes, U. S. Bureau of the Census Sociologist Paul C. Glick says his findings show that people of higher education and I.Q. tend to be the "luckiest" in love and that people with the least educational background are most likely to face trouble in the love and marriage department.

Is a happy love-relationship conducive to longevity?

Yes. Life-insurance studies show that couples who are happily in love—and remain in that state—average appreciably longer life spans than those who are divorced, separated, or remain single. Wide-scale sociological research conducted at Harvard University likewise shows that people who have a happy love relationship very definitely tend to be the longest-lived.

Is it true that people tend to fall in love with their opposites?

In some respects *yes*, in other respects *no*. Sociologists report that, where general physical appearance and body-build are concerned, like tends to attract like. Good-looking men tend to fall in love with pretty women, and the less attractive members of both sexes tend to be drawn to one another.

Where personality characteristics are concerned, extroverts tend to fall in love with introverts, and the person who is ruled by his emotions is more likely to be drawn to the "brainy" type.

When love fails to run smoothly, who is most frequently at fault—the man or the woman?

A recent sociological study investigated the causes of more than 10,000 marriage rifts. In the vast majority of cases both persons were found equally responsible for the trouble. And other investigations bear out the fact that when a marriage blows up, the wife is likely to be just as guilty as the husband.

What about "love at first sight"?

It is true that people are sometimes instantly attracted to each other. And sometimes this may develop into a true and lasting love. The best way to tell if a strong attraction is capable of developing into true love is to wait a bit. The average life of an infatuation is from one to two months. A study of men and women in universities in various parts of the United States showed that two-thirds of the infatuations lasted less than 60 days, and 29 per cent lasted from seven days to a month.

How and where do most people meet their true love?

To throw light on this question, sociologists at one college polled more than 1100 married *alumnae*.

Surprisingly enough, most of them did *not* marry some one they had met in college. The biggest percentage met in one of two ways: through a mutual friend or on a blind date. A smaller group married high school or college sweethearts. The others met under widely assorted circumstances: at a party or social gathering, on the job, at a summer resort, or on a train. Some met their "one and only" through their parents, some introduced themselves, and one girl met her husband-to-be through her *fiancee*. Another was introduced to her spouse by a tooth-ache (she married her dentist), *Moral*: Love—like gold—is where you find it.

Do women have a greater capacity for love and happiness than men do?

Yes. And when a woman is disappointed or frustrated in love, her capacity for suffering is much greater than a man's. Research at Stanford University has shown that women experience greater elation when the course of love runs smoothly, are subject to greater depression when it doesn't. Men's feelings where love is concerned tend to travel a less wide gamut.

If you don't understand the

person you love, does that lessen your chances for lasting happiness?

No. At the University of Chicago, scientists subjected married couples to a series of tests designed to measure marital happiness. They were then given tests to determine the degree of insight each had into their mate's character and personality. *Conclusion of the investigators*: How well you are able to size up your mate's personality has no bearing on marital happiness.

Investigators at the University of California have found that most people have great difficulty in accurately judging the character and temperament of the person they love. And the more deeply they are in love, the more likely they are to see the other person not as he actually is, but as they want or expect him to be.

Is it true that some people can't fall in love?

Yes. As one leading sociologist has observed, some people can accept love but are incapable of giving it; others simply do not know how to love and never learn. Some have emotional blocks, and others are too self-centred to be capable of loving anyone but themselves. It is only when love between husband and wife is mutual—freely given and freely received—that it can achieve its real potential, affording the highest sort of peace of mind, serenity, and happiness. —(*Today's Health*).

The ignorant imagine that to retire from the world is a form of cowardice; only the bold can sit in the meditation seat.

Sugar for Energy

DICK GLOVER, M.R.C.S., L.R.C.P.

WHO'S fortunate enough to attend the final days of Wimbledon may have noticed that many players, in between sets, go to the table under the umpire's chair, put something in their mouths and swallow it down with a draught of water. In case you don't know what that something is, I will tell you. It is a lump of sugar.

Sugar is a provider of instant energy and is an essential part of our diet. As soon as sugar meets our digestive juices, it undergoes a rapid chemical reaction and a series of changes, the end result of which is the production of *energy*.

Sugar is therefore, a vital commodity to anyone who requires energy, and that includes everybody to a greater or lesser degree. Obviously the more energy you require, the more sugar you need. The docker unloading ships, the labourer working on the roads, the athlete running one hundred yards, must have large quantities of energy to do their work and large amounts of energy require large amounts of sugar. The busy housewife, the factory worker and the office girl also all require energy, but to a lesser degree.

Sugar has been accused, often quite wrongly, of causing obesity. Those inclined to put on extra weight, do so because they are eating too much of *everything*. Moderation is the key

word they need, and they should resort to a balanced diet on the advice of their doctors. But it is of no use at all to stop eating just one particular food in the hope that you will lose weight. Once you have lost weight, you must still keep to the diet, or it will return far more quickly than you lost it.

Sugar is one of the carbohydrate group of foods, which also includes bread, potatoes, biscuits, cereals and the like. Are carbohydrates the only energy producers? No, they are not. Fats also produce energy, but they take longer to do so and the effect is more prolonged.

Sugar may be likened to powdered coal thrown on the fire. An immediate blaze results and a large amount of heat produced for a short time. But any sugar not used at once can be stored in the liver, in the form of glycogen, for future use. Fat is more like coke, which gives out less heat but for a longer period. So unless you are on a very crazy, mixed-up diet indeed you need both, and both are important in any ordinary balanced diet.

Calories are units of heat and the amount of energy that you can get from any food is expressed in terms of calories. A man can convert, at the most, 30% of the energy in his food into mechanical work. In this respect he is a lot more efficient than most engines and just about equal with a good combustion engine. If you have two cups of coffee and some sugar and two slices of toast, by way of a morning snack, it will give you 400 calories made up like this:—

Two slices of toast	200 calories
Two cups of coffee (half milk)	100 "
3/4 oz. of sugar (5 lumps) with coffee	100 "
Total	400 "

How many calories you need depends on your age, your sex, your weight and your job. Babies under one year can get by with 900 calories a day. A boy of eight probably needs 2,000. A girl of eighteen should be all right on 2,400. A boy of eighteen might score as much as 3,000 calories a day. A man who is leading a more active life working out of doors, probably wants more than 4,000 a day. You balance these calories out of carbohydrates, fats and proteins.

One ounce of pure fat gives you 265 calories. One ounce of carbohydrate gives you 116 calories. One ounce of pure protein gives you 116 calories.

Whatever you do, you use up calories. If you just lie in bed keeping warm and breathing and staying alive, a man would use

1,700 calories a day, a woman 1,450 calories. The moment you do anything else you use up so many more calories per hour. Sitting still amounts to fifteen per hour. Standing, twenty calories, dressing thirty-three per hour. Walking moderately quickly, 215 calories per hour. If you were able to go on walking up stairs for a period of an hour, then you would use up an extra 1,000 calories in doing it.

Obviously you could replace this energy by eating nine ounces of sugar, or four ounces of pure fat. Both of which would be unpleasant. You would do much better replacing it in a well-balanced meal that would add up to the same number of calories, but be far more palatable.

Remember sugar is 100% carbohydrate and that in that sense it is an excellent source of energy. Carbohydrate can also be converted into fat should your body need it.—(Br. Med. Assoc. Pamphlet on 'Sugar').

The Chief cause of cough is an attempt of the body to rid itself of irritating foreign matter, reports the Pennsylvania State Medical Society. Probably the most common cause of cough is the cold for which there is no known cure. Time along will take care of the common cold, and usually the cough will disappear in a few days of its own accord.

Smoking also causes coughing. Smoke is an irritant which causes an excessive mucus-secretion. The way to eliminate this cough is to stop smoking.

There are numerous cough suppressants on the market. However, make sure before you buy one that the cough isn't caused by a serious disorder involving the heart or lungs. A brief history, physical examination, and an X-ray of the chest by your physician will usually lead to a correct diagnosis of the cause of a cough.—(Today's Health, February 1960).

Revenge is a kind of wild justice; which the more man's nature runs to, the more ought law to weed it out.—(Francis Bacon).

Most women believe that the majority of men can't be trusted very far... .

HOW WOMEN FEEL ABOUT MEN

By JOHN E. GIBSON

WHAT type of man do women find most attractive?

Do they prefer the naive and unsophisticated type, or are they more partial to the man who's "been around" and knows all the answers?

Do most women want to wear the trousers, and seek a mate whom they feel they can dominate? Do they tend to shy away from the brainy men? And how do they feel about the opposite sex in general?

Psychologists in leading universities and research foundations have been exploring the innermost feelings and attitudes of women towards the opposite sex, and have come up with some provocative findings.

At Long Island University, psychologist Hugo G. Beigel probed the attitudes of a typical cross-section of the sexier sex, consisting of hundreds of women from various walks of life, from seventeen to forty.

Each was asked to name the attributes she found most desirable in a man. Here are the things women mentioned most frequently:

He should be highly intelligent.

Many women were willing to settle for less, but none wanted to excel the man of her

choice intellectually. Most women felt that a man's intellectual inferiority greatly diminished his attraction.

And even if a man made up for his mental lacks by wealth or social status, most women felt that if they married such a man, in order to justify their selection they would have to either deny his shortcoming to themselves, or try to deceive outsiders about it. ("My husband has the most brilliant mind, but he's so modest that you don't realize how clever he is until you really get to know him" etc.).

He should be independent in thinking, witty, logical, sophisticated.

Only one per cent of the women wanted a man who was naive and unsophisticated. ("He should be knowledgeable, be able to carry on an interesting conversation." "He must know more about the world than engines, guns, and sports").

*He should have a good education:—*If not a college graduate, he should have at least completed high school. And preferably be informed about literature, art, philosophy, etc.

He should be masterful, and never let himself be dominated:— ("He should always be one step ahead of the girl. He should never let the girl feel superior to him." "He would not let any woman step on him." "I hate men whom I can wind around my finger." "He must be masterful and not submissive to a woman's wishes").

Things the women most deplored about men in general,

being clumsy and awkward with words, insensitive, rude, and stubborn: having poor taste, and being ignorant in matters cultural, such as literature and the arts; lack of morals ("Most men are just plain wolves. When they meet a pretty girl they only seem to have one thing on their mind").

As for the things women dislike most about their husbands, a recent nationwide public opinion poll has shown that: *bad temper* heads the list of wifely complaints. ("My husband 'blows his top' at the drop of a hat." "Whenever things don't just suit him, he gets grouchy and irritable." "When things go wrong at the office he takes it out on the family," etc.).

Complaint number two: *drinking and gambling*. ("We could have paid off the mortgage with what he loses playing poker with the boys," or "I wish I'd picked a husband who didn't try to pick winners at the track," and, "He spends too much time drinking with his cronies." "When he stops for a 'quick one' on the way home, I have to keep dinner waiting until all hours").

Other chief complaints of wives included *inattentiveness*. ("For all the attention he pays me, I might as well be another stick of furniture," and, "I don't think he really hears half I say to him, just grunts 'uh-huh,' or buries himself in the newspaper").

Voted equally irksome by the ladies was *selfishness and inconsiderateness*. ("He never asks me

what I'd like to do only thinks of himself"). And *husband spending* too much money. ("If he squanders money on golf clubs or fishing equipment that's okay—but if I buy a new hat, that's being extravagant").

The survey showed, however, that not all wives grumble about their husbands. One woman out of every five—we're happy to report—said they had no major complaints to make about their husbands.

The study showed, incidentally, that the one quality that women value highest in a mate is *faithfulness*. More than three-quarters of the women studied felt that infidelity was an unforgivable crime, and that any wife who caught her husband stepping out was justified in divorcing him at once.

Indeed, the majority of women regarded it as a more serious offence than wife-beating, and on a par with outright desertion. Of those (25 per cent) who took a somewhat more lenient view of a husband's moral lapses, the majority said they would probably give him another chance, or that their decision would depend on the circumstances.

When it comes to personality-type, what kind of a man is a woman most likely to fall in love with? Stanford University studies show that a woman who is an introvert is likely to be attracted to a man with extrovert qualities—and *vice versa*; and that the impulsive lass whose heart rules her head tends to show a marked

preference for a man of the "thinker" type.

How trusting are most women where men are concerned? Well, nation-wide surveys have shown that the majority of women don't believe most men can be trusted very far. And possibly that's the reason so many wives prefer to keep close tabs on their husbands. Incidentally, women's tendency to be distrustful of men would seem to have sound basis. For DePaul University psychologists, after a study of over 5,000 persons, found that in general men are less truthful and more prone to deceive than women are.

It has also been found (ladies take note) that the lower a man's *IQ* is, the more prone he is to lie or cheat. Possibly one reason why the lads in the higher *IQ* brackets tend to be the least deceitful is that they are smart enough to know how hard it is to fool a woman.

Surveys show that most women believe they understand their husbands very well, and have a keen insight into their mate's character and personality. ("I can read him like a book!" "Understand him? Ha! I understand him *too* well." "I know what he's going to say before he opens his mouth," etc.).

Psychological studies conducted at the University of California show, however, that the average wife does not understand her husband nearly as well as she thinks she does.

Conclude the investigators in summing their findings:

"A woman may be an excellent judge of character when it comes to sizing up others, but where her husband is concerned she's likely to make a poor showing. She may *think* she understands him, but actually it is extremely difficult for her to make an objective appraisal of someone she strongly likes. Instead of seeing her husband the way he really is, she tends to visualize him the way she *wants* him to be."

Other studies have shown, incidentally, that men—being by nature more objective-minded—are better than women so far as having an accurate insight into their spouse's character and personality is concerned.

Do women spend most of their time thinking about men? In a psychological study conducted at the University of Minnesota, investigators eaves dropped on the conversations of hundreds of women—in shops, restaurants, etc. They found that women spent more time discussing men than any other subject—except other women.

Do most women envy men, and feel that they lead more interesting lives? Most women (according to another survey) said they felt that men's lives were more interesting, that men had more fun, got more breaks, and had an easier time of it.

Nevertheless, when the women were asked, "If you had a choice, which would you rather be, a man or a woman?" the majority said they would still prefer to be a woman!—(*Science Digest*, via *World Digest*, March 1960).

OTITIS MEDIA AND DEAFNESS

By P. K. L. ORTON, F.R.C.S.

CONDUCTIVE deafness due to recurrent upper respiratory infection, and infection of the middle ear, is still common in childhood, but, fortunately, in most patients it is reversible. It is necessary to have a knowledge of the gross anatomy and physiology of the region to understand how this happens.

The middle ear lies directly beyond the ear drum, and it is specially arranged for the conduction of sound waves to the inner ear. It is a small cavity containing three articulated ossicles and certain ligaments all of which are covered with thin mucous membrane continuous with that lining the walls. Posteriorly it communicates with the mastoid antrum and air cells, and anteriorly it is connected to the post-nasal space by the Eustachian tube. The middle ear is filled with air at atmospheric pressure. This air pressure on the inner surface of the drum is maintained by the opening of the Eustachian tube on swallowing. For normal conduction of sound it is essential therefore, to have a normal ear drum, middle ear and Eustachian tube.

Adenoids.—In childhood, adenoids, a mass of lymphoid tissue is present in the post nasal space. During colds and sore throats this mass enlarges, and after several severe colds it may

fail to return to its normal size. This enlarged mass can interfere with the adequate entry of air into the Eustachian tube so that air pressure in the middle ear falls. This results in a change in the appearance of the drums—they look in drawn, and the child is deaf. If this state of affairs is allowed to persist the deafness may become permanent. This type of middle ear deafness is one very good reason for the removal of adenoids.

Enlarged adenoids also make a child more susceptible to acute *otitis media*, which is one of the commonest diseases of childhood. It is an acute inflammation of the middle ear cleft involving the Eustachian tube, middle ear, mastoid antrum and air cells so that “*otitis media*” is not a strictly accurate description. Almost always it follows a cold or sore throat, or it may complicate one of the infectious fevers, notably measles. It is more common among, but by no means confined to, the younger children of poorer families who live in overcrowded tenements. Cold and damp, with a diet too low in protein and with an undue proportion of carbohydrates, lower the general resistance to infection. Children from adequate surroundings often develop recurrent infection when they first attend school, where colds spread rapidly.

Acute *otitis media*.—Acute *otitis media* is a single bacterial infection, 70% being caused by hæmolytic streptococci, roughly 20% by pneumococci, and the rest by hæmophilus influenzae or straphylococci pyogenes. Both streptococci and pneumococci

are sensitive to penicillin and do not develop resistant strains. These facts, together with improved general standards of living, account largely for the rapid fall in complications of acute *otitis* in recent years.

All degrees of acute *otitis media* occur in childhood. The severity of the infection depends upon the virulence of the bacteria and the natural resistance of the child to infection. The usual history is of a child with a cold or sore throat who develops deafness, ear-ache and a temperature, often a high temperature. Ear-ache in the mildest infection, only lasts for a few hours, while in the most virulent infection it is severe and may last a day or more followed by discharge from the ear and relief of pain. If rupture of the drum does not occur rapidly it may be necessary to incise the drum. In the mildest form the changes are swelling and redness of the lining of the middle ear cleft with redness of the ear drum. In the more severe infection there is greater inflammation with the formation of exudate which collects in the middle ear causing some distention of the drum, but this state of affairs is reversible. In the most severe infection there is pus-formation with gross distention of the drum, resulting finally in its rupture and discharge of pus from the ear. In these patients, although pus is confined to the middle ear, there is inflammatory swelling of the lining of the mastoid antrum and air cells. Acute *otitis media* occurs in babies whose drums are tough and pus may spread

from the middle ear into the mastoid antrum and air cells without rupture of the drum and discharge from the ear. Unexplained illness and fever in a baby always calls for examination of the ears.

TREATMENT:—Acute *otitis media* in itself is not serious, but prolonged or recurrent attacks usually lead to some degree of conductive deafness. It is essential, therefore, to treat the disease early and adequately so that its duration is as short as possible. The longer the inflammation or discharge persists the greater is the risk of deafness. Treatment for all but the very mildest of infection is by penicillin, preferably soluble penicillin in large daily doses by intramuscular injection. Soluble penicillin is easier to give than the longer acting procaine penicillin, but in large doses the blood level with soluble penicillin is initially higher and is maintained at a suitably high level for 24 hours. In patients without pus-formation from four to five days' treatment is usually all that is necessary. For patients with discharging ears penicillin should be continued until the discharge ceases, usually a week. Penicillin by mouth, although frequently given to avoid injections in children, is unreliable in its absorption and has to be given 6-hourly day and night to maintain a reasonable blood level. Vomiting sometimes occurs during acute *otitis media* and this makes absorption even more unpredictable. Some mothers will carry out the doctor's instructions and give

the medicine unfailingly at 6-hourly intervals. Some, however, do this for the first day or two but as the child gets better the interval between doses is increased or they forget to give the medicine altogether. This is dangerous. The majority of acute mastoids seen today have had this kind of inadequate treatment. It is important that the ear should be examined 24 to 48 hours after beginning antibiotic therapy so that progress can be assessed. Occasionally there is no progress in spite of adequate and full doses of penicillin, and it must, therefore, be assumed, though it cannot be confirmed unless there is discharge, that the organisms are insensitive to penicillin. Wide spectra antibiotics are therefore substituted. Of course, in all cases of acute otitis media rest and nasal decongestants are necessary; with prompt and adequate treatment acute otitis media should subside rapidly and the hearing return to normal in two to three weeks.

Sinusitis.—Acute otitis media, in spite of adequate treatment, may fail to resolve completely. Sinusitis, which in children is commonly secondary to infected adenoids, may be the cause of this. It may, therefore, be necessary to remove the adenoids and possibly aspirate the sinuses for persistent discharge following acute otitis media. Normally adenoids are removed if necessary a month after the ear infection has subsided. Chronic sinusitis may be in part responsible for recurrent attacks of otitis media.

Secondary infection.—Another cause of persistent discharge after acute otitis media is secondary infection of the ear with low-grade pathogenic organisms introduced through the ear, either from the patient's dirty hands or from lack of absolute cleanliness of those cleaning away the discharge. When this happens the discharge usually smells. Penicillin is not effective after this has happened, but wide spectra antibiotics used locally after careful cleaning will usually clear up the discharge. The longer the ear discharges the more likely the perforation is to remain unhealed because its edges become thickened. If it eventually heals a scar is left. If the hole persists the ear is liable to discharge with each cold. In time this causes permanent changes in the middle ear resulting in conductive deafness. This type of deafness may increase in adult life because of the gradual formation of adhesions within the middle ear. It is to prevent this state of affairs that prompt and adequate treatment of acute otitis media is directed. The development of the operation microscope has made it possible to repair permanent perforations when the disease is quiescent and so prevent the recurrent ear discharge and lessen the likelihood of adhesions later.

There are other kinds of chronic suppurative otitis media which do not begin as acute otitis media. In these, cholesteatoma, a tumour-like mass, develops usually in the upper

part of the middle ear. The exact way in which this happens is not fully understood. Cholesteatoma erodes bone, destroys the ossicles, and disorganizes the middle ear so that there is gradually increasing conductive deafness. This disease needs operative treatment. In recent years the radical mastoid operation has been modified to preserve as much of the ear as possible and to create a closed air-containing cavity communicating with the Eustachian tubes if any of the ossicles

remain in an attempt to improve the hearing. These operations are called tympanoplasties.

The aim of treatment of acute middle ear infection is the rapid restoration of normal structure and function and to prevent any permanent loss of hearing, not only in childhood but in later life. The operative treatment of chronic infection is now directed not only towards the removal of disease but when possible to plastic reconstruction to improve hearing.—(*Mother and Child*, January 1960).

WHAT THEY SAID ABOUT DOCTORS

LOUIS H. RODDIS, M.D.

THE answer in colloquial language is "plenty." Yet it is not, as this answer might imply, all unfavourable. In fact it is largely laudatory, although there is much also that is critical of our profession. Anthologies have been prepared on the subject and a few of the good and bad things said about the doctor may be of interest and even profit.

Two of the great Victorian novelists, Charles Dickens and Robert Louis Stevenson, each paid a high tribute to the physician. The first is by Dickens in *Bleak House*; he has one of the characters, the wife of a medical man say: "I never walk out with my husband, but I hear the people bless him. I never go into a house of any degree but I hear his praises. I never lie down at night but I know that in the course of that

day he has alleviated pain, and soothed some fellow creature in the time of need." She then continues, "They even praise me as the doctor's wife. They like me for his sake, as I do everything I do in life for his sake." Charles Dickens must have known some of the best of the medical profession and certainly every doctor should hope for such a wife as he describes.

Against this picture by the great English novelist is the quite opposite view of the 14th century Italian poet, Petrarch. In a letter to Pope Clement VI he writes: "I know that your sick bed is surrounded by physicians, a fact that is my chief cause of terror for you. They learn through our danger and gain experience through our death!"

Cynical old Voltaire can be

expected to say something caustic on almost any subject and physicians did not escape him. In a letter to a sick friend he remarks. "As you are living with a physician it is not surprising that you are ill." However in another place he speaks highly of doctors. "Nothing is more estimable than a physician who, having studied nature from his youth, knows the properties of the human body, the diseases which assail it, the remedies that will benefit it, exercises his art with caution, and pays equal attention to the rich and the poor."

The Bible contains much on medicine. Although usually favourable to physicians, the Gospel of St. Mark contains one oblique thrust. In Chapter V and verse 26, the evangelist in speaking of a woman with a chronic illness said, "She had suffered many things of many physicians, and had spent all she had, and was nothing better but rather grew worse." St. Luke describes the same case but being a physician himself he does not express any critical comment. From a book of the Old Testament comes this favourable view. The author of Ecclesiastics says, "Give place to the physician, for the Lord hath created him; let him not go from thee, for thou hast need of him."

The Bible leads all of what may be called "earthquake books," that is, books that have shaken the world and changed the character of human society. Among them are such

books as Darwin's *Origin of Species* (1959 is the 100th anniversary of its publication), Newton's *Principia*, Harvey's *Motion of the Heart*, and Marx's *Capital*. Marx had little to praise in most human institutions but he has nothing but good words for physicians, "For thousands of years medicine has united the aims and aspirations of the best and noblest of mankind. To deprecate its treasures is to discount all human endeavour and achievement as nought."

Lest medical men should become too puffed up over nice things said of them a few comments in an opposite strain will have a corrective influence. Two proverbs from the land of Don Quixote are: "When a doctor enters a door, a corpse soon comes out of it," and "Get rid of doctors and prescriptions as they are the signposts to the other world." Even less flattering is this of unknown authorship, "A physician is one who pours drugs of which he knows little into a body of which he knows less." This is ascribed to Dean Swift, "If all the drugs were thrown into the oceans it would be good for humanity and bad for the fish." With all our modern knowledge of pharmacology and physiology these last 2 statements can be classed at least in part as erroneous.

Space is not available to quote the noble eulogy of the medical man by Robert Louis Stevenson, or those of Gladstone and Kipling among others. However, there are so many doctors that are war veterans that two

opinions of the military surgeon expressed almost 3000 years apart may be of interest. The first is by Homer:

"The wise physician skilled our wounds to heal,
Is more than armies to the public weal."

The 2nd is by Winston Churchill, "The profession of medicine and surgery must always rank as the most noble that man can adopt. The spectacle of a doctor in action among soldiers (or sailors) in equal danger and with equal courage, saving life where all others are taking it, allaying pain where all others are causing it, is one which must always seem glorious, whether to God or man."

Finally here is what the master physician, Hippocrates, says:—"The sick by means of the art (of medicine) rid themselves of the worst of evils, disease, suffering, pain, and death."

Popular opinion of the medical profession has varied at different times in history from veneration to attitudes of severe criticism. Many feel that there is now a decline in the good opinion in which the medical profession has been held in the more recent past, and have been concerned with reasons for it. If such a change is taking place in this

country three reasons stand out among a number that have been advanced. Number 1: is the increase in the specialities and the shunting of the patient about, because a doctor will not correct even the most minor thing if it is outside the boundary of his specialty. The patient resents the loss of his time, the annoyance, and the increased expense. Number 2: the number of laboratory and instrumental procedures in both diagnosis and treatment routinely used even though they are distressing to the frail and ill. The 3rd reason: is the high cost of all forms of medical care, hospitalization, drugs, nursing, and medical fees. The first 2 causes of dissatisfaction may more properly be laid to the medical profession. The 3rd is due to social and political pressures, and the rise of socialism, welfare statism, and similar conditions.

The medical man, however, will always be held in high esteem in any age, if he endeavours to carry out the dictum carved on the statue of Trudeau at Saranac Lake: "To cure sometimes, to relieve often, to comfort always." What they say about such a doctor will always be good.—(*Current Medical Digest*, December 1959).

Stomach Sleepers

There is no evidence that babies will develop deformities of the chest cage if they sleep on their stomachs, advise AMA consultants. This sleeping position may also be helpful if they are suffering from colds or other respiratory infections, by helping them clear away mucus. Many infants seem to rest more comfortably when sleeping on their stomachs. —(*Popular Science Notes in Today's Health*).

Marriage and Parenthood in the Diabetic Patient

EDWIN W. GATES, M.D.,
(Department of Medicine, Niagara Falls
Memorial Hospital)

Teach me to blend gentleness with skill, to be a doctor with a heart as well as mind. Help me to give encouragement without over-confidence, to tell the truth without being blunt.

LITTLE has been written about marriage and diabetes over the past thirty years. This was probably owing to the limited number of young diabetic patients and possibly, formerly, to the dismal outlook for their marriages. Their number is no longer small and the marriage problem is arising more frequently, especially as it is now estimated that one in every four of our population is related to a diabetic person. We must teach the young diabetic patient who is approaching marriageable age that he or she should *not* marry into any family that has a history of diabetes. This indoctrination, which is often neglected, should be gradual and is always a part of the education of young diabetics.

It would be extremely unfortunate for a diabetic patient to marry without the diabetic and the proposed partner both knowing just what problems they may meet. Both must learn before marriage what diabetes is and what proper diabetic care means. They must be educated in the general care of the diabetes.

This includes diet, proper use of insulin, care of the feet, general health measures, the prevention of complications, and the necessity for regular visits to the physician. There are of course many other factors to be discussed but it is not necessary to elaborate on them here. The young couple should have a real understanding of what lies ahead of them. All diabetic patients fare much better who have a sympathetic, understanding, and thoroughly educated husband or wife to encourage them and to share with them whatever problems may develop.

Should a diabetic marry? The answer is yes, with certain reservations. One of the most important considerations is the physical condition of the diabetic, particularly if the patient is the female. Both the diabetic and the proposed partner must have complete physical examinations.

If marriage is contemplated by a diabetic patient both families should know the facts and he suggests that the non-diabetic girl might well ask if the diabetic man has or is eligible for insurance. Dr. Gates also emphasizes the importance of the young couple knowing each other long enough to realize what the entire problem of diabetes means. The most frequent question that the physician is asked by the diabetic patients who wish to marry is: "Will my children have diabetes?" This question must be discussed frankly. The patients are told that *diabetes is not inherited but that the tendency to diabetes is inherited*. Discussion of the Mendelian law of

heredity depends on the physician's evaluation of his patients. They are told that if a diabetic patient marries another diabetic patient, all their children will develop diabetes if they live long enough. If a diabetic patient marries a non-diabetic patient who has no familial or hereditary history of diabetes, there should not be any diabetic children but all the children will be carriers. If a carrier marries a diabetic patient, 50% of their children may develop diabetes. If a carrier marries another carrier, there is a chance that 25% of their children will develop diabetes.

The following case history of a diabetic family illustrates and emphasizes clearly some of the problems faced by a diabetic patient or a diabetic carrier in marriage.

Case-report.—A very intelligent twenty-one-year-old girl who was known to be a diabetic carrier married in 1931. At marriage her husband did not know that he was a carrier but later was proved to be one. A daughter was born in 1933 and a son was born in 1935. In 1940 the husband developed diabetes,

and after four years without control he had major degenerative changes. In 1941 the eight-year-old daughter developed diabetes and after fifteen years of excellent control there followed two years of no control, and very serious degenerative changes developed. In 1949 the fourteen-year-old son developed diabetes, and a few years of good control were followed by five or six years of no control, and major degenerative changes occurred. In 1955 the wife developed diabetes.

Comment.—This unfortunate story might have been prevented if this girl, before seriously considering marriage, had been thoroughly indoctrinated in the problems that she might have to face as a diabetic carrier. This family history illustrates vividly the inherited tendency to diabetes. A post-prandial blood-sugar or a glucose-tolerance test might have revealed that the man she planned to marry was a potential diabetic patient. It also emphasizes the need for better education of all diabetic patients and diabetic carriers before marriage.—(*New York State J. Med.*, Jan. 15, 1960).

Sweetness

Sweet is the rose, but grows upon a brier;
Sweet is the juniper, but sharp his bough;
Sweet is the eglantine, but pricketh near;
Sweet is the firbloom, but his branches rough;
Sweet is the cypress, but his rind is tough;
Sweet is the nut, but bitter is his pill;
Sweet is the broom-flower, but yet sour enough;
And sweet is moly, but his root is ill.
So every sweet with sour is tempered still.

—(Spenser).

A FIRST-AID KIT FOR YOUR CAR

ELIZABETH LITTLEWOOD

EVEN with practical knowledge of first-aid you can't do much to help after a road accident unless you have something to help with.

Gashed limbs need protection from infection by the dirt of the road. Excessive bleeding must be controlled until a doctor or the trained ambulance personnel take over, and blood must be wiped from the mouth before it is breathed into the lungs. The injured must be kept warm with rugs or somebody's coat, but you can't put these straight on to gaping wounds that are still bleeding.

Too often the only pieces of material available for "wiping-up operations" are used or "clean" handkerchiefs that may be offered, with all the goodwill in the world, by on-lookers.

How much more you, or those who come to your assistance, could do if the cars involved were carrying an adequate first-aid kit. Do you?

If not, prepare one without further delay. Put it in your car in a convenient place where it may easily be found by strangers if you happen to be the unlucky one who is knocked out.

The first place anyone will look for it is in the cubbyhold; if this isn't large enough, or convenient, stick a label inside the flap to say where the first-aid kit can be found: in the luggage-boot, for instance.

Minimum contents for First-aid Kit.—(1) Linen towel and old pillow-slip wrapped in a polythene bag.

(2) Four small unopened packets of sterile gauze.

(3) Two new 2-inch bandages, and two new 3-inch bandages.

(4) Small bottle of a standard antiseptic for applying to *minor wounds only*.

(5) "Elastoplast" dressing strip for small cuts.

(6) Two slings and safety-pins.

(7) Small bottle of sal volatile ready mixed with boiled water, and labelled "Mixed with water, ready for use." As sal volatile is a mild stimulant, it—or any form of stimulant—should *never* be given in the presence of hæmorrhage.

(8) Collapsible drinking cup.

(9) Small bottle of lotion for insect stings.

(10) Packet of cotton wool, and one of lint.

(11) Pair of sharp sterile scissors in a polythene bag.

(12) A clean blanket, folded into one of those "Cellophane" dressholders, to be kept under the back seat for use in emergencies only.—(*Better Health*, via *World Digest*, March 1960).

SCIENCE AND HUMILITY

WHEN we speak of dogmatism we generally have in mind the religious bigot, holding fanatically to his creed and striving to impose it on others. However, I have through many long years experienced some very bitter and uncompromising dogmatism among doubters and sceptics. These profess to be faithful followers of *Scientia*. They contend that there is nothing in the heavens above or in the earth beneath or in the depths of the seven seas that cannot be accounted for and explained by scientific investigation—in due time! To this type of dogmatist it is idle and futile to speculate about anything that cannot be seen through the microscope or telescope—anything that cannot be weighed, measured and analyzed in the laboratory or reduced to a mathematical formula. He derides the "supernatural," failing to realize that the bounds of nature may extend for beyond mortal ken.

Philosophy reveals to us our intellectual limitations and shortcomings. But it also unfolds for us a vista of mental, moral and spiritual potentialities transcending the farthermost vision of poet and prophet. For we are but standing at the very threshold of human achievement in the realm of reason, imagination and intuition. To attain these remote goals science must once again

become the handmaiden of philosophy. The philosopher must descend from his ivory tower to find wisdom and religious inspiration in forest, field and stream and in the changing patterns of human relations. The scientist must come up out of his laboratory to breathe the fresh air of wonder, reverence and awe before the mystery of external creation. The tremendous achievements of science in extending the boundaries of our universe to infinitely distant horizons and to inconceivably microscopic dimensions compels a revision in our religious, philosophic and scientific thinking.

It is the fashion in some quarters to lay at the doorstep of science the blame for many of the evils confronting mankind today, notably the danger of world destruction and human annihilation through atomic bombs.

Let us not forget that all the discoveries and inventions of science—even the most primitive—were used, or misused, for evil purposes as well as for the betterment of human life. Nevertheless, these creations of man's inventive genius and curiosity have been of incalculable benefit to the welfare and progress of the race. That the wheel was equipped with murderously cutting blades on ancient war chariots does not diminish the value of the wheel as a blessing in lightening man's burdens and in easing the toil of transportation and locomotion. If "truth is beauty, beauty truth," then science has opened up horizons of truth and beauty undreamed of by ancient prophets,

The law doth punish man or woman
That steals the goose from off the common,
But lets the greater felon loose,
That steals the common from the goose.—(Anon).

artists and thinkers. If, as is often maintained, science deals only with facts while art and religion lead us in the paths of moral and æsthetic values, does not science contribute immensely to an infinitely better understanding of self and of the universe and thus raise man's stature to heights of understanding of self and of the universe and thus raise man's stature to heights of understanding and clear vision, far above the dismal valleys of ignorance, brutishness, disease and fear? Has not science given us the tools for more leisure, more comfort, more years of health and more opportunities for vastly greater numbers to enjoy the advantages of culture and civilization? If we have failed in this it is not the fault of science.

The trend to sharply demarcated specialization of our time is often deplored in public and private discussions as a phenomenon of the scientific age. It is pointed out that our system of education and training is geared more and more to turn out specialists who know much in one limited field and very little of anything else. And yet we must concede that, with the geometric progression of scientific knowledge, specialization is inevitable, in particular studies and techniques. But we also recognize that in this expanding world of inter-communication and interrelationship there is urgent need for understanding and cooperation based on broad educational and cultural foundations. These comprise a friendly familiarity with the humanities,

the liberal arts, the social sciences and the masterpieces of classic literature.

Can we have this intensive specialization which science demands and yet avoid the narrow, limited pin-pointed view that characterizes so many specialists? Will it not promote the effectiveness of the specialty and the happiness of the wisdom and inspiration contributed by other fields of human endeavour?

In medical practice we occasionally see cases of what we term "tubular vision." The eye sees as through a narrow tube. The patient has a sharp, clear vision only of what falls directly on the central point of his retina. His peripheral vision, so essential to a wide field of view, is gone or severely constricted. What we need in a broad educational programme for life as well as for a career is a clear central vision, for our special vocation, and a good peripheral vision, wide enough to show us where we stand in relation to history, to culture and to a wise world-outlook.

Science at its highest levels is aware of its limitations and of the bounds to what it can achieve. Our clinical and laboratory techniques and skills have wrought miracles of prophylaxis and of healing. But the wisdom of life teaches us that crass materialism has no place in the true scientific concept.

Through mature judgement, through experience, observation and reflection over the years of conscientious medical practice we come to recognize that something more than scientific "know-

how" is needed to live at peace and in harmony with the mystery of the universe and the supreme wonder of creation. For wisdom

and understanding we need the triad of science, philosophy and religion.—(Editorial, *W. V. Med. Jour.*, Nov. 1959).

EATING AND DRINKING IN SPACE

THE time is fast approaching when man will be out in space in a space-capsule in orbit around the earth. During his time in orbit, a man will be weightless, and if he spends more than a very few hours there he will have to drink, and in a little longer time, he will have to eat, while in the zero gravity condition. A recent report from the School of Aviation Medicine* describes experiments relating to this problem. An F94C *Starfire* Jet Fighter was used to fly a total of 165 zero gravity parabolas using 25 subjects. During the 30 seconds or so in each parabola that weightlessness occurred, the subjects drank, or attempted to drink, by various methods, or ate solid food.

Attempts to drink water out of open containers ended disastrously. The momentum imparted to the water by moving it toward the lips carried it out of the cup and onto the subject's face, where it filled both mouth and nostrils, giving many of the subjects the impression that they were drowning. Attempts to drink through a straw led to the swallowing of more air than water, since the water broke up into globules in which it was difficult to keep the end of the straw. The use of a plastic squeeze bottle, however, was

successful. The water could be transferred to the mouth with no difficulty, and swallowed smoothly. It made no difference whether the water was squirted or sucked into the mouth.

Solid food presented no difficulties so long as the bolus was chewed enough to produce at least a slight degree of liquidity. But if the bolus were semisolid, pieces tended to break off and float around in the oropharynx, or even got around the soft palate into the nasopharynx, with great danger of inhalation.

If too much liquid is taken at one time, or if the seat belt exerts too much pressure on the abdomen, regurgitation of stomach contents may occur. This may cause reflex vomiting and nausea. Being careful to take only small amounts into the stomach at one time minimizes this difficulty.

And there was, of course, the usual variation between subjects. It has not been revealed whether prospective space-men have been tested for their ability to eat and drink under conditions of zero gravity, but this might well be a factor in selecting them. No investigation of the effect of practice on this ability has been reported as yet. Training in this field might well be a part of the preparation of the future space-man.—(*The West Virginia Medical Journal*, 55: 11. 1959).

* Publication No. 59-2, Air University, School of Aviation Medicine, USAF, Randolph AFB Texas.

AESCULAPIUS AND THE MUSES

ONE of the astonishing things in the history of medicine is the transience of medical glory. The achievements of Western medicine have surely been woven on one loom; the fabric is continuous at least since before the great days of Pauda in the fifteenth century and perhaps before the fabled days of Salerno, when Sicilian medicine was regarded as magic by medieval Europe. But within the boundaries of Europe and the near East, within this homogeneous development, progress has been most unpredictable. Over and over again the Mecca of one generation of medical students has become just another medical school to the next, as pre-eminence in medicine has darted hummingbird-fashion from one school, one country, to another.

But perhaps medical greatness is not so much a matter of chance as a superficial view of medical history would suggest. A shrewd observer speculating on the medical scene about the middle of the last century could perhaps have predicted the coming strength of German medicine, and twenty-five years later he might have foreseen the rise of Vienna and then the American

medical centres. For progress in medicine has always had two roots; on the one hand it has arisen out of the common tradition available to all, but on the other it has arisen out of a local intellectual ferment. One could have predicted the rise of German medicine in the nineteenth century by reason of the pre-eminence of German culture—its literature, its music, its philosophy. The fact is, a great medicine is a concomitant of a great culture, and cannot long survive the demise of that culture.

Nor is the relationship between culture and medicine so very mysterious. Every major advance in medicine depends upon the opening up of some new vein of research. An individual or a school learns to look at old problems in a new way, and discovery follows discovery. But sooner or later the new approach becomes less fruitful, since every way of looking is limited and partial. The greatest discoveries in medicine sooner or later become blind alleys; they can even become positive impediments. Hence continued progress depends upon the ability to remain always fresh in one's approach to problems, always willing to re-examine the old orthodoxies. Progress is a product of speculation.—(S. M. Faber, M.D. in *Diseases of the Chest*).

The Slippery Disc

A book published in Holland records that at a clinic where thousands of operations have been performed for slipped discs, all of which had been diagnosed by clinical tests and X-rays, surgical exploration showed that the discs were normal in many cases. But an even more surprising thing is that the exploratory operations cured many of the low-back pains from which the patients were suffering. Which should give medical Sherlock Holmes's something to puzzle out.—(*Health for All*, January 1960).

Sir Arthur Conan Doyle

THE year 1959 marks the centennial of the birth of Arthur Conan Doyle. He was born on May 22, 1859, and died in 1930 at the age of 71. The average layman probably remembers him only as the creator of Sherlock Holmes and Doctor Watson, perhaps the two most widely known characters in detective fiction. Physicians remember Conan Doyle not only as a writer of detective fiction, but as a graduate in medicine, and one who engaged in the practice of medicine for nearly a decade.

He studied medicine at Edinburgh University, and was graduated in 1881. He then spent six months as a ship surgeon, and another six months as an assistant to an older practitioner. Conan Doyle started in general practice at Southsea, one of the southernmost parts of England. While a general practitioner he never made more than \$1,200 a year. During the time at Southsea he wrote and published a number of his stories.

In 1890 he halted his practice to study ophthalmology in Vienna. He returned to London to practise his specialty, but soon gave it up and devoted his entire time to writing. Doyle was not a literary giant, but he was a prolific writer, and an extremely popular one. In addition to the Sherlock Holmes

stories, the last of which appeared in 1926, he authored a number of other novels as well as a history of the South African War. He was knighted in 1902.

There have been a number of outstanding writers in the medical profession. In America we think immediately of Oliver Wendell Holmes, Weir Mitchell and Sir William Osler. These men were writers of distinction, and their works were widely read in many parts of the world. In England, besides Sir Arthur Conan Doyle, the novelists, Archibald J. Cronin and Somerset Maugham come to mind. These English authors gave up the practice of medicine in order to carry on their literary careers, while on the other hand, Holmes, Mitchell and Osler continued their teaching duties and also their medical practice.

Medicine is proud of her literary men. Physicians as educated men must be interested in literature, art, music, and other cultural fields. It is pleasant to relate that leaders in medical education are insisting that pre-medical students include cultural studies in their curricula and not overstress science. In this changing world, and one that promises more leisure time, it is indeed fitting that emphasis be placed on studies which will enable the physician to enjoy a fuller and a richer life.—(*The West Virginia Medical Journal*, 55: 11, 1959).

While examining a class in grammar the inspector wrote on the blackboard and asked if any boy could see anything peculiar about it. After a long pause, one small boy put up his hand.

"Yes," said the inspector encouragingly, "what do you see remarkable about it?"

"Please, sir, the bad writing, sir."—(*Citizen, Canada*).

PINCH OF SALT

WHEN people tell us about things that have happened to them and the things they have done or said, you may be quite sure that they themselves always figure in a good light. That is the sole point of it. It makes them feel pleased and they hope that their listeners will regard them in an equally heroic light.

I am inclined, while listening, to take much of what I am told with a pinch of salt. This isn't due to cynicism, but a sense of reality. I know that of the things that have happened to me quite a number were not by any means to my advantage. I do not always score off the bus conductor or the income tax man.

Last night we were a mixed company at dinner. With us was a very charming woman who has had some success at racing. Whether she is good at studying form or lucky in her guesses, I don't know. But that she has had many successes, I am well aware. The talk was led by one of the others to racing and she was drawn into telling us what she had done.

Success after success was narrated. It made our mouths water. We all began to feel that she was a marvel. Our admiration was ready and un-

grudging—save for one man. He had sat grumpily listening to her story, and when our chorus of praise ended, he said: "Well, the tip you gave me for the Derby wasn't much good, was it?"

It made her uncomfortable, of course. But she came back quickly. "I wasn't riding the horse," she joked. Not all of us laughed, however. Her stature had diminished. But the grumpy man was not content to leave it at that. He went on: "You said it was a certainty. You told me that it was the most reliable tip you had ever had. I'm afraid I put more money on that horse than I could afford."

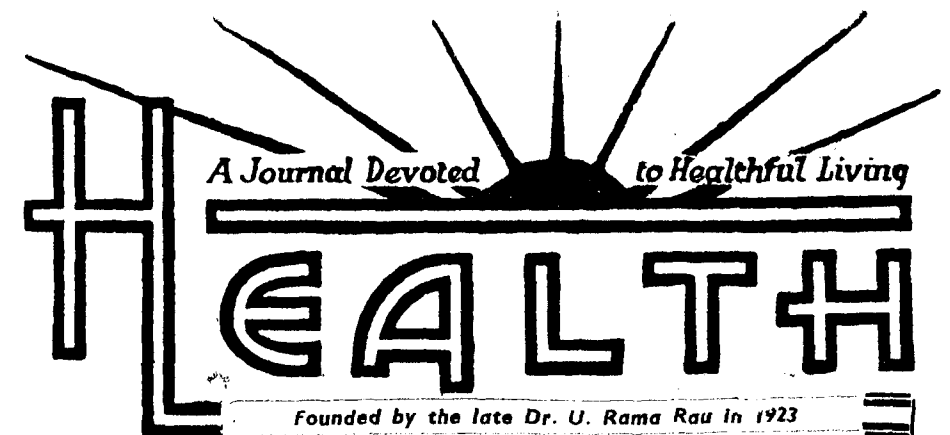
Our sympathies now turned to him. She noticed it and by way of comfort said: "Well, the next really good tip I get I'll pass on to you."

"If it's like the last one, please don't," he replied.

I think we ought to try to give a truer picture by telling of some of the things that have gone against us. They are equally interesting and in the long run they make us figure in a far better light by making our triumphs much more readily acceptable.—(Franklin Dwyer, in *Tit-Bits*, London, 30th Jan. 1960).

A famous newspaper columnist received a number of manuscripts from a young English writer asking his advice as to the best channel for marketing his writing.

He sent the manuscripts back with this note: "The one channel I can conscientiously recommend as the greatest outlet for articles of this type is the English Channel."—(*A.M.A. Journal*).



Published on the 15th of every month

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

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

Annual Subscription: Rs. 2-50 nP. Foreign Sh 5. Post Paid. Single Copy 25 nP.

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

Vol. 38

MAY, 1960

No. 5

LEPROSY CONTROL AND TREATMENT

INAUGURATING a conference of leprosy workers at the Madras Medical College on the 26th ultimo, Sri K. KAMARAJ, the Chief Minister of Madras, exhorted the people to shed their fears, and erroneous notions and beliefs about leprosy and counselled a humane outlook and sympathetic approach to the problem of leprosy control. He also said that those who are suffering from the disease should take treatment initially itself in their own interest and in that of the community as a whole. The State Health Minister who presided on the occasion, stated that there were about three lakhs of leprosy patients in the State. But the problem of tackling the disease would be easy—easier than combating malaria and filaria—since the extent of the disease was not very large. There were leprosy cases in 11

out of the 12 districts, South Arcot district showing the highest incidence.

He sought the co-operation of medical men and the public to eradicate the disease completely, and said the Central Government would be setting apart Rs. 7,00,000,00 under the Third Plan to combat the disease and so we may expect leprosy work to gather momentum during that period.

Sri Dr. V. R. TRAYUMANA-SWAMI, the State's Director of Medical Services explained at length the present set-up of leprosy treatment and control work in Madras State, with special reference to what has come to be known as the "Wal-lajah Scheme," which is being tried during the last few months. In this scheme the general medical staff is being utilized for

leprosy treatment in addition to their normal routine work. This indeed, is an ideal plan for the control of leprosy in the State where there are quite a large number of patients, but only very few medical officers for whole time leprosy work. This scheme has been in operation for a few months, and the results are being watched to start similar centres in all districts, so that the maximum number of people could be treated with a minimum number of personnel and at minimum expense. Dr. THAYUMANASWAMI paid a fitting tribute to the excellent work turned out at the Belgian Leprosy Centre at Polambakam.

The Leprosy Advisory Committee of the Union Government during its fourth meeting in January 1960, held under the chairmanship of the Union Health Minister, Sri D. P. KARMAKAR, outlined the methods to be adopted for extensive coverage during the Third Plan Period which consisted of: (1) the establishment of control units in endemic areas, (2) attaching para-medical workers to the

existing dispensaries, (3) extending survey and domiciliary treatment by voluntary organizations, and (4) integrating leprosy work with general medical relief, as contemplated in the Wallajah Scheme referred to *supra*. But that committee was rightly of the opinion that the integration contemplated in the last item should in the first instance be undertaken as a pilot project; and that is what is being done now.

As we have frequently observed, institutional leprosy homes can play a greater and more effective part in the National Leprosy Control Programme, by a quick turnover of the patients and by adopting a broader policy of combining institutional care with case-detection and treatment work round about their areas.

Success in this venture can be guaranteed only if the people in every State co-operate heartily with the Government and the voluntary organizations, that are assiduously working for the relief of the unfortunate victims to this dire disease.

Bone Substitute

Calf bone is being used to repair bone defects of the human face, with encouraging initial results. Bones are borrowed from the lower jaw and ribs of calves, or the bone can be ground into a paste. Calf bone successfully bridged a large defect in a patient's lower jaw, and also substituted for injured areas of the eye socket. The paste filled in defects caused by removal of cysts in the jaws, injuries caused by fractures, and skull defects caused by brain surgery, said Drs. Nicholas Georgiade, Robert Woolf, Frederick Richard, and Kenneth Pickrell of Duke University Medical School. Solid bone grafts, judging from X-rays, appear successful for as long as five months later, they reported to the American Society of Plastic and Reconstructive Surgery. — (*Today's Health*).

THE FACT, FANTASY, and FICTION OF COLIC

Dr. F. Michael Smith, Jr. M.D., of Thibodaux, Louisiana believes that a formerly accepted term is merely the scapegoat for many ills both psychic and physical.

DOCTORS for many years have yielded to the pressures of public fantasy and fiction in many areas, with a complete disregard for fact. Often this is done by self rationalization, on the grounds that it is much easier to go along with what our patients think than to get in arguments or lengthy discussions with them. In this manner, we have been the unwitting accomplices to the perpetuation of fantasy and fiction in many areas of medicine. Alexander Pope once wisely wrote, "Be not the first by whom the new is tried, nor yet the last to lay the old aside."

Fantasy.—In my opinion, there is no other area of fantasy and fiction comparable in magnitude to that of the well-baby care of a newborn infant. Here is a function of mankind that is as old as mankind itself and yet as we approach a point in progress where man reaches out to touch the very stars and planets, we still hold to many of the old ideas and concepts loaded with lore, fantasy, and fiction.

The beliefs, concepts, treatments, and managements that attend the normal maturation processes of the human infant in his teething, hiccuping, stool

habits, sleep habits, and above all else, his "colic" are legion. Because a child picks at his nose, he is often treated for worms. The three to seven-year-old with stomachalgia often has his appendix removed! Severe convulsions are dismissed without adequate study as due to teething. To even touch on all of these would require volumes. The purpose of this paper is to deal with 'colic.'

The fantasy and fiction of colic lies in the continued belief that it is a disease and that as an entity it requires special treatment and special medicines.

Facts.—Let us look at some of the facts about colic. If one examines all the many thousands of charts in a large hospital, it is doubtful that a handful could be found with the primary diagnosis of colic. Yet how many doctors in private practice tell patients their child has colic! Colic never makes its appearance in the hospital newborn nursery. Yet almost immediately with the child's arrival at home, the telephone rings for the doctor heralding the advent of colic. Colic is practically always found in the *first-born* child; it is rare that parents with two or three children will complain that their child has colic. An astute and experienced physician can often foretell by the tension and nervousness of his expectant mother that her child will have colic. These being the facts that attend colic can one logically conclude that colic is a disease entity?

'Colic' is deeply ingrained in human society. Its origin and chief predisposing factors appear long before the conception of

any given child. Unfortunately, modern society does not prepare prospective parents for the responsibilities of parenthood. Through the media of radios, movies, and books the infant is extolled as a mite of restful, lovable, sleeping angel! Parents are simply unprepared for the rude awakening to reality of the crying, straining, struggling, hungry, diaper-soiled, diaper-wet, trembling limbs, hiccuping, nasal hacking, bundle of flesh that is man's start on this earth. They are unaccustomed to the rude awakening at night by the infant's scream for food. They have not been buffered to the demands that now must be met with personal self sacrifice to insure their infant's survival.

Nature has deeply rooted within the newborn numerous reflexes, chief of which is the crying pattern so that the infant can make known his wants. His wants, being signalled only by the crying reflex, are not always easily interpreted by the novice parents. This produces in the parents a sense of frustration. Hence, they seek at once counsel from those whom they feel to be more learned than they. Herein enter neighbours, friends, and grandmothers. In all the garbled information and misinformation there constantly recurs one word over and over, *colic-colic-colic*.

Soon they seek medical consultation for frustrations that they feel towards their own apparent inadequacy of parenthood. Here comes the clincher! The doctors say the baby has colic

and they seek to forever close Pandora's Box with one magic nostrum, some green drops that are "colic medicine." Here, in one bottle, with 10 drops three times a day, will be the answer to the responsibilities of parenthood. Alas, too soon, it is discovered that this just does not work, so back to the doctor. Now a new and vicious cycle is born. Formulae are changed and changed and changed. New medicines are given, red drops are substituted for the green ones, and in this manner time passes until slowly maturation of the infant solves the problem.

Loud noises, tight clothing, soiled diapers, and above all else, hunger will cause a normal infant with no disease to cry lustily, loud, and long. The true answer to colic, as in all other areas of medicine, is to seek out the cause, answer it, and the problem will be solved; physicians, commit a grievous error to perpetuate the fiction and fantasy of colic as a disease. Parents should be told that there is no such disease as colic, that the crying of their infant is an expression of his immaturity. It is his reaction to his environment. It is his signal of some want to be satisfied. Rarely, do crying and excessive irritability of an infant signal organic disease. All such infants merit careful and complete histories and physical examination.

In those infants in whom all organic causes have been eliminated, a little time spent with the parents to assure them that their infant has no disease is in

order. Also, they must be impressed that they are fully capable of caring for this infant themselves without the help of friends, neighbours and grandparents. If a rigid schedule is being enforced and the child is fed by the clock, they should be instructed to feed the child as much or as little as he, the child, desires as often or as seldom as he, the child desires. Many infants will nurse 3 to 4 ounces of a formula and fall asleep only to awake in ten to 15 minutes screaming loudly and lustily. When offered another feeding at this time a child will take only $\frac{1}{2}$ to one ounce and fall asleep again for a four to six hour period. To ignore this and adhere rigidly to a set clock schedule will result in an irritable screaming baby until the next bottle is due.

Formula.—The normal newborn takes frequent small feedings of 1 to 2 ounce quantities and desires to nurse at short intervals of one to two hour periods, taking as many as 10 to 14 bottles in a twenty-four hour period. Parents often thicken the formula, working under the fiction that if the formula is stronger he will go longer and require less care. We should not lose sight of the mineral solute load principle. The best criteria of a good artificial formula is its approach to the iso level of mother's milk as a standard. To thicken formula hypercalorically and hyperminerally above mother's milk, produces a renal stress on infantile immature kidneys. Many of the irri-

table, fussy, so-called colic babies are the product of poor formula construction. Subclinical cases of tetany actually exist in practice because of hyper-electrolyte mineral load in unaltered cow's milk feeding.

Solid food.—Some ten years ago, it was only with great difficulty that we could encourage parents to introduce solid foods in the diet of infants. Most people would reply that the Lord never intended babies to take solid food until they had their teeth at six to eight months. I remember well, one grandfather who told me that if the good Lord had meant for the baby to have spinach he would have had it coming out of the mother's breast. In spite of this attitude we must have done too good a job of selling early introduction of solid foods. Each doctor vied to see who could start what the fastest. To-day, I am alarmed to find what some parents are feeding 2 and 3 week old infants. Just as there is a normal maturation process for development of neuromuscular achievements, that is, the infant sits at 6 to 8 months, walks at about a year, and so on; there is also a maturation of the gastrointestinal function and its readiness to accept solid food. Too early introduction of complex food products can produce irritability and crying in the young infant.

"Loving care."—Not all crying is hunger, gas, or gastrointestinal dysfunction. Many infants cry seeking only human contacts, pleasant and hormo-

nious sounds, and the warmth and security of being held in arms. Surely there is no sin to taking an infant in the arms, rocking in a rocking chair and softly singing a lullaby. This has cured more colic than all the tidal waves of "green drops" that have been squirted down throats of struggling infants. With an understanding by

parents that crying is a normal manifestation of infants to voice their desires, with intelligent feeding, with assurance that the parent is capable of caring for their infant, with a little intelligent and loving care, we can lay a ghost for ever the fantasy and fiction that colic is a disease. —(*The Journal of the Louisiana State Medical Society*, Dec. '59).

Fire Hazards

LAST year there was a fire in a home every 57 seconds in the United States. The average loss from these fires was \$ 500, with the total loss amounting to \$ 265 million. Over 11,000 lives were lost, and there were 100 injuries for every death. So reports the Fire Equipment Manufacturers' Association. Most home fires start in the bedroom or the kitchen, the Association says. It lists the following fire safety precautions:

Never smoke in bed—you might fall asleep and drop your cigarette.

If you use a portable oil or gas heater, be sure there is a window or door open.

Don't use lighted matches to search dark closets—use a flashlight.

Clean your stove regularly to prevent grease fires. Keep window curtains and hanging towels away from the burners.

Disconnect your electric iron when interrupted by a phone call or the doorbell.

Never keep flammable or explosive cleaning fluid in the house.

To prevent spontaneous combustion, never put oily rags or cloths saturated with furniture polish, paints, or wax in closets or cupboards.

Dirt can be explosive. Never throw flour, uncooked cereals, or dust from a vacuum cleaner or dustpan into a stove fire.

Never leave small children at home alone.—(*Today's Health*, November 1959).

When to Call the Doctor

When a person falls, injures himself, and has a lot of dirt and gravel imbedded in the skin, he'll have a minor scarring, if the particles are not removed. Properly taken care, such wounds will heal with little scar. Dirty wounds, bad cuts, and other such mishaps should be seen by a physician. A physician should also treat:—

Puncture wounds from nails, glass, light bulbs, and thorns; chemical burns; all animal and human bites; persistent bleeding from any injury and any redness, burning sensation, or itching that indicates infection.—(*Today's Health*, February 1960).

THOSE SOFT ALLURING CURVES

All this emphasis on sex will give our growing-boys and girls dangerously misleading ideas.

ROGER PILKINGTON, M.A., Ph.D.,
(in 'Family Doctor')

HAVE you something to sell? A brand of beer, mixed chocolates, a dry-cell chemical battery, a gearbox, a tiled fire-place, or a berth on a ship?

All that is necessary is a drawing of a female. And not a whole female either. Just a headless torso will do. And it can be chopped off above the ankles if space is a bit short or too expensive. At least, that's how it appears from the advertisements which come into my own home in the papers and magazines, or as circulars.

As parents, what can we do? We cannot change advertising procedure—though there's no harm in exercising a little influence sometimes. But we can certainly help young people to see what is the truth about others.

First of all, we can encourage boys and girls always to ask themselves why they are being got at in this way. There may not always be an answer, but often it will be clear enough that the appeal is not aimed at their minds but far lower.

Secondly, we can see that they really know the sexual arrangements and functioning of both males and females in

reasonable detail. Not to rob it of romance and wonder, but to knock the bottom out of the appeal of the furtive and guilty curiosity on which the pin-up magazines trade.

Finally, and most important, we can help them always to see others as whole persons, and not just as legs or bosoms or shapes. One might think that publicity of this kind is aimed at men, but not a bit of it.

All up the sides of the escalators in the London Underground are smooth, tapering legs, and busts of wondrous shapes unknown to Nature. They eloquently urge not men but women to try panties and corsets and all manner of feminine articles which no mere man could possibly be expected to buy.

There can only be two explanations of this favourite gimmick. Either the advertiser is mistaken. Or else he is working a good line, which is another way of saying that he realizes very well that suggestive advertising is as good a way as any to open a woman's purse and make her buy.

Nor is it only in advertisements. Many films and cheap novels, and the pin-ups of some of the weekly newspapers, are carefully based on the idea of showing a girl almost in the nude. Not quite naked, because it isn't easy to know which way the local magistrates may jump. And besides, there is a very strange tradition in our country that complete nudity is not quite nice.

So it is far, far better to suggest how interesting it would be if that bath towel were just a

bit shorter, or if the slipping shoulder-strap were really to slip right down after all. Just as some authors leave it to the reader's imagination to complete that tantalizing paragraph at the end of chapter eight. The suggestion of a mystery so very nearly revealed is the real art of the game.

Now, none of this would cut any ice at all, if the sheer fascination of sex were not a very strong power in humans—so strong that it can sometimes override the sober judgement of many a boy or girl, and men and women, too.

An evolutionist may say that only those creatures survived which had this compelling force and so reproduced themselves in reasonable numbers. Another person may prefer to think of Nature equipping creatures with sexual desires for its own purpose.

A religious philosopher may see in the two sexes of humans and animals not only a divine instrument but a gift which makes the beauty of love and devotion and family responsibility possible at all.

Yet none would question that sexual appeal is a power of tremendous strength.

But the use of sex in films and pin-ups and advertising and commerce generally is often such as to be very misleading particularly to young people who are first experiencing those rather baffling first surgings of its awakening. These things can

foster a warped attitude of men towards girls.

Kenneth Barnes, in his book for teenage boys, *He and She* (Darwen Finlayson), says that the fundamental evil in sexual conduct and thinking is "the dividing off of the sexual parts and sexual activity from the rest of the body and especially from the person," since this lends to a destruction of the real meaning of sex, and encourages conduct in which a person is used for sexual purposes.

"But what do I mean by a person? I mean an actual individual with a particular name, with a past and a future, as real as your friends or members of your family. If you think of sex as part of a person's wholeness, you won't want sex experience with just a girl's body. It will matter supremely who the girl is."

There we have the key to the trouble. Of course, many boys, and girls, too, know very well that they are being sold a dummy, or a dummy's torso, and can laugh off with an indulgent smile the apparent lunacy of the world around them. But others are less fortunate.

They may be sensitive, and the mixture of traditional distaste for the nude combined with all-round incitement to interest in the oh-so-nearly-nude may link sex with a feeling of guilt. Or, worse still, they can come to look at others as though they were dissected in this odd way, and then treat them accordingly. —(*World Digest*, February 1960).

IMPORTANCE OF BEING "LAZY"

GROW OLD ALONG WITH ME

By NURSE COOPER

"I AM sixty-six and very well on the whole," writes a reader. "My only trouble is I get so tired that I am beginning to feel quite lazy." There are several reasons for this tiredness from which many people suffer to-day. What can be done about it?

General physical tiredness which is caused by too hard work with too little sleep and rest can be one cause. The remedy is obvious—more rest and less work. As you get older you will tire more easily, things will be more of an effort, so try to have more rest periods (an afternoon nap works wonders in many cases) and go earlier to bed.

Do not be too houseproud and go steady with garden work, which although good for you is very tiring. Try to plan shopping so that you avoid carrying heavy weights every day; a basket on wheels is a great help. Do not rush or try to do more than you can.

Faulty diet and too much smoking can cause tiredness; try to have some form of protein—meat, fish, eggs, cheese and milk, also peas, beans and lentils—for two meals each day; and cut down on cigarettes.

Two world wars and many bouts of unemployment—these are bound to leave their mark

and must be taken into account by the over-sixties. Though nothing can be done about them now, of course, they do mean you need to let up in your present activities if you feel things are on top of you.

Points of infection such as a bad tooth or old roots of an extracted tooth can be a chronic source of tiredness. Visit a dentist from time to time for a mouth inspection and if you need dentures arrange to have these. Modern dentures are easy to wear and do not need to be removed at night.

Prolonged constipation can cause fatigue and should be corrected by adjustment in diet and by exercise rather than by taking pills.

Chronic catarrh and sinus trouble are hard to cure but they can cause tiredness through impeding breathing and are sometimes a source of infection. Again adjustment in diet with an increase of vitamin C in oranges, tomatoes and lemons. Tablets from the chemist may help, together with personal advice from your doctor.

Eye strain causes tiredness to nerves and the whole system, as I have said before, so do use glasses if you need them. Do not fear you are "lazy" if you slack off and do less, this is only sensible and Nature's warning. See your doctor if tiredness persists.

Finally, there is what I would call a mental or psychological cause of tiredness which must be tackled by all means in your power. I mean if you are at odds with life, unhappy in your

work or with your relationship with people.

If you feel resentful about things and feel you are hard done by, you may always feel tired. If you can accept life taking,

things as you find them and being on the look-out for what you can do to help others, you will find help and happiness for yourself.—(*Tit-Bits*, London, 9-1-'60).

Mouth - to - Mouth Artificial Respiration

THE American Red Cross has announced official adoption of the "mouth-to-mouth" technique of artificial respiration for adults as well as children. The technique was declared the most practical in a unanimous verdict of a committee of the National Academy of Sciences, National Research Council after a thorough review of artificial respiration data. The technique, also called "mouth - to - nose" respiration, dates back to Biblical times.

Instructions on performing this type of resuscitation, to be started immediately on discovery of the unconscious person, are as follows:

If there is foreign matter visible in the mouth, wipe it out quickly with the fingers or with a cloth wrapped around the fingers. Then:

(1) Tilt the head back so the chin is pointing upward. Pull or push the jaw into a jutting-out position. These manoeuvres should relieve obstruction of the airway by moving the base of the tongue away from the back of the throat.

(2) Open your mouth wide and place it tightly over the victim's mouth. At the same

time pinch the victim's nostrils shut or close the nostrils with your cheek, or close the victim's mouth and place your mouth over the nose. Blow into the victim's mouth or nose. Air may be blown through the victim's teeth, even though they may be clenched.

(3) Remove your mouth, turn your head to the side, and listen for the return rush of air that indicates air exchange. Repeat the blowing effort.

There are two major differences in procedure between administering mouth-to-mouth resuscitation to a child and to an adult. One applies to the breathing itself. For a child, take relatively shallow breaths appropriate to the child's size at the rate of about 20 a minute. For an adult, blow vigorously at the rate of about 12 breaths a minute.

The other difference relates to initial failure to get air exchange. If this occurs, recheck head and jaw position. In the case of a child, up-end it by holding the ankles and administer two or three sharp slaps between the shoulder blades. An adult, who cannot be lifted easily, can be turned on his

side so that the blows on the back can be given in an effort to dislodge obstructing matter.

Rescuers who do not wish to come in contact with the victim may hold a cloth over the latter's mouth or nose, and breathe through that. The cloth does not greatly affect the change of air.

Mouth - to - Mouth Breathing

THE recent interest in the efficacy of mouth to mouth breathing as a means of respiratory resuscitation is accented by the announcement, by a leading manufacturer, that a "simple new breathing tube for artificial respiration" is now available.

This pocket-sized S-shaped tube of translucent white plastic is based on the technique of mouth-to-mouth breathing. One end of the tube acts as a mouth-piece for the rescuer and the other end, inserted over the victim's tongue, provides the breathing tube. In use, the rescuer's hands remain free to extend the victim's head and hold the chin up to preserve a free airway.

It seems reasonable to predict that this method should be far more effective than any manual methods of artificial respiration now in use by first-aid squads.

Actually, the current widespread interest in mouth-to-mouth breathing is not surpris-

ing to most seasoned medical men who have utilized the principle for many years, particularly for the resuscitation of new-born infants.

That the principle of mouth-to-mouth breathing is not a new one is a matter of record—in some interesting places. For example, in the novel, "The Guardian Angel," written in 1867 by Oliver Wendell Holmes, Professor of Anatomy and Physiology and for a time Dean of the Faculty of Medicine at Harvard—Myrtle Hazard is rescued by a youth, Clement Lindsay, after she was swept down a river-rapids:

"He placed his lips to hers, and filled her breast with the air from his own panting chest. Again and again he renewed these efforts, hoping, doubting, despairing—once more hoping, and at last when he had almost ceased to hope, she gasped, she breathed, she moaned, and rolled her eyes wildly round her—she was born again into this mortal life!"

The net of law is spread so wide
No sinner from its sweep may hide.
Its meshes are so fine and strong,
They take in every child of wrong.
O wondrous web of mystery!
Big fish alone escape from thee!—(*J. J. Roche*).

SNEEZING SUPERSTITIONS

T. N. S. RAGHAVACHARI,
Royapettah, Madras-11

SNEEZING in India, particularly in S. India, has its deep-rooted superstitions. Sneezing while a marriage or other auspicious festivity is on, or when auspicious negotiations are in progress is considered an ill omen; if it is a single one it is more so. Similarly if some one sneezes while one starts for office or shopping, he promptly cancels the trip or defers it for a few minutes. Similar superstitions appear to be rife all over the world as evidenced by the following interesting excerpts from the *Tit Bits* of London.

"If a January bride sneezes twice during the wedding ceremony she's likely to have twins, reports a student of international folklore, who has been checking up on the world's strange sneezing beliefs.

"If a man proposes and sneezes before he receives 'Yes' for an answer, the engagement will be broken before a year has passed. If a girl sneezes when she is receiving her engagement ring, then her lover will be fickle."

Every country has some sneezing superstitions, many of them contradictory. An old English belief is that to sneeze at night is a good omen for the house where the sneeze occurs.

It's a good sign to sneeze twice at the beginning of a meal.

And when a baby sneezes and then laughs, he will grow vigorous and strong, according to Devon folklore. If he sneezes and looks round to the right, he'll be clever.

"When Eskimos sneeze, they don't say 'God bless you!' but 'Come back!' imagining that their souls are in flight. Laplanders bow to a person who sneezes, believing he will bring them luck. Brazilians and Portuguese say, 'May, you be preserved for many years.'

"The Zulus hate sneezing. One of their early rulers, Tchaka, couldn't stand the sound of a sneeze—possibly because it reminded him of his odd name. Anyone who sneezed in his presence was put to death!"

Bantu babies are held in the smoke of a fire of aromatic wood until they sneeze to prove they are not bewitched. In the Highlands of Scotland it used to be thought that, until a new-born child sneezed it was under the spell of fairies. Some Highlanders still believe that to sneeze when you are talking to a friend is a sign that you are telling the truth.

In olden times if someone sneezed when a man was dressing in the morning, he would probably return to bed to escape the bad luck that would otherwise overtake him during the day. This superstition survives to-day in some European countries; (also in the orient).

One of the main purposes of sounding the drum and pipes during auspicious ceremonial occasions in India would appear to be to drown the sneezings of persons (in the large gathering) in

the din of the Jazz band etc. and prevent their being audible to the hosts and their relatives who might otherwise become sentimental over the sneezes and feel worried about the success of the function and the safety of the bridal pair.

"AS THE TWIG IS BENT"

MARVIN F. McCOLLUM,
Physical Instructor, Hamilton High School, Ohio

GOOD moral teachings and practices are an essential goal of athletics and physical education. We may at times find it hard to discriminate between good and bad moral conduct, but we, above all professions, must recognize that good moral conduct is vital to the perpetuation of our democratic nation.

Programmes in athletics and physical education are responsive to the same influences, are interested in the same goals, and are seeking the same objectives in personal and national development as programmes in other areas of the school. The only justification, physical education and athletics can have in education, is conformity to common goals in the education of youth in any democratic country.

One of these goals is the establishment of a set of moral principles which will guide our youth in this democratic culture. In trying to derive principles from our culture to guide us in the conduct of our personal lives and in organizing the education of others, teachers and coaches of physical education and athletics need to establish certain basic beliefs—philosophies

of life and educational procedure—which we intend to live by, defend, and perpetuate.

We need men and women in the profession who have the courage to exemplify those things which we try to teach our youthful counterparts. Without a conscious awareness, coaches and physical education teachers are in danger of losing an opportunity to achieve prestige unequalled in any other field of teaching because we are not guarding closely enough our own moral behaviour. We need to think of ourselves as ideals, not idols; as ideals, not wrong ideas.

Intellectualism is no guarantee of desirable morals; neither is participation in athletics and physical education a guarantee that desirable moral habits will prevail. The conditions of the environment as regulated and exemplified by the coach and teacher still remain the critical determinant of the moral bases which can develop.

No other area lends itself so well to the expression of youth physically, emotionally, spiritually, socially and mentally as does the democratic, competitive play atmosphere of physical

education and athletics. It becomes not only our privilege but our democratic, God-given duty, through our teaching and our actions, to attempt to bring about worth-while moral growth. We must provide learning situations where democratic principles and moral values are properly practised and fully understood.

The core of any culture is composed of those values, understandings, and sentiments which help people decide what is right or wrong, what is good or evil, and what is appropriate or inappropriate. The set of rules which make up each activity in the physical education and athletic programmes provides an established base from which the youth of our nation can practise making decisions which involve the use of basic moral principles. What better way to learn this lesson than in our games? It is here that we have an opportunity to condition routines of behaviour which may be applied to our actions elsewhere.

From these physical education and athletic programmes we can derive our ideas of respect for our fellowmen, fair play, teamwork, adherence to rules, equality of rights, and a feeling of oneness.

Physical education teachers and coaches are powerful factors in influencing the moral conscience of those they teach. They form tastes and set standards. Unless they are moral, decent, trustworthy people who are backed up by the society which they serve, the moral guidance of the young is bound to be ineffective.

We have a responsibility to ourselves, to our profession, and to the nation which grants us these moral rights. Greater still is the responsibility to the young formative minds we influence. "As the twig is bent, so grows the tree," becomes ever more significant in our profession, because we advertently or inadvertently do some bending. —(Johper, Jan. 1960).

Coronary Thrombosis

Recently at a conference for business executives held at London's Festival Hall under the auspices of the Chest and Heart Association, Sir Daniel Davies, one of her Majesty's physicians, told his audience "what they should do if they wished to qualify for the 'Coronary Thrombosis Club'."

"Work every evening, work on Saturdays, Sundays, and holidays. Don't let personal considerations interfere with your job. Take your briefcase home on the evenings when you don't work at the office. Don't eat restful relaxing meals. Accept all invitations to parties, banquets, and committee meetings. Always plan a conference for the meal hour. Take telephone calls during lunch and dinner. Don't delegate responsibility or authority to subordinates; carry the full load yourself. Arrange any meetings out of town so that you can travel overnight and so lose no time."

Some people believe that there is a special type of stress in modern business, continued Sir Daniel Davies, but "whether you are a clerk or a high executive, you have a heart. What we should aim at, he concluded, is a "balanced culture" in which office, social, and domestic life have a proper place.

"The more cultured we are, the more difficult it is for buffeting and blows to sink deeply into us."—(World Digest, February 1960).

HUMOUR and HEALTH

JOHN E. GIBSON,

Chicago

VIRTUALLY everybody likes to laugh, to be amused, to have their funnybones tickled—but human beings vary tremendously in their capacity to appreciate humour and to respond to it. Some people go through life finding very little that strikes them as laughable. Others seek amusement and diversion as some people seek happiness—by running after it—and the result more often than not is disappointment. Still others have the ability to see the funny side of almost any situation.

It goes without saying that the better your sense of humour, the more enjoyment you're getting out of life. And scientists have also found that your sense of humour reveals a great deal about your character, personality, and general outlook on life. Let's take a look at some of the most interesting and significant findings.

Intelligence and a well-developed sense of humour always tend to go hand in hand.

Studies at Purdue University and at Vassar have shown conclusively that a keen appreciation of wit and humour is indicative of a correspondingly keen intelligence. Persons who scored highest ratings on I.Q. tests likewise showed the greatest ability to see the humorous side of things; and students who achieved the highest scholastic marks had the greatest appre-

ciation for various types of humour. All up and down the line, evidence indicated that people who were less well endowed intellectually encountered the fewest things which they considered amusing.

Psychologists have discovered what kind of joke people find most diverting.

At the University of Illinois, psychologists picked the funniest jokes they could find from every category, tried them out on assorted subjects, carefully checking their responses. It was found that the "shock" or surprise element in a joke was most likely to determine its humorous impact. And that the funniest story for any given person is the one which provides the greatest shock which he can take with a playful attitude.

You can tell a man's personality type by the brand of humour he prefers.

Studies at London's University College show that introverts prefer humour of the more subtle, sophisticated variety; while extroverts show the strongest preference for jokes and witticisms which are simple, uncomplicated, and uninvolved. The latter prefers humour of the blunter, direct-to-the-point, guffaw-producing type; while the introvert is most partial to jokes which are more artfully and ingeniously contrived. Extroverts, incidentally, showed the greatest fondness for off-colour humour.

A further study showed a definite relationship between a man's body build and the type of humour he prefers. In this investigation researchers classi-

fied subjects according to the three Kretschmer body types: (1) the short, stocky, thick-necked, heavy-set type, (2) the well-proportioned, well-muscled, athletic type, (3) the tall, lanky, lean-faced type.

Each of these types tended to have separate and distinct humour preferences in common. The short, heavy-set type enjoyed simple down-to-earth humour; while the tall and lanky individuals inclined toward subtleties, play on words, and delayed action effects; and the athletic type preferred humour which was direct and lacking shading or nuance.

It is true that laughter is an indication of social status.

Harvard sociologist Axel Inkeles finds that laughter is very definitely a barometer of social status, and that the more often you laugh, the higher you are likely to be on the social scale. "Contrary to popular belief," says Professor Inkeles, "the lower you are in social status, the less likely you are to report having laughed during the past day."

Is it true that a well-developed sense of humour tends to go hand in hand with a well-balanced personality?

Research at Yale University shows that it very definitely does. The investigators found that the better adjusted a person is, the more readily he responds to the humour in jokes, cartoons, and everyday situations. Maladjusted people showed a far greater tendency to miss the point in a

joke or witticism, to take seriously things which are meant to be funny, or to regard humour with either apprehension or indifference.

A good sense of humour requires the ability to regard things in their proper perspective, and less well-adjusted individuals tend to be lacking in this department. And their inclination to take themselves too seriously extends not only to humour, but to other things as well.

It is true that persons with a good sense of humour are the hardest to fool or deceive.

The better developed a man's sense of humour is, the harder it is to trick him by bluff, cunning, flattery, or subterfuge. Nor is he likely to be beguiled or misled by what he reads, since he has a marked ability to read between the lines, to separate the wheat from the chaff, the truth from the half-truth. This has been demonstrated by researchers at Purdue University, where students who made the highest scores on sense-of-humour tests also scored highest on tests designed to evaluate astuteness, perspicacity, and level-headedness.

When a person fails to get the point of certain simple easy jokes it does not necessarily mean that he lacks a sense of humour. Humour reaction studies at Yale University show that failure to understand a joke may be the result of a person attempting to protect himself from the anxiety which the joke arouses. In cases of this kind it was found that

"there is really a hidden wish not to understand the humour."

The investigators cite many clinical examples, including the case of a highly intelligent scientist, who was head of the university department. He was shown a cartoon in which the boss of a company was shown approaching the office-suggestion box. On top of the box was a bottle marked "Poison." The scientist couldn't understand the cartoon.

When the bottle of poison was pointed out to him, he reacted with surprise; he hadn't noted it as such—even though the label was plainly marked. And though the meaning of the cartoon then immediately became clear to him, he still didn't think it was funny.

Analysis revealed that the cartoon touched on a point that was causing the scientist extreme worry. He was deeply concerned over whether he was being too strict or too lenient with his subordinates, whether they liked and respected him or hated him. He didn't get the point of the cartoon because of his subconscious wish to shield himself from its painful personal impact. It hit too hard and too close to home.

It is true that people who have the greatest appreciation of

humour tend to have the most sympathetic insight into the character of others.

Studies at Michigan State University show that people who are the quickest to perceive the comic elements in a cartoon, story, or situation have the greatest ability to sense the underlying motivations of others, and to put themselves in the other fellow's shoes. They possess in marked degree a quality known as empathy—the ability to tune in on the other person's wave length and look at the picture through his eyes and from his point of view.

A sense of humour is a very important factor when physical health and well-being are concerned. The findings of the Michigan State University studies, as well as those of other leading investigations, make it clear that humour, and the ability to perceive it in everyday situations, provide a safety-valve for the discharge of health-sapping tensions. Investigations have similarly shown that cultivating the habit of seeing the humorous side of things is an invaluable aid to promoting health, happiness, and longevity. Not only is laughter frequently the best medicine, but it's also the pleasantest to take.—(*Today's Health*, Chicago, March 1960).

Trimming the Lawn

One of the best-known makers of lawn-mowers has introduced a small hand-driven machine with an 8-inch blade that will deal with areas of lawns not normally accessible to standard-sized mowers. It will cut the grass on undulating surfaces without scalping, and it can be used to cut grass right up to obstacles.

It is, nevertheless, a roller-type mower. Essentially a trimming machine to supplement the work of normal mowers, it should obviate much tiresome work now often done with shears and back-bending. It costs £7.

HAZARDS OF TELEVISION

THOSE people (and they are many) who spend hours each week, immobile and passive, before the television screen, are (it seems) in danger of contracting certain forms of heart disease, "television collapse," and simple faints when surgical procedures are illustrated; even true angina pectoris can be provoked by some programmes.

Prolonged immobility in an awkward posture entails a risk of venous thrombosis, so that viewers should move out of their chairs at least once an hour. During long-continued viewing, constricting garments, such as tight girdles, should not be worn. A further condition that may be ascribed to unsatisfactory posture is "Television neck": it consists of cervical

pain and stiffness after watching from a chair of the wrong height.

Flickering of the apparatus has been known to initiate a fit in a susceptible epileptic; and a case is recorded of a schizophrenic patient who, on being invited by one of the "commercials" to use a certain hair tonic, immediately scooped up water from a nearby goldfish bowl and applied it to his hair.

But in mentioning these cases, *The Lancet* adds the comforting reflection, "like most human inactivities, television is not devoid of hazard; but the hazard is small, and should not be exaggerated."

[Note:—This note gains importance to us as we expect to have T.V. sets installed shortly in India.—Editor: HEALTH].

How to Make a Juvenile Delinquent

ACCORDING to a leaflet drawn up by the Police Department of Houston, Texas, there are some parents who act as if they wanted to turn their children into juvenile delinquents. "Begin at infancy to give the child everything he wants," runs the first of twelve sarcastically-framed "rules" listed; "in this way he will grow up to believe the world owes him a living."

2. When he picks up bad words, laugh at him; this will make him think he's cute.

3. Never give him any spiritual training; wait until he is 21 and then let him "decide for himself."

4. Avoid the use of the word "wrong." It may develop a guilt complex. This will condition him to believe later, when he is arrested for stealing a car, that society is against him and he is being persecuted.

5. Pick up everything he leaves lying around—books, shoes, clothes. Do everything for him so that he will be experienced in throwing all responsibility on others.

6. Let him read any printed matter he can lay his hands on. Be careful that the silverware and drinking-glasses are sterilized, but his mind feast on garbage.

7. Quarrel frequently in the presence of your children. In this way they will not be too shocked when the home is broken up later.

8. Give a child all the spending money he wants. Never let him earn his own. Why should he have things as tough as you had them?

9. Satisfy his every craving for food, drink, and comfort. See that every sensual desire is gratified. Denial may lead to harmful frustration.

10. Take his part against neighbours, teachers, policemen. They are all prejudiced against your child!

11. When he gets into real trouble, apologize for yourself by saying: "I never could do anything with him."

Finally, (12) "Prepare for a life of grief. You will be likely to have it....."

Quiz: ARE YOU A SPORT?

Here's a chance to test your sporting knowledge. You don't have to know the name of a single player to knock up a sparkling century in this quiz which covers a number of sports. All you need is a good all-round knowledge of games and how they are played.—(From *Reveille*, London).

(1) How many no-balls can a cricketer bowl in one over? (2) What is being indicated in athletics when an official rings a bell during a race? (3) What is (a) puck, (b) which sport is played with it? (4) Can a goal in soccer be scored direct from (a) corner kick and (b) a throw-in? (5) How many minutes would have elapsed between the start of the first round, and the end of the fourth round, of a professional championship boxing match? (6) The server in a game of tennis has won three points, and his opponent one. But the score isn't called three-one. What is it called? (7) How many men are normally on the field of play while a game of cricket is in progress? (8) A footballer kicks the ball towards his opponent's goal. Just before it enters the net the ball bursts. A goal is not allowed by the laws. But for what reason? (9) Which is the longer—a lawn-tennis court or a cricket pitch? (10) In which athletic event does the winning team go backwards?

[Answer these and turn to page 118 for the correct answers and your score].

Character Reading

Honore De Balzac, who liked to believe that he was an expert at reading character from handwriting, was once brought a little boy's notebook and asked about the child's possibilities. After carefully examining the scrawly handwriting, he asked the elderly woman who brought it, "Are you his mother?"

"No; I'm no relation," she replied.

"Then I'll give you my frank opinion," Balzac exclaimed. "This child is slovenly and probably stupid. I fear he will never amount to anything."

"But master," the woman laughed, "that book was your very own when you were a little boy at school!"—(*Christian Science Monitor*).

WORRY'S GREATEST ENEMY

By DAVID GUNSTON,

Liverpool

LAUGHTER really is the best medicine of all. Recent medical and psychological research has proved beyond all doubt what wise men have always known instinctively: "laugh and be well" is no mere catch-phrase.

To be unable, either through rigid inhibitions or sheer physical or mental inability, to explode spontaneously into rich laughter may well be a serious and lasting disability.

Modern medical science tends to look with mistrust upon anyone who cannot laugh, feeling (with considerable justification) that in spite of the lack of other symptoms, such a person may be in a very sick state. Also, it is felt, the laughless man or woman rarely makes a good member of the community.

On the mere physical level, a good laugh wonderfully relaxes muscular tension in the body, particularly in the chest and abdomen.

By relaxing the diaphragm, that large muscle in the centre of the body, during the heavy breathing-out that accompanies all laughter, all the stored up inner tension of the body is relieved.

In its turn this leads to a deeper rhythm in the respiration, allowing oxygen to circulate more freely through the blood to every part of the frame.

After even a short burst of hearty laughter, then, a person has enriched and enlivened his body in a unique way. As one doctor put it the other day with bluntness: "A little laughter every day, like a good sweat, is no bad thing."

The medical world, however, still has to get these truths across in the face of age-old inhibitions against the guffaw or the giggle. There is still far too much pomposity in the world.

People still fear for their dignity rather than let laughter out. Children are still brought up to believe that loud laughter is impolite. In fact, many folk still adhere to the eighteenth-century lord's admonishment to his son: "There is nothing so ill-bred as audible laughter."

In fact, of course, unless laughter is audible it can do little good, either to the laugher himself or to his hearers. Laughter being the pleasantest infection in the world, audibility is its first essential. The silent, secret sniggerer may well be in need of psychiatric treatment himself!

After all, as Joseph Addison told us two centuries ago: "Man is distinguished from all other creatures by the faculty of laughter."

Above all, laughter is the greatest enemy of worry. Fortunately, with most people, the more there is to worry about, the greater becomes their capacity for laughter. The British National Association for Mental Health put this side of the matter succinctly in a recent booklet:

"The sure enemy of worry is laughter. People who can't laugh

MAY '60]

CHILDREN LIKE SUGAR—ANN MULLINS

117

at themselves usually take themselves too seriously, or they may suffer from a sense of inadequacy which makes them refuse to admit that they can be foolish or wrong.

"A sense of humour is the greatest help in facing difficulties of

any kind, and disproportionate worry is a common symptom."

There is, in truth, profound wisdom in Cowper's dictum: "Laugh at all you trembled at before."—(From *Liverpool Daily Post* via *World Digest*, March 1960).

CHILDREN LIKE SUGAR

ANN MULLINS, M.B., B.S., *London*

ONE of the few tastes that a young baby can appreciate is the taste of sugar. A liking for it usually develops in the first few months of life. Breast milk is sweeter than cows' milk, and babies drink artificial foods more readily if they are sweetened. This sweet taste usually lasts throughout childhood, and often into adult life too.

For young babies sugar is also a mild laxative. If a baby is constipated, a small amount of extra sugar, either added to the feeds or else given in water, usually improves the condition. But do not assume that the baby is constipated merely because he passes infrequent motions. So long as the motions, however infrequent, are soft and easily passed, there is no need to worry. But if they are hard and cause the baby pain, as is commoner in bottle-fed than in breast-fed babies, a little extra sugar is often the answer.

A restless new baby can often be persuaded to sleep if he is given a little sugar water. Honey consists mostly of sugar and a small amount of it placed

on his lips and gums gives him something to amuse him until he falls asleep. If at any time a baby's motions become loose and frothy and tend to cause a rash, go easy on the sugar. He may be getting too much.

At the weaning stage many babies are difficult over new foods, such as broth and meat and eggs. If these are sprinkled with sugar they may taste unpleasant to mother, but the baby will like them better.

A growing child uses up a great deal of energy. Sugar is a good source of energy. But don't overdo it. Many small children eat far too much of it, especially in the form of sweets. When you go shopping with your toddler, don't give him sweets if it means he won't eat his dinner. Wait until he has finished his meal before giving them to him.

The belief that sugar is bad for children's teeth just isn't true. After two years' tests on children in London, Liverpool and Sheffield, the Medical Research Council came to the conclusion that eating sugar

does not cause bad teeth. Doctors taking part in the investigation fed 265 children, aged two to fourteen, on diets containing as much as 2½ lb. of sugar a week. Their teeth decayed no faster than the children whose diet contained only eleven ounces of sugar a week. The important thing is to see that children clean their teeth regularly after meals and to keep them right off sticky and clinging sweets.

A good trick with toddlers is to teach them Bubble and Blow. A game that children love and dentists approve. After eating any kind of sweet you make them take a large mouthful

of clean water and bubble and blow and trash it all through their teeth, then spit it out—and there should be very little sticky substance left to do any damage.

If your child is normal in size, and particularly if he is energetic, give him sugar. He probably eats sweets anyway, and perhaps he also steals sugar lumps. For a change give him a slice of carrot, or apple, or anything of that sort and let him dip it in sugar if he likes. Sugar is one of the cheapest forms of food that you can buy and it has its place in feeding toddlers as well as the whole family.—(B. M. A. Pamphlet).

Answers to Sports Quiz on page 115

(1) Any number; the 'over' consists of six (or sometimes eight) fair balls. *Score ten points.* (2) The runners are being signalled that they are starting on the last lap of the race. *Score ten points.* (3) (a) A flat rubber disc (b) used in ice hockey in the same way as a ball in field hockey. *Score five points each.* (4) (a) Yes and (b) No. *Score five points each.* (5) Fifteen—four rounds of three minutes each, plus three intervals of one minute each between rounds. *Score ten points.* (6) Forty fifteen. *Score ten points.* (7) Fifteen—eleven members of the fielding side, two batsmen, and two umpires. *Score ten points.* (8) Because the ball would then be less than the minimum twenty-seven inches in circumference as required by the laws. *Score ten points.* (9) A tennis court. The distance between base lines in tennis is seventy-eight feet; a cricket pitch is sixty-six feet long. *Score ten points.* (10) Tug-of-war. *Score ten points.*

NOW HERE'S YOUR SPORTS-RATING:

Eighty points or more—puts you straight into the first eleven... you can skipper the side, if you scored a century. *Fifty to seventy-five*—means you're a sound second eleven performer. *Anything under fifty*—sorry, you're just not the "sporty" type.—(via *World Digest*, April 1960).

O, let us love our occupations,
Bless the squire and his relations,
Live upon our daily rations,
And always know our proper stations.—(Dickens).

NASAL CATARRH: ITS PROPHYLAXIS AND TREATMENT

NASAL catarrh usually begins with a bad cold in the head, for which malady there is still no cure except two or three days in bed. Unfortunately, most of us either can't or won't stay in bed, and the result is that our colds drag on, and catarrh develops. Fundamentally, it is a weeping infection of the mucous membrane or lining of the nose. Sometimes the linings of the cavities in the bones of the face, the sinuses, as they are called, also begin weeping; that is sinusitis, and very unpleasant it can be. And, of course, since they are all connected—nose and sinuses—by tiny tubes, there is the probability that trouble may spread from one to the other.

The infection begins in the nose and spreads along the tubes to a sinus; but if you are "lucky" it stays in the nose, pouring out a thick discharge. Sometimes catarrh starts as a result of a blockage of the nose that makes nose-breathing difficult, thus creating conditions in which the micro-organism responsible lives and thrives.

Nasal catarrh is undoubtedly a malady of civilization. Smog, fog, polluted air, sudden changes of temperature, faulty dietetic habits—all tend to affect adversely the lining or mucous membrane of the nose and sinuses and make them an easy prey to germs.

Vitamin deficiency is also a factor. A lack of Vitamin A lowers the resistance of the mucous membranes, and in winter our diet tends to fall short of Vitamin A, the richest

sources of which include carrots, spinach, turnip tops, watercress, kale, and broccoli tops and all greens. Butter, an excellent source in summer, loses some of its Vitamin A content in winter. But we can always boost our intake of this vitamin with cod-liver oil, liver, kidney—and even in ice cream! Vitamin D is also important, and, fortunately, most of the foods mentioned contain it. To prevent catarrh, then, close attention must be paid to diet in winter. It is also important to avoid sudden extremes of temperature and to get plenty of fresh air and exercise. Avoid, as far as you can, hot, vitiated, muggy atmospheres such as you find in crowded, ill-ventilated rooms and other enclosed places. In such an atmosphere the skin and mucous membranes of the nose, throat, and windpipe become devitalized, and a sudden move into the cold air of the outside world gives them a shock for which they are unprepared. The result is quite often an attack of catarrh which may, and often does, last weeks.

As for the treatment of nasal catarrh. If there is an obstruction which prevents proper nose breathing, that obstruction must be removed. If there is infection it must be dealt with by your doctor. If one of the small tubes between nose and sinus is stopped up it must be unstopped. If adenoids are the source of the trouble, then there is another job for the doctor. But, prevention, as always, is infinitely better than cure.—(World Digest, Feb. 1960).

PUT MORE STRENGTH IN YOUR SPINE

IN order to maintain a good postural habit, two things have to be done regularly—(1) the spine has to be kept mobile, and (2) the trunk muscles have to be stretched and exercised in order to keep them supple. The following routine of six exercises, to be performed while lying in bed immediately before rising, will usually produce the desired effects, if it is adopted as a daily practice. Once learnt, the routine should occupy only about three minutes. *The body position throughout is lying on the back.*

Exercise 1.—Place the left hand so that the palms and fingers are over the left ribs, and the right hand so that the palms and fingers are over the right ribs, both hands being well round to the sides. Breathe in deeply through the nose. The hands will feel the ribs rising, and you may press with your hands, not too heavily, on the ribs to provide resistance. In this way you increase the work of the chest muscles (the intercostals). Having breathed in fully, breathe out through the mouth. You will feel the ribs sinking under your hands. Breathe out as much as possible, draw in the abdomen, finally, and press lightly with both hands. Repeat from six to eight times.

Exercise 2.—Pull in the abdomen, hold it in for two seconds, then relax. Repeat, not more than six times to begin with. The number of repetitions may be increased gradually to perhaps ten, if desired, but care is needed,

here, as weak abdominal muscles may easily be made to ache wearily by even a little over-exercising.

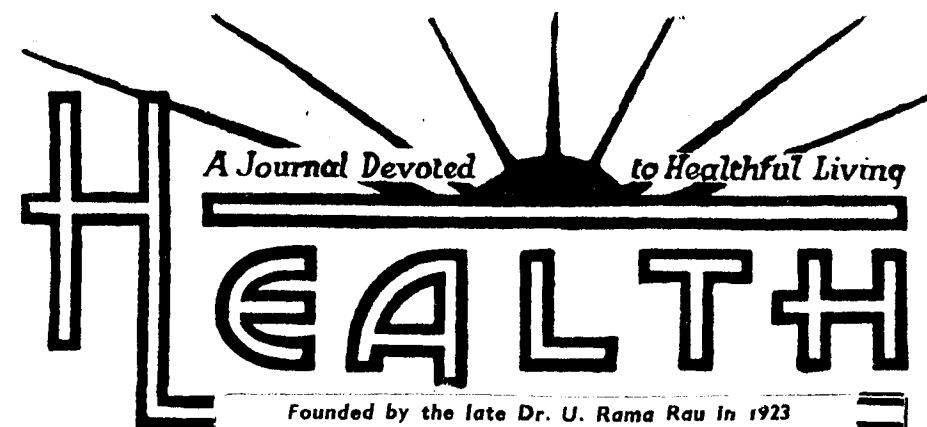
Exercise 3.—Place both hands behind the neck. Arch the back, lifting the buttocks clear of the mattress. Repeat several times. Do not crane the neck forward.

Exercise 4.—Stretch the clasped hands, with arms extended in the direction of the bed-head, while simultaneously stretching both heels, with the legs extended towards the foot of the bed. (Note—with both heels, not the toes). If it is done properly, you will feel the whole back stretching. Again, do not crane the neck. Repeat several times.

Exercise 5.—Again with hands clasped, as in *Exercise 4*, pull up one shoulder, stretching the shoulder-blade away from the wall of the trunk. Repeat with the other shoulder-blade. Unclasp the hands and stretch out sideways, drawing the shoulder-blades apart. Repeat several times.

Exercise 6.—With hands behind the neck, wag the pelvis gently from side to side, several times. You will feel the middle and lower spine being freely mobilized.

These exercises will mobilize the lungs, the chest, the shoulders, the abdominal muscles and the spine. The latter is your life-line, and so you should keep it strong and supple.—(C. P. Stott Chadwick, in *Health for All*).



Published on the 15th of every month

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

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

Annual Subscription : Rs. 2-50 nP. Foreign Sh 5. Post Paid. Single Copy 25 nP.

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

Vol. 38

JUNE, 1960

No. 6

WORLD RED CROSS DAY

THE Madras Branch of the Indian Red Cross Society joined the rest of the world on the 8th of May 1960 in celebrating the World Red Cross Day and the 132nd birth anniversary of Mr. HENRI DUNANT, Founder of the Red Cross movement. This important annual function serves to remind peoples all over the world, who are divided by geographical, cultural or ideological frontiers, that the humanitarian, non-party, non-political mission of mercy, which is the basic foundation of the International Red Cross organization, can forge strong and abiding links of love, and compassion based on mutual trust and good-will.

Every one knows that this movement which had its birth during war has stood the test of time and served as a ministering angel in times of peace as

well, carrying aid of all kinds to people in distress. If the Red Cross has served to mitigate the rigours of warfare by tending the sick and wounded, enabling contact with prisoners of war and so on, the services of its army of trained workers have been invaluable in times of flood, famine or other natural calamity. Among the first who rush to help with food and medical supplies in calamitous floods, fire accidents and during famine times we always find the Red Cross workers.

The International Red Cross and its auxiliary bodies like the Junior Red Cross and the St. John's Ambulance Association have largely helped to guide our young men along constructive lines of national service. Last year the Madras Branch organized a large centenary exhibition and collected

the large sum of Rs. 1,88,000 which they donated to the Army for the welfare of ex-service-men, particularly those maimed or disabled in rendering service to their country.

It will be remembered that at the International Conference held at Delhi two years ago, the Red Cross took on the role of preventing human suffering in addition to ministering to it. That conference framed rules to restrict the use of nuclear weapons in war. It has also mobilized opinion among the men and women of goodwill associated with it in 80 different countries in favour of eschewing war as a means of settling international disputes. This

wonderfully organized and remarkably peaceful movement dedicated solely to the service of humanity at large deserves therefore, to be strengthened in all ways and its messages of hope, sympathy and relief of suffering made to reach every corner of the land. Gifts of money, or material will alone not be able to achieve this goal. Large numbers of our youth should join the movement, by becoming members, (the subscription is nominal) joining the training classes, in first aid, nursing etc. conducted by these organizations. They should use all their influence to make the movement a part and parcel of the life of the people in every part of the country.

What Causes Cramps?

A cramp is an involuntary contraction of a muscle. By that is meant that it contracts of its own accord. The contraction is accompanied by pain, which is often severe.

Several causes are known. The commonest type comes on when the muscle has been overworked and this usually affects athletes. In most instances cramp results from over-exertion of the affected muscles. It may come on at once, or after a short delay, or not until an attempt is next made to move the muscle.

Swimmers get cramps in their legs that may put them in danger of being drowned. Runners get cramp in the calf muscles that may cause them to fall out of the race. Any energetic game can produce cramp, and it is likely that stitch is a form of cramp possibly related to the diaphragm. The cause of the pain is thought to be chemical in nature and due to the accumulation of certain chemicals in the muscles as a result of its repeated contractions.

Another well-recognized type of cramp is known as miner's cramp. This occurs in men who do heavy work in an overheated atmosphere, like stokers, foundry workers, miners. They are apt to sweat excessively and lose salt as well as fluid from their bodies in this way. It is the loss of this substance from the body that causes their cramp. Miner's cramp can be prevented by increasing the salt in the food.

This form of cramp occurs also in athletes who have lost a lot of perspiration. They often like to have a salty meal at the first opportunity, finding that it often prevents cramp that evening.

A third form of cramp is associated with a person's work. Writer's cramp is the best example.—(*Family Doctor*, February 1960).

WE MUST BELIEVE IN PRAYER

(Outstanding notables in different walks of life explain why)

The Novelist, Kathleen Norris:—

I base my whole life on prayer. A hundred times a day my thoughts go to the one human life that so supremely influenced the world, and I renew my faith in my relationship with the Saviour of mankind. I have prayed silently during battles, during crises in the nursery, at glittering dinner tables and as a speaker on flag-draped platforms.

Gradually the miracle has been forced on me that no prayer goes unanswered. It may be answered by seeming disappointment, even humiliation. Often it is answered in a totally unexpected way, or when it has been forgotten even by the suppliant. The insufferable has disappeared, the unbearable has become precious and right, the heart-break has become heart's-ease.

Politician: U. S. Congressman, Dr. Walter Judd:—

When I went to China in 1925 as a medical missionary, I had in my heart this promise of Christ's:

"Lo, I am with you always, even unto the end of the world."

I was afraid that perhaps it wouldn't be true, but it is. In 1930, during eight months when I was in a polite sort of captivity, nobody in the city took off his clothes at night because the Communists might arrive at his door. I had quinine, money and

a torch always near at hand, in case I had to get away at a moment's notice. I would wake up every morning wondering what that day would bring forth, and would pray this simple prayer:

O Master, let me walk with Thee
In lowly paths of service free:
Tell me Thy secret!

There would then come into my spirit something that supported and held me steady, gave me confidence and assurance during the day. I can't explain it. I can't explain how some of the food I ate tonight for supper becomes brain, some blood, some bone, but I haven't stopped eating just because I can't explain it! So also, I cannot explain this. It is not in the realm of explanation yet, or of logical proof. It is in the realm of demonstration; prayer works.

Judge: Harold Medina, U.S. Court of Appeals:—

The first step towards spiritual strength is taken when all of us come to realize that we cannot accomplish really worth-while things in life by ourselves. When we turn to the one true source for strength and guidance, when prayer becomes a habit, when we tell God not once but many times a day that we love Him and want Him close to us, we are on our way.

I have lived a full, exciting life as a lawyer and as a judge fighting for what I thought was right. In every crisis I turned to God for help and I never called for help in vain.

Industrialist: Lee Bristol, Chairman, Bristol-Myers, U.S.A.

For prayer to be real, we must resolve to be absolutely

honest, because only then will our prayers mean something to us and to God.

Some find it helpful to choose a regular time for prayer, but this does not mean neglect of those important little "flash prayers" during the rest of the day. The committed Christian will want to remember prayers of praise, prayers for forgiveness and thanksgiving, as well as prayer of petition and intercession. I do not wish to pose as an expert; as a prayer I am still very much a beginner. But I believe in prayer and I shall continue to try, through prayer, to come closer to God's highest hopes for my life.

Police Chief: Edgar Hoover of F.B.I.

The man who is lacking in faith and has never sought help beyond himself is limiting his capacity to live, to create and to be happy.

For some, prayer lends the strength to span the gap between what we are and what we might be. For some, it is the clarifying medium which separates truth from falsehood. For some, it is the force which disperses fear and confusion. For some, it is the current through which the soul receives surcease from sorrow and despair. For me, it is a kind of bridge. Our engineering miracles soar out across great barriers, enabling us to reach out to each other, tying us to our fellow men in commerce and communication. Prayer, whether it be a hymn of praise or a simple plea for mercy, is the bridge which unites mankind with God.

Physician: Dr. Howard Rusk of U.S.A.

A man could not practise "rehabilitation" if he did not believe in God and prayer. To those who have suffered severe physical handicaps the question is always, "Why? Why did this happen to me?" It can only be interpreted as a part of God's master plan for us all, the testing of us here on earth for a greater life to come.

Possibly the answer comes in the work of the potter. Great ceramics are not made by putting clay in the sun; they come only from the white heat of the kiln that transforms them from clay into porcelain.

So it is with sick, suffering and crippled people. Those who, through medical skill, through work and courage, survive their illnesses or overcome their handicaps and take their places again in the world, are transformed by a depth of spirit that you and I can hardly measure.

They haven't wasted their pain. That is why it is such a great privilege to serve those who are going through the fire of the kiln. They have a closeness to God that few of us so-called "normal" people have experienced.

How and when the ability to pray comes, how the prayer is offered and how the individual attains an oneness with God, differs in each person. To those in travail it is usually a deep spiritual experience born from within.—(Compiled by Lawrence Brings for *Reader's Digest*, February, 1960).

CARE OF YOUR HAIR

By J. D. RATCLIFF

IN the past decade medical research has learnt more about hair than in all previous time. Hair has some remarkable attributes. It is as strong as aluminium. If the hairs of your head were woven into a slender rope it could support a suspended weight of almost 18 cwt. more than that of a small car. Head hair grows three-eighths to three-quarters of an inch a month—faster in the summer than in winter, faster during the day than at night.

Scattered over your body are some half a million hairs—the only major hairless areas are the palms of the hands and the soles of the feet.

While hair tonics serve a purpose in grooming the hair and lubricating the scalp, there is nothing in a tonic that will stimulate the hair root to grow new hair.

Dandruff is by far the most common hair complaint. Dead cells are continually being shed from the body. When this shedding becomes excessive on a greasy scalp you have dandruff. Simple shampooing may control it. Several medications are effective in stopping burning, itching, flaking. Among the most widely used are selenium sulphide, sulphur, resorcin and salicylic acid.

As we grow older, pigment production slows down and finally stops. Then hair turns grey and eventually white.

From present evidence, a tendency to go prematurely grey is an inherited characteristic and nothing can be done about it.

Individual hairs in the head live for two to five years. Then the follicle that produced them shrinks and goes into a resting phase and the hair drops out. Thus, a certain amount of loss is normal—in the region of 80 hairs a day. When the follicle returns to action, a new hair grows. At all times something like ten per cent of the follicles in the scalp are resting, and 90% are active. On other parts of the body the reverse is true—the greater number resting most of the time.

What about excessive hair loss? Almost everything has been blamed for the process of going bald: wearing hats, not wearing hats; too much sexual activity, too little; too much exposure to the sun, too little; too frequent washing, too little. Dandruff has been charged with hastening baldness. Yet countless people have dandruff all their lives and go to their graves with full heads of hair.

Today it is believed that we inherit a tendency to baldness. A man can look at pictures of his grandfather and get a clue as to what the future holds for him. Estimates indicate that baldness affects 43 per cent of men, and 8 per cent of women. Can anything be done to restore hair to bald pates? "If the general health of a man is satisfactory and loss of hair is progressive, medical science does not know of any device, substance or method which will regenerate hair.

There is still no practical method of treating common male baldness, yet it is quite easy to deal with a rather rare patchy type of baldness called *alopecia areata*.

Doctors have long noted the effect of hormones on hair growth. They observed, for example, that during pregnancy women with a tendency to baldness often had a luxuriant growth of hair, only to lose it at the termination of pregnancy. In these cases hair growth can apparently be traced to abundant female hormone secreted during pregnancy. Male hormone appeared to have an opposite effect. In recent years women have been given male hormone as a treatment for breast cancer. Many of them developed male hair patterns—facial and body hair increasing and head hair decreasing.

Injecting hormones directly into the scalp is at present under trial at the world's only hair clinic at University Hospital, New York. Dr. Norman Orentreich, in charge of the hair clinic, has found that growth of hair is profuse round the injection spot, and there are few if any side effects. The difficulty is that several hundred such injections would be needed to grow a full head of hair, and they would have to be repeated every few months!

This method is more practical when used in special circumstances: e.g., to grow eyebrows, or hair in certain cases of patchy baldness.

Superfluous hair.—Almost as much time and money are spent

in getting rid of unwanted hair as are spent in attempts to grow it. Women apply waxes, chemicals that are often hazardous, and even resort to risky, hair-destroying X-rays. Actually there is only one way of removing hair permanently with reasonable safety—electrolysis which is tedious. Also, in inexperienced hands, scarring may result.

Hair dyes.—Most dyes are reasonably safe. The greater danger is that the scalp may be sensitive to particular dyes—which can lead to severe irritation and even temporary loss of hair. A simple test can determine sensitivity: some of the dye is placed on the skin behind the ear. If within 48 hours no redness or soreness develops, the dye is probably safe.

Hair care.—Many people think that too frequent washing "dries" the hair. Actually, it stimulates secretions from the oil glands opening into the follicles. As a rule, good hair-care consists of washing in soft water with a good shampoo at least once a week. If hair is too oily, a diluted alcohol preparation will remove excess grease; if it's too dry, a few drops of oil should be rubbed in. Scalp massage—brushing for ten minutes a day—is excellent.

Good hair-care does not promise to eliminate the row of bald heads familiarly seen in the theatre stalls. But it will improve the condition and the appearance of our hair while we still have it.—(Reader's Digest, December 1959).

Loss of Sleep Can Produce Mental Damage

Neglect of nature's way of restoring our energy can cause mental and emotional damage.

FOR many years most doctors and scientists believed that sleep requirements varied with each person, so that no one could say how much sleep an individual needed in order to live and work at his peak. Today research workers are sure that variation among individuals is considerably less than they once thought.

"The pace and stress of modern life place increased importance on getting enough sleep," says Dr. George Stevenson, a mental health specialist. "I believe it can safely be said that *all* human beings need a minimum of six hours' sleep to be mentally healthy. Most people need more. Those who think they can make do with less are fooling themselves."

Lack of sleep is frequently the real trouble with the husband who loses his temper at breakfast, the mother who flares up at her children, or the man who flies off the handle at the office. Lack of sleep can make normally cheerful people feel moody and depressed. Intensified by still more lack of sleep, these signs of inner distress may spread like an infection into the crippling symptoms of real mental illness. And sleep loss is subtle poison: its victims are usually the last to realize what is wrong. An

authority on the subject puts it with convincing simplicity: "If we do not get enough sleep, we cannot be fully awake during the day." This is dangerous, because if we are not fully awake, we are not in our right minds.

Sleep-loss plays a driving role in the nervous break-down pattern. Studies were made of two schizophrenic, or "split personality," patients who had suffered extreme sleeplessness during the period of breaking down, and seven medical students experimentally deprived of sleep. The doctors who observed them reported that "many agitated persons on the brink of a psychotic break suffer from severe insomnia. . . . A few pass through a prolonged period of wakefulness as the schizophrenic process unfolds."

Whether sleep-loss is a cause or an effect of the breakdown, it *does* appear to be part of the process. For this reason, anyone who simultaneously undergoes anxiety, social isolation and sleep-loss may be setting himself up for trouble.

Why does the brain require sleep so desperately? No one knows exactly what sleep is physiologically. It might be described as a kind of idling of the body mechanism. Muscles relax; body temperature and blood-pressure drop. The brain waves—tiny electrical pulses that the highest nerve-centre, the cortex, emits at the rate of about ten a second while we're awake—gradually broaden to lazy rollers rippling out at the rate of two or three a second. The cortex itself closes down its millions of tiny nerve circuits,

like a switchboard going dark for the night. Our plane of consciousness sinks low. As one doctor has said, "It's nature's way of recharging our batteries for tomorrow's work and play."

It is now evident that disturbances in behaviour from lack of sleep closely resemble the disorders produced by certain narcotics, alcohol and oxygen starvation. Perceptions grow fuzzy. Our sense of timing is off. Our reflexes are a little late. Values slip out of focus. We are literally "not ourselves."

Research has shown that the tired brain apparently craves sleep so hungrily that it will sacrifice anything to get it. After only a few hours of sleep loss, fleeting stolen naps called "lapses," or microsleeps, occur at the rate of three or four an hour. As in real sleep, eyelids droop and the heartbeat slows. Each lapse lasts just a fraction of a second. Sometimes the lapses are periods of blankness; sometimes they are filled with images, wisps of dreams. As hours of sleep-loss mount the lapses take place more often and last longer, perhaps two or three seconds.

Many sleep-deprived subjects are unable to retain information long enough to relate it to the task they are supposed to perform. They are totally befuddled in situations requiring them to hold several factors in mind and act on them.

Individuals who work at jobs which require them to hold many factors in mind at once might well ponder these risks. A tired

man may be able to get through routine tasks, but can he think creatively, can he organize, can he make decisions?

For most of us, the price we pay for staying up later than we should, is common irritability.

How does sleeplessness cause such irritability? Most experts answer that it tightens nerves and muscles, thus increasing tension. Frustration may also be a factor. The need for sleep is a drive, like hunger. When we go without it, frustration of the drive makes us irritable and aggressive—just as hunger makes dieters ill-tempered.

Sleep-loss is also a drain on vital energies. In one experiment, students were asked to do difficult multiplication problems after eight hours' sleep, then after six. Speed and accuracy were a little better after the sleep-loss but metabolism tests showed that the same work exacted nearly three times more energy.

But why did their speed and accuracy improve? This temporary lift in performance is often a dangerous deception resulting from sleep-loss. Under the tension caused by fatigue many people feel "hopped up." Undergraduates who sit up late cramming for examinations often experience this temporary stimulation. If the examinations are brief, the student can probably profit by the heightened tension. But the lift is only temporary. After a few nights of insufficient sleep, work-output begins to sag.

Millions of people stay up too late simply out of habit. Many feel that late-evening hours are the only ones they can call their own. Tired house-wives, for example, who have finally put their children to bed feel that now, at last, they're entitled to a little time to themselves. They guard these moments jealously, against all pleas that they go to bed. But the price of that extra hour is heavy.

Others stay up because of worries and anxieties. But,

paradoxically, sleep is one of the best antidotes to worry. My doctor puts it: "First take care of your sleep. Then most of your worries will take care of themselves."

The time spent in sleep is not lost. Adequate sleep is an essential ingredient in producing joy in life—that sudden rush of well-being which sometimes sweeps out of nowhere and makes us glad to be alive.—(Robert O'Brien in *Farm Journal*, via *Reader's Digest*, April 1960).

CATCHING A COLD

By Dr. H. BERIC WRIGHT

Two things are essential for cold catching. First, *low immunity*, which means no recent infection, and second, *direct infection* by the cold virus. In practice this is by droplet spread—coughing, sneezing, shaking handkerchiefs, etc.—from someone who has a cold.

One good sneeze, in train, bus, factory, cinema or office is potentially infective to everyone within about three yards' radius.

Apart from explosions of infection like this, one infected person just being in a stuffy, ill-ventilated room, vehicle, or public place fills it, during the course of the day, with lots of infective material, which lingers in the dust and the air, and is breathed in by the other inhabitants or visitors.

This may sound unreasonably dramatic, but is a fact. One cold developing in the family or

the office tends to run right through it.

Good general health and a high resistance to disease minimize the chances of serious infection, but real immunity is probably gained only from a recent, even mild, infection.

The occasional lucky individual who never gets a cold, either has a natural immunity or, more likely, gets a series of very mild infections which protect against more serious ones.

Basically, the common cold—or, to use its Latin name, an *acute coryza*—is a virus infection involving the nose and sinuses. These are in fact continuous with, and drain into, the nose.

This infection, which is a two-to three-day affair, is characterized by "feeling miserable," headache, stuffiness, sneezing, and a running nose. There may be a slight temperature.

If all goes well, the symptoms subside, and the nasal discharge dries up. What, however, usually occurs, is that the primary virus infection lowers local resistance in the nose and throat and allows a secondary infection to develop which may be caused by a streptococcus from outside, but more often is due to bacteria normally present in the nasopharynx being, as it were, released by the primary virus infection.

This secondary infection, which is often the nastiest part of the cold, is characterized by thick purulent nasal discharge, sinus and throat involvement, exacerbation of chronic bronchitis, or whatever, else "usually happens" with a cold—"usually" being of course largely determined by one's own weakness or susceptibility, tonsils, throat, chest, or sinus.

Secondary infection can be obviated or minimized by high general resistance and keeping as fit as possible during the primary virus stage. By this is meant keeping quiet and warm in an even temperature.

A most characteristic feature of the common cold is the sense of virtuous martyrdom it seems to confer on the sufferer. Rather than admit defeat and take a couple of days off, there are visions of indispensability, and then widespread dissemination of the infection.

It is not fully realized that it is the *early snuffy stages of colds* which are the *most infective*. The later purulent stage is relatively harmless—to others.

If everyone who felt seriously bunged up and snuffy were either to go home early or take a couple of days off, far fewer people would be infected. This is very true of over-heated offices, typing pools, and all closely integrated units. Secondly, the chances of serious secondary infection will be reduced.

Thus two days being stuck up at home is, much better than four or five days of virtuous work—but a reduced efficiency. If your organization will not run without you for a couple of days, there is something wrong with you—or it, perhaps the latter.

Suspect all panaceas and cold cures. Most cures flourish because most colds are largely over by the third day, and a cure taken on the second day is, at the least, unlikely to make it worse.

Symptoms, however, can be relieved. Aspirin and its derivatives reduce fever and relieve headaches. Inhalers of various sorts, especially when used at night, make breathing easier. Cough mixtures, gargles, and lozenges are often comforting.

The virus infection is not at all susceptible to the available antibiotics.

Powerful antibiotics and sulphonamide should not, however, be taken indiscriminately. They may even do positive harm, because the wrong drug or the wrong dosage leads to the rapid development of resistant bacteria which do not readily respond to treatment.—(*The Director, London*).

THE CASE FOR VEGETARIANISM

(Medicus in *New Health*, London)

[*That eminent physician Lord Horder was once asked how a vegetarian diet was best taken. "On all fours," he answered. Sarcasm, or truth?*]

THE centre of interest in any discussion of dietetic habits lies in the comparative use of animal products. Entire dependence on vegetable food, which was doubtless the rule during the early history of man, is now rarely found, though many classes of people possessing a high degree of physical vigour habitually consume only very small amounts of animal products (lacto-vegetarian diet).

Their dietary is almost entirely composed of cereals, pulses, and fruits, with small amounts of butter, eggs, and milk. Such, in fact, is the dietary of by far the greatest bulk of the population of the Eastern Hemisphere.

Farther west we find that the inhabitants of the Mediterranean countries are also largely "vegetarian" in their habits, and consume flesh foods only occasionally, and in small amounts. Thus, nearly three-quarters of the world's population are living at present on a more or less meatless diet.

When we come to consider the use of animal products, we find considerable difference in the type generally chosen. Races such as those of Western Europe

and America make principal use of the muscle meats, and regard the rest of the animal, except for the occasional use of a few of the internal organs, as offal. Others set special store on these rejected parts.

The general question of the use of animal flesh is apt to be confused by the introduction of ethical religious, and aesthetic considerations. The ancient religions of India have condemned the use of animals for food on moral grounds for untold centuries. Eastern mysticism, which has come to pervade the religious thought of large numbers of Western people in recent times, has introduced this idea into many minds, and has undoubtedly played a considerable part in to growing tendency to limit the use of animal food in these countries.

There has always been a notable tendency in this direction in men and women of advanced intellectual and artistic ability. We may mention Sir Isaac Newton, Shelley, Lord Byron, Tolstoy, Wagner, Maeterlinck, and George Bernard Shaw.

The association of plain living and high thinking has been proved sound from time immemorial. Also, it is probably true that the intense spiritual vision of prophets and sages throughout the world's history has been associated with the simpler forms of dietary of a largely vegetarian character.

When we come to the question of physical strength and development, however, we cannot speak with the same certainty.

A survey of the Eastern races goes to show that greater

strength and endurance, and better physical development, go with a more liberal use of animal products, and especially with the use of milk, eggs, and butter.

At the same time, such instances as those afforded by the Chinese *coolie*, the more rural community in Japan, and some mountain tribes in India, appear to show that a diet of purely vegetable material is capable of producing a race possessed of great strength and endurance.

Many more or less strict vegetarians in Europe and America have proved that their athletic prowess is second to none.

Of the splendid physical attributes associated with the lacto-vegetarian diet, there are many instances. Such are the nomadic Arab, the Sikh, and some African races. They provide possibly the finest type of physical development to be found today.

It is sometimes claimed by the vegetarian that the use of flesh-foods renders the body more prone to disease, and that a higher standard of health is the reward of abstaining from animal food.

Such a dogmatic statement may not be universally accepted. Individual characteristics must be the deciding factors. In cases, for instance, of intestinal stagnation, meat can be a danger to health, and sedentary workers should take it in moderation.

Health is the result of successful adaptation to the environment. The diet of the Eskimo would fail lamentably were he

at the Equator, and the West Indian native would soon perish at the Pole on his largely fruitarian dietary.

There are many vegetable foodstuffs which alone contain nearly all the essentials for sound nutrition, but it would be impossible to eat enough or digest enough of them properly to nourish the body. The human digestive system is capable of dealing with quite a bulky diet, but it has its limitations. Hence a mixed diet is appropriate to human digestive capacity, and the use of a certain amount of concentrated foodstuffs has a definite physiological purpose.

Practically speaking, flesh-meat provides only one food constituent—the nitrogenous material known as protein; whereas the internal organs, the blood, the bones, milk and eggs, supply the vitamins and the mineral substances without which life and health are impossible.

Fortunately there remain milk and eggs, which are not only very valuable sources of the more vital properties of food, but also of the type of protein which is necessary for the building and repair of bodily structure. It would appear that certain essential types of protein are absent from the vegetable world. The evidence is so strong as to the need for this particular type of protein that it is not advisable to eliminate milk and eggs and cheese if meat is not taken.

The vegetable kingdom is, of course, the real and only pro-

vider of the more vital food elements.

Apart from its function as the great starch reserve for the production of heat and energy in the animal world, the world of leaf, root, stem, fruit, and tuber is the great storehouse of the very substance of life.

Derived directly from the energy of the sun, and built in the chemical factories of the leaf, these substances carry on the stream of life. That they

possess a virtue when taken first-hand, rather than through the medium of an animal, or even the cook-pot, many of us feel instinctively.

The vegetable garden brings with it a mental picture of health which is certainly not associated in the minds of many with the butcher's shop. It only remains to invest the dairy with an equally pleasant atmosphere. We shall then have solved a real dietary difficulty.—(*World Digest*, April 1960).

A New Treatment for Heart Diseases

Sufferers from thrombosis and arterio-sclerosis, diseases which kill so often because they create conditions under which the blood cannot circulate freely, are now being "cooked" in a box which, writes Michael Viney in the *London Star*, "looks like a hybrid of refrigerator, individual Turkish bath, and magician's cabinet."

The patient sits inside, and a shelf fitting closely around the neck isolates the head in an upper compartment. In the lower one, the temperature is raised to about 113°F. When the doors are closed, all the body below the neck is bathed in steam; the skin sweats and "breathes," and extra oxygen reaches the blood, helping it to circulate again. Meanwhile, the head and neck are in "deep freeze" in the upper compartment, which is chilled to about 10 degrees of frost. This is necessary, because otherwise the patient could not survive the heat below.

After the treatment has continued for about twenty minutes, the patient is transferred to a horizontal cabinet, where the body temperature is maintained at 100°F the head still remaining outside. These treatments alternate for some days, after which the patient can continue at home with a simple "sweat-box."

The inventor of this startlingly new method of treating some of our most dreaded diseases is Dr. Eric St. John Lyburn, whose research centre is at Tunbridge Wells. It is the product of seven years' research, and is now being tested in the Department of Physiology at London University Hospital.

The Royal College of Surgeons

Too many of us have a wrong picture of the modern surgeon. We are apt to think of him as the man who wields a lancet, and whose work is finished when he strips off the rubber gloves and gown of the operating-theatre. In fact, search for knowledge in the promotion of the science of surgery is going on all the time at the above College at Lincoln's Inn Fields, London.

These researches range from the investigation of new methods of anaesthesia; the healing of wounds; artificial kidneys; blood-cooling outside the body (on which modern heart-surgery is based); problems of dental science; blindness; high blood-pressure; cancer etc.

DON'T RUSH FOR A TONIC

E. J. TRIMMER,
M.B., B.S., M.R.C.S., D.L.C.P.

Most of the tonics most of the time don't work at all. Those that do are laced with two top-secret ingredients.

TONICS are terribly popular with patients, but for some reason or another are becoming increasingly unpopular with doctors. "I feel horribly run down and tired, could you give me a good tonic?" "I feel on edge all the time, could you give me a tonic to settle my nerves?" "He just won't eat! Does he need a tonic?"

These sorts of questions, and the symptoms that lie behind them, are some of the most frequent posed in consulting rooms today. But if you look at the question carefully, you can see that they have very different essential needs behind them. The first is a request for a stimulant, the second for a sedative, the third for an aperitif. Is there in fact anything that your doctor has tucked up his sleeve that will help you in such a complex and contradictory way? Is there in a bottle anything that will pep up the tired office-worker, soothe the edgy housewife or titivate the appetite of a child who is uninterested in food?

Scientifically, pharmacologically and also logically the answer is 'NO.' Practically speaking, however, the answer is often 'YES.' But it is impor-

tant to realize that this is due more to magic than medicine.

The majority of popular tonics contain substances that have no effect,—at any rate in the dosage you find in the mixture. They often contain vitamins that are in any case rarely deficient in a normal diet, or bitters whose only saving grace is that they artificially stimulate the appetite. The reason that they "work" at all is merely a question of faith. Not necessarily a question of faith in the doctor who prescribes them, for so many people buy their own favourite tonics. It is more akin to the wearing of lucky charms, amulets and talismen to ward off evil spirits. Most of us have friends who believe that a hare's foot or a piece of potato will help their rheumatism, or that an iodine locket hung around their neck will prevent or cure assorted diseases.

Other examples of illogical beliefs that are still clung to today are easy to find. Until recent times, the act of touching a corpse was believed to cure many ills, the dead man taking the disease with him out of this world. At one time executed criminals were considered particularly efficacious for this purpose, much to the financial advancement of the local hangman. Similarly, it may be cured by holding a live frog in the mouth for a few moments and that whooping cough could be cured with the head of a live fish!

The strange thing is that while we have rejected a lot of medical hocus-pocus on the grounds of logic alone, we still cling to the

belief that there is a mysterious bottle of medicine that will do just what we want it to, regardless of its chemical properties.

Would the nation's health suffer one iota if all the tonics there are, were poured into the sea? I think the answer is an emphatic 'NO.' The symptoms that bring people asking for a tonic to the doctor sometimes need investigation. Chronic tiredness, irritability or loss of appetite are common enough symptoms and your doctor will diagnose the causes and treat them in the proper way if you give him a chance.

Quite often, however, his treatment will be in the form of advice instead of a bottle. For the tired sedentary worker he may well advise fresh air and exercise in the form of golf, tennis, hockey, bowls or walking the dog, according to age and circumstance. Swimming or a camping holiday for the child that has found a privileged position in the household by being bored by mother's cooking. Or even a weekly trip to the cinema,

whist-drive or evening class for the edgy housewife who finds her mind not fully occupied with the humdrum of household domesticity.

No, while it cannot be denied that there are scores of stimulants and hundreds of sedatives listed in the *British Pharmacopoeia*, there is nothing really available in that volume's several hundred pages that is a "really good tonic." Nor, in opinion is there likely to be. Human nature is too diverse to be easily satisfied with a universal panacea. If you are searching for a tonic for yourself the real question to ask is "Why?" Once answered, your need for a "tonic" will be on the way to a solution.

Most tonics don't do anything for you, except postpone a decision about what you really need by way of treatment. Now and again a tonic does work wonders, but that is when it is dispensed with two top-secret ingredients known simply as FAITH AND HOPE.—(*Family Doctor*, April 1960).

Inconvenient Meet

Shigeru Yoshida, Japan's former prime minister, was ambassador to the Court of St. James's before the war. Since he was trying his best to restrain Japan's aggressive militarists, he was perturbed when he heard that an especially bellicose Japanese cabinet minister was coming to London. Yoshida had never met the minister, and he didn't intend to now. "Whenever that man calls," he instructed his staff, "tell him I'm out."

The order was obeyed. But the visitor had his suspicions, and he called at the embassy to check up just as Yoshida came out of the door. Introducing himself, he asked if he could see the ambassador.

"No, Sir," said Yoshida. "The ambassador is out."

The visitor started to leave, then whirled around, started hard and asked, "But aren't you the ambassador?"

"I am," conceded the envoy with the deep bow. "And, Sir, when you hear from Yoshida himself that Yoshida is out, you can believe it."—(*Contributed by Mrs. Takakichi Aso*).

Emotional and Social Factors in Epilepsy

L. W. DEWALT, B.A., M.S.W.,
*Director of Social Work,
 Epilepsy Centre, U.S.A.*

It is generally recognized that in all illnesses, no matter how minor, the whole person is involved. In certain illnesses, emotional and social factors are of little real significance in so far as treatment is concerned. In others they play a more important role whether causative, precipitating or merely aggravating. This is particularly true in handicapping illnesses such as epilepsy.

Although there is general agreement that emotional factors cannot in themselves cause epilepsy, they can combine with other stresses to precipitate attacks. Numerous cases are reported in which good control is achieved only after amelioration of disturbances or removal of social irritations. For example, without any change in medication, children have shown remarkable improvement in seizure control when removed from disturbing environments to hospitals or special schools, only to experience a recurrence of attacks when they returned home.

Emotional factors may also be secondary in the sense that they may arise with the onset of seizures, or, later as a reaction to the illness and to the attitude of others toward it. Once present, they complicate the illness and

its treatment. Not infrequently, parents report that at the onset of seizures, and before a reaction to the social situation is possible, children previously considered well adjusted become irritable, dissatisfied, demanding, restless, with a shortening of attention span, and subject to temper tantrums. Bridge comments that in such cases, "There can be no doubt that some alteration in function is present to account for both the seizures and general irritability." These symptoms, however, usually subside as treatment progresses unless factors outside the person are unfavourable. This can be a trying period for parents who are upset over both the illness and the disturbing behaviour of the child. Unless help is available they may, through unwise handling, contribute to the perpetuation of his behaviour and to the development of a personality disorder. Advice alone is often not enough. Although the parents may accept this intellectually, they unfortunately cannot always put it into practice because of their own strong emotional involvement in the problem. They must first be assisted in sorting out some of their own feelings.

Whether or not this initial response is noted, as time goes on sufferers from epilepsy frequently react in an unhealthy manner to the seizures themselves and to the attitudes of the family, the school and the community. In other words, social influences determine largely whether or not an unhealthy emotional response to the illness will develop. It is quite likely that prior to the development of the

illness the child's parents held the same superstitions and misinformation about epilepsy as are common throughout society. It is not strange then that they should react with fear, guilt, or shame when their child develops the disease. They fear for the child's life because of the agony he appears to go through during a seizure. They may experience guilt, because they feel in some way responsible for the affliction and shame in that the family name has been tainted with this, one of the most dreaded of all diseases, a disease that evokes not public sympathy but revulsion and disapproval.

In keeping with these feelings, parents may be over-protective and over-solicitous. The child is lavished with attentions, relieved of all responsibility, his whims catered to and his activities unduly restricted for fear of accident. He grows up to be a helpless, demanding social cripple. At the other extreme, parents may punish the child either overtly or in subtle ways for bringing disgrace upon the family. He may be denied treatment so as to keep the illness hidden or he may be paraded from one specialist to another in search of a "cure," or the family may resort to patent medicines, miracle cure or quacks in an effort to remove the taint or assuage guilt. The child may find himself regarded as unworthy of educational or social advantage.

Not infrequently children with epilepsy are teased at school, even ostracized, or they are

pampered and restricted in the belief that by so doing seizures are less likely to occur. In short they are made to feel different from other children. In time the success of the wise, understanding parent is to some extent negated and that of the misguided parent further impaired. Under these circumstances children develop personality problems that seriously interfere with all their social relationships. The nature of their feelings is highly individual, but, depending on the personality prior to illness, one of two courses is commonly followed. If quiet and passive by nature the child usually reacts with a feeling of shame. He withdraws into his shell and leads a solitary life, trying by submissive acceptance and over-conscientious effort to create a favourable impression. On the other hand, the aggressive, robust child tries to cover up for feelings of inadequacy and insecurity by domineering, aggressive behaviour. In both instances, if these conditions continue unchecked, permanent personality defects arise which may prove to be a far greater handicap than seizures *per se* and which may persist long after seizures cease to be a problem.

It is not only the epileptic child that suffers because of his illness and the attitude of others toward it; his family too is often adversely affected. This may be due to the demands that an epileptic child often makes upon his family or to disturbed behaviour which makes life for his brothers and sisters intolerable. Furthermore, the very

fact that a social stigma is attached to the illness makes it exceedingly difficult for both victim and family to function normally in social activities.

Many epileptics, of course, experience their first attack *after* childhood has passed. That their feelings toward the illness are intense is equally understandable when one considers the unpredictable nature of attacks and the superstitions, prejudices, shame and fear that surround the illness. The patient afflicted lives in fear that a seizure may strike at any time, during a stroll down the street, at work or at a social function and that bodily injury, humiliation or embarrassment may be the result. He often comes to restrict his social contacts and activities and he may have to settle for a career other than his chosen one.

He will frequently encounter difficulty in finding a job because of employer fear that he is prone to accident. If he lies to obtain the job, he is under constant anxiety that he may have an

attack and be discharged. Sooner or later he is found out, and he moves to another job and yet another with unpleasant experiences repeated time and again. Personality problems arise or are accentuated and these in turn further lessen his chances of finding and holding employment.

Further evidence of the effect our attitudes toward epilepsy have on its victims is in the number of children who withdraw from school long before their abilities have been fully developed and with little preparation for social intercourse or work. This is particularly unfortunate because thorough preparation for a job can compensate in part for a handicap.

These tragic results need not arise if, for the epileptic, we can create a social climate conducive to normal living; effectively treat the illness from the onset so as to achieve optimum seizure-control and prevent the development of emotional difficulties which in time prove more handicapping than the illness itself.—*(J. Vanc. Med. Assoc., Jan. '60).*

Dyspepsia: May be Just a Habit

Where, then, do we go from here? What *does* cause those hideous pangs? Dr. P. H. Friedlander, who conducted the indigestion tests, concludes that "the actual nature of the food was not an important factor in the production of their dyspeptic symptoms." It is commonly held that excessive or inadequate secretions of gastric juices are frequent causes. It has also been suggested that there is a psychological factor; for example, a person becomes firmly convinced that food is indigestible and responsible for his pain. Thereafter, whenever he eats it, his digestion obediently falls into line with his conviction and produces discomfort. When it is remembered that the mind has been proved to exert a powerful influence on the body and its organs, this idea may not be fanciful.

But perhaps, after all, Dr. Friedlander is right when he quotes, with qualified approval, Mark Twain's saying that the secret of success in life is to eat whatever you like and let the food fight it out inside!—*(World Digest, April 1960).*

SLIMMING

Be warned—some weight-reducing methods can be lethal!



By a WIMPOLE STREET DOCTOR

A MILLION men and women in Britain are spending a total of £15 million a year on get-slim-quick techniques and are gobbling up slim pills—more than one million a month, it has been estimated—in a race to beat the 'battle of the bulge.'

Why do women and middle-aged men want to slim? In many cases it is vanity. And, unfortunately, there are medical men ready to pander to it.

I know a few plastic surgeons who are bastardizing a magnificent branch of surgery by performing often utterly unnecessary operations on women with more money than sense, women who want their busts reshaping, stomachs flattened, behinds trimmed down!

Too often these foolish people refuse to accept some basic facts... that they are growing older, or that some people are constitutionally bigger than others.

So often I hear this in my surgery: "Doctor, I am overweight. I can't get into last year's dress... I think I'd like to wear slinkier clothes."

But until I hear them say they are not feeling well, or worried by their weight, I do not listen very hard.

There are only two valid reasons for slimming.

(1) *because your weight is causing ill health, or, (2) because your appearance is causing mental distress.*

Remember this when you are alarmed to see the beginnings of a bulge over the waistband of your skirt or your trouser top. Remember that some people are bigger than others, remember that you are not necessarily overweight because you think you *look* overweight.

What are the danger signs? If bending down to tie your shoe-laces is an effort; if you become breathless with a little exertion; if you are not as active as you were;... if this kind of things happens, *and* your weight is increasing, *then* you are overweight.

And by an increase in weight I don't mean a few pounds (a weekly variation of 2 lb. is normal). I mean, if you find you have put on half a stone over a period of six months.

What do you do about it?

Usually you talk to your friends, who inevitably will advise you to take "some marvelous pills they've just discovered," or tell you about some fad diet they're on.

The last thing you will think about doing, of course, is eating less.

Forget about your friends. Go to your doctor or to a reputable dietician. But remember, you are overweight only if you feel you are carrying an extra load. Not because you think you look fat. Obesity is a personal thing. A six-foot man of 14 stones can be just as normal and healthy as a six-footer weighing only 11 stones.

And before you fly into an "I must slim" panic, think about your habits. There is no rule-of-thumb way to slim. But one piece of advice I pass on is: "Leave the salt-pot alone." Be content with the natural salt content of your food once the necessary salt has been added for cooking purposes. This applies to all spices.

The dangers of excessive over-

weight are considerable, and can overstrain the heart, the liver, the kidneys. But even more alarming to my mind, is the slimming craziness.

For the cure can be worse than the complaint, and excessive underweight is fraught with terrifying dangers.—(*Empire News and Sunday Chronicle*, London, via *World Digest*, May 1960).

RELUCTANT SLIMMERS

It is bad to be fat. It is bad for one's health and shortens one's life. It is also uncomfortable and embarrassing. The fat person can't bend down to do up his shoes, he puffs and blows going upstairs, he sweats, his skin chafes, he gets flat feet and pains in his joints. Fat children are called "Fatty" at school and are made fun of; the fat teenager can't get a date, and the fat housewife feels that her husband and children are ashamed of her. Putting on weight means letting out suits and

dresses or buying new ones.

Discomfort, embarrassment, and expense, not the doctor's warnings of impending disaster, provide the incentive to slim. But even when the incentive has been created, most patients and many doctors will not face up to the therapeutic implication that the only way to lose weight is to keep to a semi-starvation diet... So the majority of fat people are, quite understandably, reluctant slimmers.—(*The Medical Press*, London).

The Standstill Heart

A California physician tells of the curious case of a man who can make his heart stop beating at will by physical and mental relaxation. For seconds at a time, he can bring his heart to a standstill and this is confirmed by electrocardiograms, reports Dr. C. M. McClure of Lindsay, California. Many Indian sages and sadhus have absolute control over the working of the heart and lungs which they can stop and start at will.—(*Today's Health*).

New Speech for the Voiceless

The American Cancer Society will support a rehabilitation programme to teach thousands of cancer victims to speak again, Dr. Eugene P. Pendergrass, President, announces. These are persons who lost their larynxes or vocal cords because of cancer. The International Association of Laryngectomies—persons whose larynxes have been removed—estimates that 95 per cent can learn to speak again with training and time.—(*Today's Health*).

SUGAR IN SOFT DRINKS

ALAN PORTER, M.B., CH.B.

EARLY this year there was an important 'Food Standards Committee Report' on Soft Drinks. This Committee was concerned with setting up better regulations to govern the making of soft drinks.

They recommended that soft drinks should be sweetened wholly with sugar or other carbohydrate sweetening matter. They did not like the use of saccharine.

They emphasised the well-known fact that *sugar* and *glucose* and *dextrose*, and what is called *liquid glucose*, all have approximately the same *nutritional value* weight for weight. Indeed, they frowned on the use of the term "Glucose" in the advertising and labelling of soft drinks.

The one time when glucose is valuable is in hospital and in convalescence. Glucose does not taste as sweet as sugar and you can therefore, give it to a patient before an operation and you can give it to grown-ups convalescing from an illness. And because it is not so sweet, you can get them to drink more than the ordinary sugared drinks.

The real point is that there is no significant difference in the total amount of energy which you get in the same amount of sucrose, glucose or liquid glucose.

One of the real difficulties here is that the word "glucose" has been used in a lot of different senses. There is one familiar and common kind of so-called glucose which is as good as sugar, but no better. Yet it can be called "medicinal glucose" which sounds convincingly medical, or "purified glucose" which suggests some special standard of purity. Or it may be labelled just "glucose" or just "dextrose." Rather different is the "liquid glucose" which is a syrup obtained by hydrolysing starch, often known as "corn syrup" or "starch syrup."

So there is a lot of confusion about the word "glucose." So much that the Committee would like to see it abandoned. Except of course in the medical and technical journals where "glucose" has only one meaning. It is the sugar which circulates in your blood. But your body doesn't care whether you start with sugar lumps, brown sugar, or sweets. They are all digested down to the simplest sugar that your blood stream can cope with, and that is glucose.

So it does not seem unreasonable to leave "glucose" to the doctors and the laboratory workers, and describe the sugar in sugary drinks and soft drinks by other names which are not so open to confusion. Sugars of any kind by any other name would taste as sweet. And once eaten and sorted out by your digestion the right name is glucose. But to use the word "glucose" before that actually happens is just asking for confusion.—(From a *Br. Med. Assoc. Pamphlet*).

Each Mend a Man and the World will be Mended

WE can expect technological advances to go on, making mechanical horsepower and brain power cheaper than the humblest brawn. Thus, more and more men will be freed of certain distasteful and obnoxious labour and will have more time and money for leisure. Will this leisure be productive of a fuller, happier life with more positive health? This is our modern challenge.

If we can guide men in the intelligent use of their abilities, resources (spiritual and otherwise), stamina, and interests in life, we can help them lead a satisfying and happy existence. We can do much in this field if we insist on moral responsibility for actions of all our leaders, be they teachers, doctors, lawyers, businessmen, or politicians. We can do much by reviving the popularity of what the Greeks called *dialectos* meaning discussion, argument, debate, conversation, discourse, or just plain talk. We can increase individual communications among all creeds, and among all social and industrial segments of society.

E. P. LUONGO, M.D.,
Illinois, U.S.A.

In this connection, 85 to 95% of people with emotional difficulties, and those subject to the stresses of our culture, do not need a psychologist or a psychiatrist. They can ventilate and find a solution to their problems frequently by talking to family, friends, relatives, or a priest or minister. Anyone who can solve his emotional conflict through these sources has no business in the office of a psychologist or a psychiatrist.

A British philosopher, 400 years ago, said this all so simply, in one sentence. "If every man would mend a man, then would all the world be mended." I think that all of us can do this. This is our opportunity in a torn, confused, and ravaged world. If we fail, we will find ourselves part of a civilization unprepared for the economic riches, technical advances, and leisure it fought so hard to obtain.—*Industrial Medicine via Illinois Medical Journal*).

Jobs for Arthritics

With proper rehabilitation treatment, many victims of rheumatoid arthritis and rheumatic disease can return to gainful work. Half of 54 persons who had to quit their jobs were able to resume working, Drs. Catharine R. Williams and Ivan F. Duff of the University of Michigan University Hospital report. In others, rehabilitation failed because of the course of their disease, or because of defeatist attitudes toward it.—(*Today's Health*).

Tobacco and Pulse-Rate

Tests revealed that 50 per cent of smokers experience higher pulse-rate through smoking. Increase averages ten per cent. One eleven-year-old boy who merely held a cold tobacco pipe in his mouth, had a pulse increase from 84 to 104 within nine minutes. Smoking definitely injures the heart and paves the way to early death from heart and lung diseases.—(*Today's Health*, Chicago).

SUCCESS CAN BE DANGEROUS

FRANKLIN DWYER,
London

A YOUNG friend of mine, recently promoted at his office, was well pleased with the new opportunities given him. This is understandable. He had worked well and the promotion was a mark of appreciation for what he had done.

I felt it necessary, however, to give him a word of advice. I told him that I had come up a similar road myself and I had watched others make the same journey. There are many pitfalls of which one is never aware in the first flush of one's advancement. One is apt to feel "Well, I've made it—nothing can stop me now."

That is not really a just appraisal. No one should ever be so confident as to feel that he did it all by himself. Others have helped. They always do. And they will help again in your progress along the road if you are fair to them—and appreciative.

Years ago, another friend similarly advanced in his work, became high and mighty. His

promotion went to his head. His manner altered. Men who had been his colleagues were treated as though they were underlings.

No one is perfect.—He spoke to them in a way that many of them began to resent. As a result he inevitably made many enemies. These were no longer prepared to help him. On the contrary, their one aim now was to trip him up at the earliest chance they got.

You can see how deplorably the atmosphere was altered. We are none of us so infallible that we cannot be tripped up at some time. His moment came, but he was shrewd and he weathered that storm. He did it by pin-pointing the fault on a junior who was dismissed.

This, as may be imagined, made the atmosphere at the office a great deal worse than it was before. They were more resolved than ever now to deal with him in the way they felt he deserved. In the end they won and he was out.

So his advancement was, in the long run, not at all to his advantage. The reason? Because he got above himself and mishandled his relationship with the others.—(*Tit Bits*, Jan. '60).

On Books

Have but few books, but let them be well chosen and well read, whether on religious or civil subjects.—(*William Penn*, 1644-1718).

A house without books is like a room without windows. No man has a right to bring up his children without surrounding them with books, if he has the means to buy them. It is a wrong to his family. Children learn to read by being in the presence of books. The love of knowledge comes with reading and grows upon it. And the love of knowledge in a young mind, is almost a warrant against the inferior excitement of passions and vices.—(*H. Mann*).

A PLEA FOR FLIRTATION

In an age when the lowered eyelid is merely a sign of fatigue, the delicate game of flirtation is pining away. A man and a woman are either in love or just friends. I remember from earlier years a stimulating area between these extremes, in which the presence of sex in conversation could be a pleasure in itself, making a man feel more of a man and a woman more of a woman without requiring either mating or marriage. It could, in fact, be enjoyed by those happily married to others. Flirtation is merely an expression of considered desire coupled with an admission of its impracticability.

Travel used to be a magnificent field for flirtation. But the modern train can hardly be expected to service flirtation. Men use trains to catch up on work and buffet cars to catch up on drink. And what of the aeroplane? The male will avoid a seat next to a female at all costs. He thinks he will be talked at, and in a plane he is stuck for the duration.

When only the attributes of

physical youth are capable of arousing interest in a man, the value of a woman at any age lies undiscovered. But let me distribute blame equally for the decline of flirtation. Too many women either have no time to acknowledge the courtesies too few men pay them opening doors, offering seats, picking things up—or assume that they are passes to be repulsed. At parties, too few women accord the men they meet their whole attention. Their gaze wanders, or their conversation is a monologue directed largely at themselves. Many a woman is more concerned with how she looks than with the man who is looking at her.

The function of flirtation is to bring the illusion of intimacy to a public encounter. It is a graceful salute to sex, a small impermanent spark between a man and a woman not in need of fire. And it would make this impermanent life a lot more fun if more of us learned the art of keeping the spark alive and glowing.—(Marya Mannes in *Reader's Digest*, Feb. 1960).

On Books—(contd.)

Employ your time in improving yourself by other men's writings: so shall you come easily by that for which others have laboured so hard.—(Socrates, 468-399 B.C.).

To buy books only because they were published by an eminent printer, is much as if a man should buy clothes that did not fit him, only because made by some famous tailor.—(Pope).

During a long speech in the House of Commons, Winston Churchill dropped his head on his chest and closed his eyes. The Labour M.P. who was speaking protested that his Right Honourable Opponent, Mr. Churchill, was asleep. Lifting his head and blinking open his eyes, Churchill snapped, "I wish to God I were."—(Kay Halle in *Sir Winston's Humour*).

Fun and Frolic

An agricultural expert is a man who sits in an office and issues leaflets telling working-farmers that if they walk through bog-holes in thin shoes their feet will get wet.—(Dublin Opinion).

Entering the newly-opened shop, the commercial traveller exclaimed cheerfully: "Good morning, Mr. Smith! How's trade?"

"Not so good."

"I'm sorry to hear it."

"Yes," Mr. Smith went on, "when a laddie came into the shop yesterday and asked for an empty box, my assistant gave him the till."—(Le Rire, France).

The bright lad was watching a house painter at work. Presently he asked: "How many coats of paint do you give a door?"

"Two, my boy," was the reply.

"Then if you give it three coats," asked the lad, "would it be an overcoat?"

"No, my lad," retorted the painter grinning, "it would be a waste coat."—(Drum, Johannesburg).

A candid guide to the real meaning of modern business correspondence includes the following definitions:

"Under consideration": We have lost the file.

"Under active consideration": We are trying to find the file.

"For attention and necessary action please." It's up to you to get rid of it to somebody else.

"Let's get together on this." It's got me sunk. How about you?

"Implement the programme." Hire more staff and embroider the job.

"We are making exhaustive inquiries." You'll wait a long time for the answer to this one.

"Thank you for your further esteemed inquiry." We've had about enough of your troubles.—(Manchester Guardian).

The weaker sex is the stronger because of the weakness of the stronger sex for the weaker sex.—(Country Gentleman).

Some housewives go over their budgets carefully each month, others just go over them.—(P. J.).

A hospital room is a place where friends of the patient go to talk to other friends of the patient.—(Francis O. Walsh, in *Saturday Evening Post*).

In an English class, the professor was going into long minutes of oratory. As he was hammering his points home, he was disconcerted to see a disgusted expression on the face of one student. When he had finished his lecture the professor turned to the student and asked: "Do you have anything to add to what I've said?"

The quick-thinking student replied: "Oh, yes, sir. Class dismissed!"—(The Pointer).

I am assured that the following conversation, between a visiting American and an Eton master, took place in all solemnity.

American: "Do you allow your boys to smoke?"

Master: "I'm afraid not."

American: "Can they drink?"

Master: "Good gracious, no."

American: "What about dates?"

Master: "Certainly, as long as they don't eat too many."—(Arcturus in *The Sunday Times*).

Shorthand-typist to her boss: "Well, if you can't give me a rise, pay me the same money, only more often."—(Constellation, Paris).

Woman's viewpoint: To be happy with a man you must understand him a lot and love him a little; to be happy with a woman you must love her a lot and not try to understand her at all.—(Helen Rowland in *Home*).

Father to son: "These days, education is all-important. Either you have to go to university, or start your own business so that you can employ people who did."—(Bill Gold).

A Scotsman had been haggling and haggling with the train conductor about the price of his fare. Finally, disgusted, the conductor picked up the Scot's trunk and heaved it off the train just as they were crossing a bridge. The trunk landed with a huge splash in the river below.

"Mon," groaned the Scot, "first you try to rob me, and now you've drowned my poor wife."—(Scene).

In Hollywood, when a movie star tells a child a bedtime story, it usually goes like this: "Once upon a time, there was a Mama Bear, a Papa Bear, and a Baby Bear by a previous marriage..."—(Laugh).

The diner was seriously annoyed. "How long do I have to wait for that half-portion of duck?" he demanded. "Until somebody orders the other half," said the waiter. "We can't go out and kill half a duck."—(Town Talk).