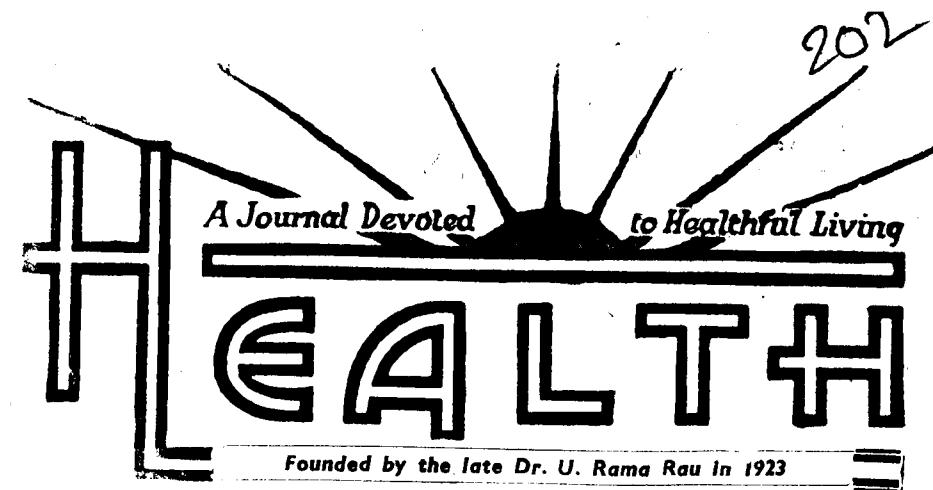




Published on the 15th of every month

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

OCTOBER, 1960

No. 10

NATIONAL CLEANLINESS DAY

(Observed on October 2nd 1960)

It was in the fitness of things that the National Cleanliness Day coincided with the birth anniversary of Mahatma Gandhi, a cleaner soul than whom never lived. From the Union Headquarters at New Delhi to the various States capitals and from there to the towns and remotest villages in this vast country, instructions were relayed to observe the National Cleanliness Day on the 2nd October 1960.

"Cleanliness" has traditionally been ranked to come "next only to Godliness," and so the national drive was designed to make the people cleanliness-conscious. There is no doubt that on that sacred day, public workers, officials and in fact all who are interested in social uplift bestirred them-

selves to publicize activities in the direction, which however, will obviously be very limited in space and time.

Civic and Government agencies were briefly in evidence and one would wish that the enthusiasm had not cooled down to previous levels. The observance of this important day, should be made a weekly event, at least for a few years, till our people became thoroughly educated and cleanliness-conscious all the time.

Rural areas are fast getting depleted of their inhabitants, who move steadily and increasingly into adjoining urban areas and millions have to live together; a higher standard of public sanitation and cleanliness becomes therefore, imperative.

158 771

It is a sad commentary that in spite of the rapid spread of education, there is no guarantee that people live in conformity with the codes of civic conduct and cleanliness; people spit and urinate where they like, cast litter and garbage in the main streets, with no thought to the deleterious consequences of such a rash unsocial act. Even where public conveniences are provided at fairly short distances the public prefer to use the edges of roads and unoccupied open spaces. A standard excuse, we hear, which has no doubt some validity, is that the public conveniences are not well-served owing to lack of water and attendants. The police in former days was a factor to reckon with as people were in a healthy apprehension of being hauled up for 'committing nuisance.' "That wholesome fear which would make for a clean city is not now there," said a distinguished local contemporary the other day, "and is perhaps a mark of the decline in the standard of national discipline. Complaints by conscientious citizens to municipalities and corporations are often turned down on the ground that the

violation of public health rules and regulations is on such a scale that nothing can be done without the assistance of the police. The police, as we all know, are busy with making a success of prohibition or tackling traffic problems."

Our slums are a national disgrace and as we have repeatedly urged in these columns the first and topmost priority should be accorded to their prompt eradication. It is equally necessary that "cleanliness-mindedness" and a consciousness that a sin is being committed when people fail to do their civic duties, should be developed and fostered in the people. It should be a systematic and sustained effort made from day to day. Our people who now enjoy the great privilege of adult franchise should know how important it is to shoulder civic responsibilities and not merely insist on having their rights. "Every right" it must be remembered "carries with it a responsibility" and let our people therefore, constantly bear in mind this great and basic truth which is at the bottom of all community life in a Welfare State.

Cracking the Joints

Q. My girl friend cracks her finger joints all time. Is there any way I can get her to stop?

A. About all you can do is tell your friend that if she continues this practice, she will eventually cause marked and permanent enlargement of those joints. Her fingers will be misshapen and she will not be able to wear rings. This might impress her, especially if she cracks the joints of the ring finger of her left hand. But there probably is some basic reason why your friend engages in this practice. It might be advisable for her to talk the matter over with her physician from this view-point.—(*Today's Health*, August 1960).

DO NOT NURSE YOUR GRIEVANCES

(Be a Good Sport)

ARDIS WHITMAN.

London

It was a snowy, moonlit night many years ago and I, a small, angry 15-year-old boy sat indoors, brooding gloomily. Outside, half a dozen teen-agers tobogganed on the hill, singing and shouting—and I had not been asked to join. Neither had a score of other 15-year-olds in our little town, but that was beside the point. They had not wanted me. Well, I'd show them! Wait till any of them asked me for help with their algebra! Wait till they wanted to skate on our pond!

Childish? Of course. But which of us has not behaved as childishly in adult life? Someone is promoted over us unfairly—or so we think; our husbands or wives or children don't appreciate us; someone we have "done so much for" proves ungrateful; we hear that a friend has spoken ill of us. So we lie awake at night, brooding.

In my files there is a letter from a friend who writes that she is forced to live with her brother and his wife. On page after page she relates the misdemeanours of her sister-in-law.

"I keep remembering," she says, "how she and my brother went away on a trip on my birthday and never even wished me a happy day."

there is the clue!

Psychiatrists say that the "remembering"—conscious or unconscious—of old grudges, humiliations, rejections, lies at the root of many of the difficulties which bring people to them for help. Men and women, are constantly trapped by this circle of self-defeat rising from buried hatreds. And look at the records of marriage and industrial counsellors—loaded with the sorry tales of resentments cherished and slights brooded over.

Why do we waste life so needlessly?

There might be some reason to bear a grudge if doing so solved any problem. *But it never does.* "We consume in hatred," said philosopher Edman, "such energy as might be devoted to the improvement of the circumstances which aroused our wrath."

Jerry Cacopardo, spent nearly 16 years in prison for a murder which had been committed by his own uncle. Surely if ever there was an excuse for bitterness this was it. Yet, Jerry Cacopardo emerged from prison at 43 to enter divinity school so that he might go back to other men behind prison-bars as a chaplain and friend.

Whatever our reason, bitterness is never worth it. Much that is lovely in life is destroyed by the insults we cherish, the old wounds we keep open, the humiliations we hug to ourselves. The sun shines, but not for us. Music touches our ears but not our hearts. Shackled to our own woes, we cannot even rejoice in someone else's good fortune.

Indeed bitterness can affect our lives as though it had poisoned the blood stream, the cells, the tissues.

Resentful people frequently suffer from headaches, indigestion, insomnia, acute fatigue. One medical survey shows that such people are admitted to hospitals more often than are those of happier disposition. Tests reveal that heart patients are often not only hard workers, but are resentful of their hard work; that nothing is more likely to cause high blood-pressure than fierce resentment boiling under a seemingly calm exterior; an ulcer patient's stomach-acid count has been known to double at the mere mention of a hateful subject!

Bitterness may even cause accidents. Traffic experts say, "Never drive when you're angry." Women who brood over their husbands' lack of understanding have more house-hold accidents than those who don't. Factory studies reveal that resentment against bosses is one of the big reasons for sloppy production, inefficiency, industrial mishaps.

On the other hand, as surely as hate and bitterness destroy, love and compassion invigorate. "Magnanimity is medicine," said an eminent physician well versed also in psychotherapy. "Good-will, even towards the ungrateful and hostile, is an indispensable element of emotional health...."

The first step in overcoming feelings of resentment is to locate their source. Nine times out of ten, if we are honest, we

will discover that the source is very close to home. It is human nature to overlook our own failures and weaknesses; whenever we can we transmute them into resentment or blame of others." Psychologists tell us that there are no really innocent victims.

"It is curious," said Somerset Maugham, "that our own offences should seem so much less heinous than the offences of others. I suppose the reason is that we know all the circumstances that have attended them and so manage to excuse in ourselves what we cannot excuse in others."

Once we have found the source of our bitterness, and done our best to cope with it, the next thing to do is—forget it. But how rare and wise is the art of forgetting! An American couple whose son had been killed in the Pacific during the last war loved him so much that they refused to let any bitterness spoil their memory of him. Instead, at the end of the war, they brought over a young Japanese soldier and educated him in an American college, using the money from their son's GI insurance to set up a scholarship. This was their interpretation of their son's wish that the money be used to further *international* understanding.

The wise do not merely drain away old grudges; they constantly refill the pool of their lives with new dreams and new enthusiasms. According to psychologists, we cannot hold two powerful emotions at the same time. So it's impossible to love and feel bitter at once. Since

bitterness is largely self-centredness, the best way to forget ourselves is in helping others.

In helping others, we find that there is more goodwill than ill will in the world. Studies at Harvard show that a genuinely friendly approach to another person calls forth a friendly response most of the time; an aggressive approach is responded to aggressively in about the same proportion. "Thus," says Dr. Pitirim Sorokin, who heads the research, "the age-old observation that *love generates love*

and hate generates hate is essentially correct."

When we are bitter, we need to remember this. Too often we are afraid that having once been hurt we will be hurt again. So we thrust people from us. This is wrong.

A man I know spoke to a friend about a mutual acquaintance who was "unlucky." "No," said the friend, "it's not a matter of luck. It's just that a closed hand can't receive."—(*Family Herald*).

Ageing is Part of Life

C. W. SELLERS, M.D., *Michigan*

AGEING always has been such a natural and inevitable part of life for all human beings that few persons have paid particular attention to it as a process or to the ageing persons as having unique problems, until recent times.

Illness always has been slightly more prevalent among older persons but physicians look after such individuals when they are ill regardless of their age and without making an issue of ageing. There are no diseases or circumstances peculiar to ageing alone. Anyone can be without health and strength or friends and finances at any age.

Since the advent of social service activities and the entry of what might be called political expediencies into the field of social inquiry and planning, there has been more concern about

ageing. Numerous "do-good" programmes have arisen.

Perhaps it is a new area for exploitation. The ageing citizens may have become such a large segment of the voting population that *even* the politicians are beginning to notice them! The politicians are sensitive about there being occasional cases of hardship and are quick to exploit them by proposing a Governmental panacea to be administered to all when only a few are in need.

The idea that a person should retire from active work when he reaches sixty-five years of age (*55 in India*) and thereafter live in complete idleness is a great fallacy. Subsisting on pensions derived from funds provided by employers or the Federal Government may be a way of life but it does not have the historic

sanction that work has and it is not in the best interests of the workmen.

Probably primitive man worked at the time of the chase and battle but did not work very hard during the intervals. Modern man has become adjusted to work and modern economics demand it of him.

The maintenance of independence generally requires an income-producing occupation.

The person who retires to a life of idleness and does nothing is soon disappointed and his remaining years are less satisfying, often not satisfying at all.

Many retired individuals are compelled to undertake new or different work after being forced out of previous employment. The work often is more strenuous than that done with such familiarity before retirement. Generally there is substantially less remuneration for almost any employment secured after sixty-five years (55 in India) of age. The exceptions are noteworthy.

Every man with a well-developed social consciousness assumes some responsibility toward other persons and must lend his efforts in trying to develop a more mature attitude toward persons in their later years.

In reality, the problems attributed to ageing have been overstated and the experience, skill and mature judgement of such persons have been undervalued.

A great many old timers continue in good health and to func-

tion rather well far into later life.

[NOTE.—The top-ranking statesmen and administrators in almost all countries of the world, India particularly are nearly all of them nearer (or past) 70 than 60 years of age; and still they feel they are functioning efficiently and keeping healthy and active. —ED. HEALTH].

A majority of them manage their own affairs in a satisfactory manner or have them handled within their own families. A minority may develop certain problems of health and finances or how to make the most of their assets. Inflation tends to make this a little difficult at present.

Ageing persons should have the privilege of thinking and acting for themselves for the majority of them are quite capable and may resent interference. The vital processes remaining after a lifetime of competition with environment and the surviving memories, habits, ideas and precepts make up a rich storehouse for old age.

There are various attitudes toward ageing. Negative concepts are to be avoided. Ageing persons should expect to maintain passable health and to avoid becoming wards of a paternalistic Government in old age.

The road back from the welfare state to individual and family responsibility may be long and rough but it is the most satisfying and will make ageing a respected and integrated part of life.—(Editorial 787, *J. Michigan St. Med. Soc.*, 1960).

SCIENCE EXPLORES The Secrets of Time

(In a Series of Questions and Answers)

JOHN E. GIBSON, U.S.A.

Q. What makes time go fast or slow for a person?

A. The time you really feel and live by is not measured by the clock on the wall or the calendar on your desk. It's measured by a "mental clock" in the time-sense centres of the brain. How fast or slow this clock runs is affected by a number of things—including your body temperature, your metabolism, and your emotions.

Many people's mental timepieces run faster than clock time. For these persons, time seems to drag on. Others have mental clocks which continually run slow. When they look at their wristwatch they're likely to exclaim "Why how late it is—I had no idea!" or "How time flies! I simply can't keep up with it."

Q. Are there some people whose mental clocks keep perfect time?

A. Studies conducted at Agnes Scott College have shown that some people have a time sense which functions with a fair degree of accuracy a good percentage of the time. But in most cases, human clocks tend to run slow at one time, and fast at another.

Q. How does temperature affect the passage of time?

A. Research at Clark University has shown that time passes

much more slowly when you're overheated, and more swiftly when you're cold. When you have a high fever, experiments showed, time appears to pass so slowly that a few minutes may seem like hours.

In France, Prof. Marcel Francois made the same discovery: that time passes slower and slower for us as our body temperature climbs, and speeds faster and faster as the temperature falls. In Austria, studies have proved that the same principle holds true *even for bees and ants*. In laboratory experiments, the ants and bees were taught to come for food at a specific time. Then, by varying the room temperature, the insects were made to believe that dinner-time was arriving sooner or later than the actual time.

Q. How does your state of mind affect your time sense?

A. Depression or anxiety makes time appear to pass much more slowly than it actually does. And when you've really got the blues—when depression is extreme—time passes so slowly that it may scarcely appear to move at all.

Q. Does time tend to pass more swiftly for you as you grow older?

A. Yes. Veterans Administration Mental Hygiene Clinic Studies, as well as researches conducted elsewhere, have shown that your age has a definite bearing on how fast or how slow your mental clock ticks off the hours and minutes. Time passes slowest for us when we are young, goes by faster as age increases. Other scientific studies have shown, for example, that

time goes by, five times as fast for a man in his 60's as it does for child in his early teens.

Q. Does time go by quicker for women than for men?

A. Yes. Experiments conducted at Arizona State Teachers' College show that time passes more swiftly for the average woman than it does for the average man.

Q. Does coffee affect your time sense?

A. Studies at the psychological laboratory of the University of Graz, Austria, where clinicians tested individuals from all walks of life, showed that beverages which contain caffeine—such as coffee—have a direct effect on your time sense. Findings showed conclusively that caffeine makes time appear to pass appreciably quicker—and continues to do so until its effect is completely worn off. If you've wondered why it's so easy for you to linger longer than you intended over a cup of coffee—that's one reason. Caffeine simply telescopes the minutes, makes them seem to slip by faster.

Q. What can we do to regulate how fast time passes for us?

A. Science has found that we can do several things. For example:—

(1) If time tends to drag, you can speed it up simply by cultivating a more cheerful and optimistic attitude toward things in general. The more gloomy, depressed, or pessimistic a person's outlook, the slower time tends to pass for him. And the same principle works in reverse.

2. If time goes by slowly for you at the office—if five o'clock seems as though it will never come—there's a good chance you are spending too much time at the water-cooler, or thinking up ways to avoid work. University of Washington studies show that for the average office worker time zips by almost one-third again as fast when he's busy as when he's gold-bricking. Another tip to office workers: Coffee or tea during rest periods will make quitting time seem to roll around more quickly.—(*Today's Health*, Aug. 1960).

Reactions of Adults to Sexual Activities of Children

The severity with which sexual behaviour among children is often regarded by members of the adult population is due to the internal guilt and anxiety, much of it unconscious, that most members of the adult community bear within themselves; and it is related, therefore, in no small measure to their own rather than their children's sexual conflicts. It is largely for this same reason that adults, whether parents or educators, have so often felt inadequate to giving to children the help they need in handling their problems. Nevertheless there are, allied in this field today, many enlightened family doctors, juvenile magistrates, probation officers, leaders in the youth service, marriage counsellors, and parents, and it is becoming increasingly common for dispassionate and understanding attitudes to prevail when sexual misdemeanours come to notice.—(D. T. MacLay, M.D., *Boys Who Commit Sexual Misdemeanours*, *British Medical Journal*, Jan. 16, 1960).

Social Reasons for Confinements to be had At Home

IN their summary of conclusions and recommendations the Cranbrook Committee of the British Ministry of Health stated: "The local health authority is the appropriate authority to determine whether social reasons make a home-confinement undesirable and they should always be consulted by hospital authorities before a decision is made to book a patient solely on social grounds." In one large, industrial county-borough near London, in round figures, 1,500 births take place in hospital each year. Yet in the past 10 years the medical officer of health is unable to quote a single occasion on which a maternity hospital in the area has enquired of him the need for admission of a particular case on social grounds; and this in spite of advices from the Ministry of Health and memoranda from the Regional Hospital Board to the staffs concerned.

Our researches make it clear that one out of three women who ask for hospital confinement on social grounds could, and with a little persuasion and encouragement from the midwife or health visitor, usually does have her baby at home quite safely.

It is not illogical to assume that the same proportion of women delivered in hospital, admitted on social grounds, should be safely delivered at home. Let us face the facts. The hospitals are loath to consult

with local authority staffs, whether by reason of *laissez-faire*, or frank autocratic revulsion to seek the help of anyone outside the confines of a hospital.

Quite apart from the belief, firmly held by many informed persons, that on psychological grounds the home is the best place for the confinement, the hospitals perpetuate an "upon the King" attitude, only here of course it is "upon the State" in actively encouraging married couples to shelve their responsibilities in childbirth at the expense of the State.

It is futile to avow that the hospital almoner makes the decision after enquiry and investigation. As already stated, at least in one area, no enquiry is ever made of the medical officer of health to elucidate social need of hospitalization, and one may assume this is the pattern of events in many other areas. The hospital almoner has a variety of important functions to fulfil within the hospital, but let it be admitted, she is no field-worker and cannot verify the information submitted and required to make the correct decision in home or hospital confinement cases, without the aid of "field staff."

The health visitor here is the key-stone in the arch of integration. Her proper employment can save many working hours of the almoner's valuable time and free a number of hospital beds which could be more usefully deployed to reduce the waiting lists for other specialties.

We are not entering the lists here, to break a lance in the combat, hospital *versus* home

confinement. For the moment let us accept the unassailable compromise, both on occasion as more desirable. But, let us at least agree to use the available services by integrating as far as possible the work of local authority and hospital staffs, in the best interests of the hospitals, the community and the expectant mothers themselves. — (*Mother and Child*, March 1960).

Heat Prostration (Heat-Stroke): First Aid

CARL J. POTTHOFF, M.D.

OVER-EXPOSURE to heat, whether indoors or out, may result in prostration. In heat exhaustion the body temperature and pulse are approximately normal or only slightly elevated; the skin is clammy. Mild cases occur during such experiences as playing golf in the hot sun. Fatigue, headache, and nausea are common symptoms. Cramps may develop in the leg or abdominal muscles.

Heat-stroke is less common in U.S.A. and is exceedingly serious, causing more deaths than many well-known infectious diseases. The temperature is high (often well above 104°F), the pulse full and fast, the skin dry. Heat stroke is more likely than heat exhaustion to lead to unconsciousness.

Salt depletion sometimes plays a part in heat prostration, especially in severe cases of heat exhaustion following strenuous, unaccustomed activity in a hot environment. Elderly people, alcoholics, and those having certain vascular diseases are more susceptible to heat prostration than young adults.

Preventive measures include

reducing activity when newly-exposed to a hot environment; wearing loose, lightweight clothing; taking cool baths; increasing water intake even beyond the dictates of thirst unless contradicted by disease; abstaining from alcohol, and providing for good indoor air movement. It may be especially worth while to administer cool spongings judiciously to susceptible people, such as the elderly, during hot spells. If sweating is profuse, a half teaspoon of salt in water several times a day will prevent salt depletion. People on salt-restricted diets should obtain medical advice concerning preventive measures against heat prostration.

In heat-stroke, cool the victim by sponging the head and body for 10 or 15 minutes. Meanwhile, obtain medical advice at once because this condition threatens life. If medical advice is not quickly available, reduce the temperature gradually to tolerable limits. Give no stimulants. If the victim is conscious, give water repeatedly in half-glass doses.—(*Today's Health*, August 1960).

ACHES, PAINS AND MUSCLE STRAINS

Tenosynovitis affects the tendons and muscles of the forearm and needs careful attention

DO-IT-YOURSELF is splendid, as long as you can avoid doing anything to yourself. Brown, who had undertaken to paint his house from top to bottom, had to knock off half-way down the stairs and came to me in distress. "I don't seem able to use my right hand at all, doctor. It hurts all up to the elbow."

His forearm looked a little puffy. Running my fingers gently up it, I felt a sort of creaking sensation. Pressure on the long forearm muscles made him wince. I asked him to grip my hand, but he could only do it feebly. He had *tenosynovitis*.

The forearm muscles start at the elbow, and finish in long tendons which work the wrist and the fingers. These tendons slide through sheaths containing a trace of lubricating fluid. Repeated working of the same group of muscles leads to irritation of the tendon sheath, which pours out more fluid in self-defence. As the sheath can't enlarge, the muscles work against bigger and bigger resistance till they get painful and comparatively useless.

So tenosynovitis, inflammation of the synovial lining of a tendon sheath, is brought on by just flogging one group of muscles till they pass out. Using a paint brush or a hammer, beating a carpet, tightening up nuts with

the same old spanner, or even knitting too much, will bring on this disability.

It is best to stop that particular activity as soon as trouble starts. Because if you let it get really bad it takes some time to get well. It is only the repetition of one activity that is doing it, and a change to some other method may be enough. For example, use a roller instead of a paint brush. Or use an implement with a much thicker handle, so as to alter your grip.

Putting the arm in a sling for a couple of days may restore it to normal, but quicker results are usually obtained from massage and heat.

If you are foolish enough to persist in spite of the pain, in order to get the job done, you may get chronic tenosynovitis, which is very difficult to cure quickly. The trouble then is that the sheath gets stuck to the tendon with adhesions and won't slide. A manipulation under gas may break the adhesions down, and massage and exercises following this put things right again.

Occasionally, when a man's job involves repetition movements of this sort, the trouble keeps recurring. It may not be too easy to get another job. If physiotherapy does not cure it surgical interference is necessary.

Repetition:—While tenosynovitis is brought on by repetition movements, muscle strain is caused by a sudden jerk against resistance. This can result in a few muscle fibres being torn, or, at worst, a complete rupture across the muscle. Common places for muscle strain are at

the shoulder, from a sudden jerk of the biceps in the arm, and in the Achilles tendon at the heel from a jerk of the calf muscle. Muscle rupture can take place in any big muscle, the biceps, the calf, or the large muscle in front of the thigh.

In the minor degrees of muscle strain, there is a little bleeding round the torn fibres. This makes contraction too painful and the muscle becomes temporarily useless. When there is complete rupture of a muscle, the torn halves contract away from each other, producing two swellings with a gap in between them.

If nothing is done, a scar will eventually form at the site of the tear, the scar will contract and join the pieces together again. But the scar itself cannot contract and relax as a muscle should. The object in treating these injuries is to limit the amount of scarring and restore the efficiency of the muscle.

When there has been a really big tear, it may be best to operate and stitch the muscle together again. This applies to tears of the large thigh muscle and of the Achilles tendon, because they have to bear quite big strains in everyday use.

Minor strains are treated by the physiotherapist with heat, massage, and diathermy, but the victim's own co-operation is essential. He must do graduated exercises, have hot baths and poultices, and apply his splints and bandages between times to rest the limb.

In "contrast bathing," the injured limb is placed alternately in hot and cold water, a minute in each, finishing with hot. This acts as a great stimulus to the circulation, which carries away small clots and other debris from the injured place.

Muscle strains are particularly liable to happen to people who indulge in strenuous sport in cold weather without getting properly warmed up first. Chilly muscles are slow to relax and so apt to tear instead.

There is the tennis player or sprinter suddenly knocked out as if he had been hit in the calf with a sledge hammer. He has the calf firmly bandaged and the heel of the shoe raised. Then he walks on it to prevent its getting stiff.

The fast bowler, with his final impetus to the ball, strains the muscle under his instep and can run no more. This is a difficult strain to cure, but gets well in time, with injections of procaine, and sponge rubber pads under heel and instep.

The way to avoid things like tenosynovitis and muscle strains is to be careful about heavy muscular work while feeling chilly. To take on new activities gradually and not try to compete with those who are accustomed to them. Warm up and limber up before any exertion. And do avoid if you can too much repetition for too long of any one particular muscular movement. —(*Family Doctor*, London, June 1960).

POSITIVE THINKING

*Don't Miss the Best Thing
in Life*

NORMAN VINCENT PEALE

It's been some time since I've heard anyone whistling a tune in the street. And this isn't just my own observation. A friend of mine, a magazine editor, mentioned it the other day. He remembers his childhood as a time when people seemed to know how to get more fun out of life than they do today.

Why is this? If it is true of you, what can you do to bring the want-to-whistle back into your attitude to life? What can you do to gain the natural, unaffected joy that comes from deep inside?

Your physical condition has a lot to do with your ability to enjoy life. Proper exercise and proper rest are essential ingredients of joyful emotions. When you feel right, your appreciation of everything expands. Dr. Henry Link, the psychologist, would never see a patient who was depressed without first prescribing a brisk walk. "This will exercise the motor centres of the brain," Dr. Link would say, "and the blood will flow away from the emotional-activity centres. When you come back, you will be much more receptive to positive thoughts."

So, the first step in attaining this wonderful sense of the deep fun of life is to treat your body right. The second step is to think right. The positive thinker

trains himself in the attitude of joy. He expects it, and he finds it. A good friend of mine says, "I have made it a habit to expect a pleasant surprise each day, and it has seldom failed to come to pass."

Those who look forward, expecting to see great things, are going to be happy. A Roman philosopher said, "No man is happy who does not think himself so." If the mind is filled with hate or selfishness, the clear light of joy cannot filter through. It is extremely important to clean up sins and errors; then forget them and go forward. "Forgetting those things which are behind, and reaching forth unto those things which are before" (Philippians 3:13). This is to be wise.

Popular philosopher Elbert Hubbard said, "Be pleasant until ten o'clock in the morning and the rest of the day will take care of itself." Henry David Thoreau used to give himself good news first thing in the morning. He would tell himself how lucky he was to have been born. If he hadn't been born he would never have known the crunch of snow underfoot, or the gleam of starlight; he'd never have smelt the fragrance of a wood fire or have seen the love light in human eyes. He started off each day with thanks-giving.

Giving to others is another joy producer. This may mean giving money or time or interest or advice anything you take out of you and transfer to others, helpfully.

I recall a young businessman who was extremely ambitious. He gave to his job all he had.

As a result, he developed tension and anxiety symptoms, partly because he feared he couldn't sustain the fast, competitive pace he had set for himself—a pathetic reaction often experienced by those who “get ahead.”

“Why don't I get fun out of life any more?” he asked me.

We sought the usual causes of unhappiness. We looked into his participation, or lack of it, in activities which would not “get him something.”

“You're not giving a thing to anyone except your family,” I said.

The church he attended got a token amount each week from him—about a twentieth of what he should have been giving on his income. He gave to charities just as little as he could get away with. Of time and thought to help others, he gave nothing at all.

“No wonder there's no fun in life for you,” I said. “You've stopped the creative process. You're run down because everything has been coming in and nothing going out. You're like the Dead Sea, inlets but no outlets, and that means mental and spiritual stagnation.”

We gave him this plan:

First, he was to increase his giving to the Lord's work to ten per cent of his income.

He was to look outside his family and friends for someone who needed help, someone who might never be able to help him in return. The help might be money, or advice, or just friendly interest.

He was to stop rushing long enough to give himself to people—a few leisurely words with those who were part of his daily life: the policeman on the corner, the news-paper boy, the lift man, his own wife and children.

He was to offer to help in some of the church's financial problems. More, he was to offer to call on a few people to carry the helpful ministry of the church to them—people in hospital, for example.

“That sounds time-consuming,” he complained.

“That's exactly right,” I said. “You must learn to give, not only money and good will, but time for the benefit of others. The result will be more than worth it! You'll get back your old sense of fun.”

He followed the plan; he became active in his community. The tension and anxiety subsided.

Still another element in the joy-in-living formula is to know that you are able to meet and overcome the hardships, sorrows and trying circumstances of everyday life.

On a plane a man said to me: “I was the world's worst self-defeating person. I blamed everyone for my failures—even the government. But I knew who was my worst enemy—myself.”

Then he described a series of defeats and disappointments sufficient to take the heart out of any man.

“At first I shied off your philosophy because I didn't go

for the religious approach. I noticed that you urged your readers to read and apply the Bible to problems. Frankly, I hadn't opened a Bible for years. But finally I started reading.

“I was reading the 84th Psalm and the eleventh verse struck me: ‘No good thing will He withhold from them that walk uprightly.’ ‘Walk uprightly’—what did that mean? I should stand up like a man and stop moaning and being sorry for myself. *Uprightly!* Stand up to things—that was what I should be doing! And I got the idea that if I did that, God wouldn't hold back any good thing. I saw that *uprightly meant no double dealing.* I decided I'd straighten some things out, with God's help.

“I now see why you tie religion and practical psychology together. Religion makes it *work.*”

Who wants to live with joy? Who wants to feel like whistling in the street again? Pray many times a day. Soak the mind with Bible passages. See how many good thoughts you can think about people. Get outside yourself. Give of yourself to someone else; give of your resources to good causes.

It is not easy. It takes self-discipline. But there is no need for you to be unhappy. Simply do a rehabilitation job on your thoughts. Try spiritual living, really *try* it. You will discover for yourself that there's a lot of fun in life.—(*Results of Positive Thinking* by Norman Vincent Peale).

Putting Tow-Year-Olds to Sleep at Night

Almost all young children go through a period when they will fight or refuse sleep, just as many have similar periods of food refusal. Although usually of minor importance, this refusal may sometimes become a major problem. Much depends on parental attitude. If parents show concern, distress, or inability to follow through firmly in the management of the situation, the child is likely to seize upon it as a means of getting attention. Every child likes the limelight, and when he finds that struggling and crying make him the centre of attraction he is apt to repeat the performance.

It is not possible to offer any dogmatic set of rules for solving this problem. Parents will do well to analyze the situation, seeking out possible mistakes in their conduct. It is always vital for parents to present a united front to the child. If a child has come to dominate the family, this situation must be firmly but kindly corrected.

It may be advisable to have the child examined carefully by the family physician to make sure his general condition is normal. Some type of sedation may be advisable in extreme situations, but only your physician can decide about this.—(*Today's Health*, August, 1960).

Recent Treatment of Coronary Thrombosis

The most recent one is medical. With new cineradiological techniques the coronary arteries are visualized and the blood-clots located. Then a sound is placed in the artery, and the clot itself is injected with *fibrinolysin*, which is a natural constituent of blood plasma. It dissolves the clot in the early stages of its formation.—(*World Health*).

THE GOLDEN AGE

MONTAIGNE said, "About most things you can say there is no such thing," and this saying is undoubtedly applicable to the Golden Age. The reason for this illusion is, as Schopenhauer so wisely remarked in *The world as Will and Idea*, "Memories in the form of lost paradises are because fancy recalls only what was objective, and we erroneously imagine that that object stood before us fine and undisturbed by any relation to the will, as the image does now; in reality, the relation to the object gave us pain then as now. It is the will-less perception that lends glamour over the past, presenting it in a light of self-deception."

Undoubtedly, the pleasantest age to have lived in apart from the eighteenth century, was the age of the Stoic philosophers. Seneca, Epictetus, Epicurus, Diogenes, etc., were all Nature Curists to a man. They taught that the *summum bonum* was to live according to Nature; they also considered the highest good to be a state of ataraxy—a happy state of freedom from disturbance of mind, or passion—stoical indifference.

Buddha was also a Nature Curist. He taught life in the open air; moderation and selection in food; precaution against all intoxicants, similarly pre-

caution against all emotions which create bile or heat the blood; no anxiety for self or for others. He devised notions which either give repose or gaiety. He devised means to disaccustom one's self from others. He understood goodness and benignity as health-promoting. No categorical imperative, no compulsion. He did not require a struggle against those who think differently. Cheerfulness, tranquillity, and non-desire are the goal.

Buddhism, like Nature Cure, has its focus in the enlightened minority.

Apparently Messrs. Charles Denning and F. B. Hobbs (*Readers' Letters*, March, 1960) are unaware that floods are caused by one thing and one thing alone—deforestation. A "safe" forest cover is considered to be 30 per cent. England is down to around 4 per cent, and China 6 per cent. In America, where they are cutting down trees twice as fast as they are planting them, there will inevitably one day be a tragedy. 24 acres of forest are required for a Sunday edition of a New York newspaper. Mr. St. Barbe Baker, the Founder of the "Men of the Trees", and a world-renowned forestry expert, voices the opinion in his book *Green Glory*, that because of deforestation only the coast towns of America will be habitable within fifty years.—Joseph H. Benjamin, (Country Sligo, Eire).

Medicine is the most noble and most humane of all professions. Doctors have a right to want to see the atom harnessed by man serves well in the fight for human welfare and happiness.

DROPSY

(Fluid Retention)

WILFRED BENSON, M.D.

The cells of your body are bathed in a fluid almost as salty as sea water. In many different conditions the balance of salt and water is disturbed and puffy swollen ankles or some other kind of dropsy may result.

FLUID retention is a new name for what is sometimes known as oedema or dropsy. It is a better name than either of them because it tells us quite clearly that fluid is being retained in the body. But it is only a new name. People have been talking about puffy ankles and puffy faces and dropsy for many years.

A healthy person can drink any amount of fluid and eat any amount of salt without risking fluid retention. This is because the kidney is extremely sensitive to any increase in water or salt in the body and deals with these changes by increasing the flow of urine. Anyone who has drunk more than a pint of fluid in one go doesn't need to be told about this. But it may not be so generally known that the kidney responds in the same, but rather slower way, to the amount of salt eaten.

Why should salt be brought into a discussion of fluid retention? Because the body tissues are bathed in a fluid which is almost as salty as sea water. Some of this fluid is within the

blood vessels, but most of it lies outside, surrounding all the cells of the body.

Too much salt:—An increase in the concentration of salt in this fluid would disturb the essential work of these cells. The body does all it can to prevent this, by passing out any excess of salt through the urine and by dilution of any remaining salt with water.

If the body is unable for any reason to rid itself of salt, then fluid will be retained, so as to keep the normal concentration of salt in the body fluids. This means the body weight will increase, and puffiness of the ankles, the lower back, and sometimes the face will develop. It is very unusual for there to be any serious disturbance in water excretion in disease. Changes in salt excretion are really much more important in causing fluid retention.

When and why is salt retained in the body with salt retention leading to fluid retention? This happens in one of the most common kinds of heart failure, congestive cardiac failure, and it happens also with some diseases of the kidney. It happens if for any reason the quantity of protein circulating in the blood stream should fall, for then fluids cannot so easily be held within the blood stream and it passes out to increase and swell the fluid lying between the body cells.

Such a fall in blood protein may occur because too little protein is taken in the diet, and this is an explanation of the fluid retention which developed in some semistarved prisoners of

war in the Far East. It may occur if not enough of the right protein is being made in the body, as in certain liver diseases, when protein leaks out in large quantities in the urine instead of being held in the blood stream.

Salt-retention, and therefore fluid retention, may also occur if certain hormones such as cortisone, testosterone, or oestrogen, are given in large doses. It is believed that the salt retention which occurs in heart failure and in certain other conditions may be brought about in part by changes in the body's own production of hormones, such as cortisone from the adrenal gland.

Fluid retention also occurs in what is called premenstrual tension, when there is a change in the balance of the main sex hormones, oestrogen and progesterone. Some women with this condition put on as much as four pounds or so in the week before a period, and lose it just as rapidly once the period starts.

Finally, there is a special form of fluid retention which occurs when a vein becomes blocked by a clot of blood. In this circumstance the pressure of blood behind the clot increases and the fluid is forced out of the blood vessels into the tissues. This thrombosis generally occurs in a single blood vessel so that the swelling is confined to one limb. But just occasionally it may occur in several vessels or in the larger veins of the abdomen, and then both legs may become swollen.

Now that the reasons for fluid retention are better understood,

it has become easier to understand how older forms of treatment work and to devise new forms of treatment. If salt is being retained, the amount of salt in the diet should be cut down. Often not adding extra salt to food is enough, but sometimes you have to go farther, and forbid the use of salt in cooking and advise the use of salt-free bread and so forth.

A group of drugs, known as diuretics, may be used to encourage the kidney to rid the body of salt and water. With these drugs and with some degree of salt restriction it is usually possible to hold the fluid retention in check. Sometimes more can be done to get to the root of the trouble and to clear it up altogether.

Too little protein:—If the amount of protein in the blood is decreased, for whatever reason, a diet rich in protein will help. If the heart is failing, rest and cardiac tonic such as digitalis may be given. If a blood vessel is blocked by a clot it may be possible to clear the clot, and to prevent other clots forming, by the use of anti-coagulant drugs. The affected limb may be raised, and strapped with tight bandages from below upwards to prevent fluid from passing out of the vein.

There are now so many forms of treatment for fluid retention that there can be few patients who will not be helped in some way. If fluid retention develops, your own doctor should be consulted, so that the cause may be found and the most effective

treatment given as soon as possible.

It is never sensible to struggle on and hope for the best with puffy ankles, or puffy eyelids, or indeed any kind of dropsy or oedema. There must be a cause for it and the cause needs to be found out and then sorted out.

But it is worth remembering that fluid retention is not so frightening or even so new as it sounds. It may not be an easy mechanism to understand at first, but if salt-free or low-salt diets are ordered for you, it is worth knowing the various reasons why.—(*Family Doctor*, June 1960).

Coronary Thrombosis in Business Executives

STRESS, coronary thrombosis and the business man's way of life are all popular topics of conversation and consideration in lay and medical circles at the present time. Unfortunately all three themes are so charged with emotion, and so confused are the attempts at rationalization, that any effort at constructive synthesis tends to become either irrelevant or personal reminiscence.

It is a biological fact worth emphasizing that the chain of cause and effect in any disease condition or behaviour pattern is usually made up of different sized and shaped links which behave differently under varying conditions. Thus, in all today's unsolved problems—rheumatism, peptic ulcer, hypertension, coronary thrombosis—there are several links in the chain, including the personality of the individual, which largely determine both cause and effect. In coronary thrombosis, for instance, apart from personal and genetic factors, possibilities such as the animal fat content of the diet, blood cholesterol, obesity, alcohol

and tobacco consumption, exercise, blood pressure, steroid hormones and, of course, stress, all appear to have their emotionally committed and devoted supporters.

What is not generally realized or emphasized is that the business man, because of his life and habits, is the one person in whom all these factors could operate maximally. The executive tends to be stressed, overworked and run down. He is, on the whole, far too sedentary, takes in far more proteins and calories than he needs and consequently tends to be overweight. Additionally, he is in a group which probably has the highest individual consumption of alcohol and tobacco.

If this synthesis is adopted as a working hypothesis, it follows that the incidence of coronary thrombosis is high not from a single cause, but because as a group they lead the kind of life which results in the maximum impact of most of the known causative factors. Whatever may be the mechanism by which thrombosis of these particular

vessels is mediated and it must presumably be something which affects, entirely locally, vessel wall and blood coagulability—the mechanism in the business executive group would seem to be under extreme stimulation. Another advantage of this thesis is that it additionally provides a framework for a preventive programme which, in fact, if it succeeded in appreciably lowering the incidence of coronary thrombosis, would prove or disprove the whole thesis. In this respect it should be emphasized that stress is only one of several conditions that may contribute to coronary thrombosis.

The mechanism by which failure to adapt successfully—and this is the basis of a stress condition—can cause a seemingly organic upset like migraine, an asthmatic attack, dysmenorrhœa or a peptic ulcer, has not yet been successfully explained. But that emotional conditions can influence behaviour is amply demonstrated by blushing, Hambling's demonstration of the emotional control of blood pressure (1955), the delayed onset of menstruation, and alopecia. It is thus presumably reasonable to assume that stress *could* play a part in the so-called stress conditions, which have so far defied ætiological explanation on other grounds.

It is further worth noting that stress, or psychosomatically generated tension, often seems to manifest itself by local spasm in one system. In this way asthma, migraine, dysmenor-

rhœa and abdominal pain in children are all characterized by spasm. It is not beyond the bounds of probability that stress could act similarly on the coronary vessels. If these are already diseased in the flabby heart of an obese individual whose intake of alcohol and nicotine is high, whose blood pressure is raised, and whose blood is on the verge of clotting, it is not difficult to see how thrombosis might occur.

Another point about stress (and its determinants, personality and behaviour) which receives far too little emphasis, is that it is intimately linked with, and in fact controls, other seemingly thrombogenic factors such as smoking, drinking, weight and exercise. This is, of course, a further strong argument in favour of not trying to isolate the factors individually, but to consider *the man and his way of life as a totality*. If, for example, stress is linked in this way with smoking and drinking, it makes a psychosomatic explanation of the problem more reasonable. It also supports the prophylactic suggestion that the best line of attack may well be the group's whole way of life or behaviour pattern.

The more difficult problem about stress is to explain why, in a given individual, it takes one form and not another: *i.e.* why coronary thrombosis and not migraine or peptic ulcer?

The supposition that stress might act in this way by causing local spasm, is given support by a recent private communication from an ophthalmologist

Green, 1959). With special raining the state or deterioration of the cardiovascular system can be accurately assessed by etinoscopy.

Further support for this contention is given by Yater and his colleagues in their description of the hearts of about 450 men between the ages of 18 and 49, dying of coronary thrombosis. The disease was found to be confined entirely to the coronary vessels. These authors also make the point that, although the final blocking or thrombosis

of the vessel is a precise event, this only happens to a diseased vessel. Thus, attempts to relate thrombosis to a single episode in a patient's life are relatively meaningless when the major factor is not the actual thrombosis but the continuum of pathological events leading up to it.

It is clearly important to determine the time relations of these events and also the extent to which they are reversible or when irretrievable harm has been done.—(*The Practitioner*, June 1960).

Progress and the Patient

It is paradoxical that all our dealings in fields of health care are intended ultimately for the patient, yet he often gets lost in the shuffle. There are two factors here.

First, because of specialization, because of hurry or for a variety of other reasons, we sometimes view only a part of the patient. For instance, consider the man who has a lame wrist and, on advice of someone or by his own decision, sees a physician who is a specialist in taking care of a lame wrist. Under those circumstances, the wrist is likely to get good treatment. But the other factors that are present in the patient's life and that may indeed be related to his present infirmity, may never be considered.

A second factor is the tendency, under scientific exigencies, to lose the human touch. This is apparent in the conduct presently to be observed in the hospital as well as in the physician's office. Some hospitals could take a good lesson from the conduct in hotels of high type, where everything is done to provide the human touch that will make for a satisfied customer.—(*N. Y. St. J. Med.*)

Fresh Air vs. Drafts

Opening the window beside your bed at both the top and bottom when you go to bed is not wise.

Some people overdo the practice of having fresh air in the bedroom. Although the room should not be stuffy or excessively warm, there certainly is no need to pretend that one is camping out.

When we are asleep there is a lowering of the body's defences and it would be likely that a chronic sinusitis condition could be aggravated. In fact, doctors have begun advising patients with chronic chest or head disorders to sleep with the bedroom windows closed.

There is no reason to worry about lack of air, for this seeps in around the edges of any window in sufficient amounts to assure the constant presence of fresh air.—(*Today's Health*, Chicago, Aug. 1960).

THE ROLE OF Heredity in our Make-up

JONATHAN FEARNLEY,
M.A., F.R.C.S.

*Here's the reason why you are
so different from the person next
door—and indeed from anybody
else in the whole wide world!*

JUST what sort of person are you? Tall, willowy, and elegant? Short, dumpy, and stolid? Nervous and bad-tempered, or placid and good-humoured?

And what about your hair? Is it blonde or brunette, auburn or mousy, naturally curly or maddeningly straight?

No, this is not yet another quiz. These are the kind of features which add up to you as an individual, the things that make you different from Mr. Jones next door or Mrs. Brown round the corner.

For that matter, they make you different from everyone else who is living, has ever lived, or will ever live. In other words, there's no one else like you!

There are two main parts in the make-up of each one of us. There's the part given to us by inheritance from our parents, and through them from their parents, and so on back to our earliest ancestors. And there's the part which we acquire through our surroundings and individual experiences.

Our early childhood, the friends we make, the books we read, and the interests we develop, all these and a thousand other factors of which we may

be quite unconscious, have all worked on the raw material with which we started. And it takes both parts to make the whole personality.

At what stage in our development do we inherit characteristics from our parents? At the very moment of conception. At the time when one sperm out of millions fertilized one ovum out of thousands, and started that sequence of events which ended up as you. Had it chanced that any other sperm had encountered any other ovum, then a completely different individual would have been formed and not you at all.

If you sometimes find yourself wishing you had never been born, remember you very nearly weren't!

How can you inherit things which neither of your parents seem to have? For instance how can a girl with the most lovely red hair have a dark-haired mother and a bald father? Or why do highly intelligent parents sometimes have dull children, and *vice versa*?

These are interesting questions, and the study of heredity as a science, the science of genetics, answers many of them.

It has been known for years that the sperm and the ovum, the male and female sex cells, each carry a set of tiny particles of living matter called *genes*.

There are many thousands of genes, but for each one in the sperm there is a corresponding one in the ovum, and after fertilization each is able to find its own partner. They are helped in this by being grouped in a definite order in long chains called

chromosomes, which can easily be seen under the microscope.

The genes carry a set of instructions for fashioning a certain feature or producing a certain characteristic in the developing child. But because they work in pairs as they do, the actual result depends on whether one of the pair is stronger than the other.

Take hair colour, for example. It so happens that the gene for red hair is a weak one. If it meets the much stronger gene for dark hair from the other parent, then its effect will be completely overshadowed and a dark-haired child will result. The child will, however, be a carrier for red hair, and his or her children may inherit it.

During the formation of your own sex cells, the pairs of genes you received from your parents once again separate, still keeping to their long chains, the chromosomes. The gene for red hair will thus become detached from the overpowering dark-hair gene, and each will go into a different sex cell.

There is now a chance that during fertilization this red-hair gene will meet another red-hair gene and so in this generation a red-haired child will be born.

The carrying of weak genes very commonly explain how characteristics which do not appear in either parent appear in children.

Every expectant mother wants to know whether her child will be a boy or a girl. There is, in fact, a way of doing this. It involves the removal of some of

the watery fluid in which the baby floats in the womb, and examining it under the microscope.

Naturally the procedure is not without danger, and for that very reason is rarely performed. After all, it could usually only be to satisfy our curiosity, and in any case we can't change the baby's sex even if we do know it. However, we do know something about the way sex is determined, and it appears that it is always the male cell, the sperm, which decides the issue, the ovum simply doing as it is told.

As half the sperms carry male-forming genes, and half carry female-forming, this accounts for the fairly equal numbers of boys and girls born in the population as a whole. Although, of course, in any individual family the number may be far from equal. But, at least, if you don't get the sex of child you want, you know who to blame.

There are many diseases and deformities which are well known to be inherited, but fortunately they occur only rarely. The reason for this is that most of the genes responsible are of the weak variety and are themselves very rare, so that the chance of two of the same kind meeting is small.

If, however, the parents are fairly closely related, as are first cousins for example, then the chance that each has inherited an undesirable weak gene derived from the grand-parents is of course considerably greater. If there is no history of hereditary disease in the family, then the risk is still a small one. But if

there is such a history, then as a general rule the marriage of cousins would be most unwise unless both were agreed that they should not have children of their own. In any case it is best to obtain the advice of a doctor before hand.

Hæmophilia is the best-known hereditary disease because of the devastation it has caused in the Royal Families of Europe. The peculiar thing about hæmophilia is that it actually appears only in men, but the gene for it is carried by women.

The affected male is a "bleeder": he will tend to bleed profusely after the most trivial injury, simply because his blood will not clot. Consequently, it was unusual for such a sufferer to live much beyond his teens.

Recently an effective form of treatment has been discovered, and the result will be that many males will get married. Then their children may create something of a new social problem.

Can you in any way directly influence the hereditary make-up of your children either for good or for bad? In general the answer to this is a firm no. Nothing that happens to you, no injury, no illness, no physical or mental shock can be transmitted to the genes of your sex-cells. And it is on these that the hereditary constitution of your offspring depends.

There is one exception to this rule: exposure to radiation. Hence all the fuss about X-rays, nuclear tests, radio-active fallout and so on. Radiation of this kind is known to be able to produce changes in genes, so-

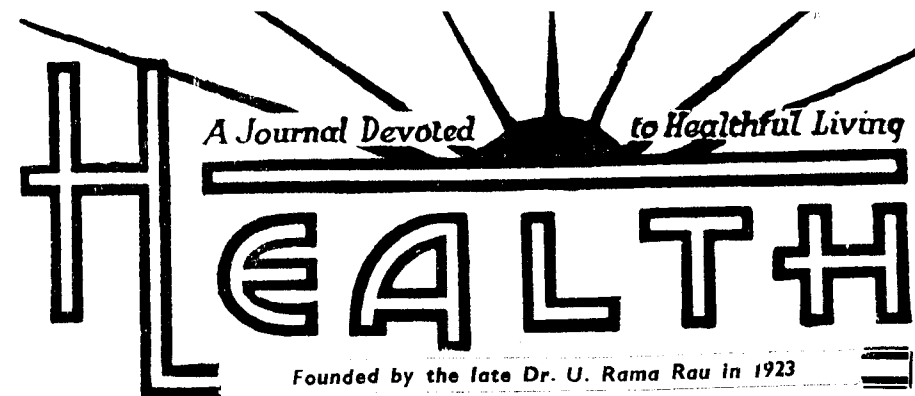
called *mutations*, and these are nearly always of a harmful nature. It is feared, therefore, that if the amount of radiation to which we are exposed increases sufficiently, then we can expect a much higher proportion of congenitally abnormal children to be born during the next few generations.

The trouble is that no one really knows just how big a dose can be tolerated before this happens, but certainly it is advisable to keep it down to the minimum.

What about cancer? Is there any evidence to show that a liability to this disease is inherited? One or two rare forms of cancer are known to have a very strong hereditary background, which is fully worked out and understood. But with most varieties of cancer there is no such strong tendency to be found in the population as a whole.

Finally, heredity has only determined what you were given to start with. What you do with it is far more up to you. But it is a fascinating thought that each one of us only develops a fraction of the capabilities we have. Had circumstances been different, a violinist might have been a surgeon, or a managing director might have been a barrow-boy.

And if you have any regrets or longings for the things that might have been? Well, perhaps that's what children are for. Who knows? Heredity my fulfil your dreams.—(From *Family Doctor*, London, via *World Digest*, August 1960).



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

NOVEMBER, 1960

No. 11

THE MILK PROBLEM

INAUGURATING the three additional units of the Rs. 1.24 crore Milk Colony at Madhavaram, seven miles away from the City of Madras on the 27th September 1960, Sri KAMARAJ, the State's Chief Minister, said that the colony, besides enabling people to get good milk, would be a boon to milkmen also, many of whom were living in huts or in congested quarters, struggling to make a living; the milkmen should hasten to avail themselves of the various facilities offered here for them and their animals. "There may be about 30,000 to 40,000 milch cattle in the City now, probably one half of them without license."

In October last year, the first unit for accommodating 500 cattle was inaugurated by the Union Food Minister, Sri S. K.

PATIL. With the inauguration now, of the 3 further units, provision has been made for 2,000 cattle, which would produce about 20,000 lbs. of milk every day. When the scheme is ultimately completed, the colony would accommodate 4,000 cattle. The total production which even then may be only about 40,000 lbs. per day will hardly suffice for the growing city. There is, consequently, need to augment supplies.

Public opinion is unanimous that the present system of individual cattle-owners no longer serves the purpose. The yield that could be obtained from the animals is not secured due to various reasons; the cattle when taken along and tethered in public streets create difficulties for traffic besides being a source of danger to children; the milk-

men and their animals are condemned to live in very unhygienic surroundings. Yet, the force of custom is so strong that most milkmen are unwilling to go to the colony, but we have it on the authority of the Milk Commissioner that there is a rush of applicants for accommodation! If so, it is very good news. Perhaps they will, as they ought to, consider the advantages that they could secure there like rent-free quarters, veterinary attention, easy availability of feed and grass, besides loans from Government. If the Government finds that a sufficient number of them do not co-operate in a scheme which, after all, is designed to operate to their own ultimate benefit and advantage, we are sure that public opinion will support it, if it uses compulsion.

But the principal difficulty would still remain, the paucity of supplies. The Government's proposal to draw them from "collection centres" in North and South Arcot and even in Coimbatore Districts seems to us to be somewhat unrealistic and unpractical. It would cause much hardship to people in those areas, who need the milk quite as much as citizens of Madras. The mofussil centres should not be deprived of their requirements for the benefit of those in the capital City. Further the arrangements necessary for transport and efficient storage in transit should be elaborate, and expensive, if it is to be fool-

proof and it is the consumer who will have to bear all these expenses. A wiser solution would, in our opinion, be to build more colonies after the model of Madhavaram in other parts of the city besides the northern. The milkmen will then feel secure that they are not deported to outlandish places. Also distribution will, in this case, be easy and efficient.

In the meanwhile Sri KAMARAJ's suggestion for small colonies where 60 heads of cattle could be accommodated is excellent and deserves to be put into operation, preferably through private enterprise. The authorities would do well to remember that any delay would prove harmful and that private enterprise can be trusted to do the job quite efficiently and well. Periodical checks and inspections by governmental agency may of course, be made.

Citizens today are able to secure milk only of poor quality, for which they are required to pay excessive prices, which have been further put up by the milkmen on some slender pretext acting in unison just before the last Deepavali. This has caused great hardship. The health of children is being affected, what with this and the scarcity of baby food. While progress at Madhavaram is certainly to be praised, there is need to take other energetic steps also in all possible ways and directions, to improve and increase the supply of milk to the public.

THE VALUE OF EXPERIENCE

EXPERIENCE is the basis of knowledge. From the moment when we first feel the cold air on our naked bodies and howl at the smack on our bottoms by the obstetrician, we are constantly receiving impressions by all our senses:—by touch, sight, sound, taste, and smell; and all these impressions are experience. The baby starts to convert experience into knowledge; before it can talk it is already grouping impressions by their likeness or their difference, and forming vague conceptions like 'mother,' 'food and hunger,' dangerous and friendly.' The growing child, the adolescent, the grown man and woman, continue the same process. Impressions crowd in upon them, giving them the raw material, experience, which is converted into the finished article, knowledge, in the factory of the mind.

Experience comes to all. It comes equally to rich and poor, old and young, just and unjust. Yet some learn from it no more than a reflex existence, the knowledge to eat and sleep and breed, to read the thoughts of others on the printed page or live the emotions of others on the lighted screen, to exchange a small assortment of hackneyed phrases with other robots. Some build up knowledge and become wise: they develop a personal outlook that enriches others and adds to the store of their time. The reason for these

differences lies, not in the quality of the seed, but in that of the soil on which it falls. Impressions are fleeting things. They cannot live unless they are welcomed, studied, compared, classified and grouped. Experience can be made useful only by certain qualities of the mind, some given by inheritance, some by parental example, some by the influence of teachers or writers.

People fail to learn from experience for three reasons:—

First because they have not learned the habit of thought. They bolt the impressions without savouring them as a dog bolts his food. They do not take their raw material into the factory but let it pass straight from the delivery gate to the refuse dump. They never classify, that is, they never say to themselves 'something like this happened before in the same circumstances.' Thus they never take the next step, from experience to experiment, to deciding, by repeating the circumstances, whether the likeness observed between two experiences was an accident or consequence.

Secondly, because they have classified too much, or rather because they have allowed their habits of thought to become automatic, they have organized their factory for mass production, so that it cannot deal with the unusual order. They unconsciously shut out all new experience by classifying everything under headings already fixed. Thus astronomers dismissed for years the observed experience of the variations in the perihelium of Mercury by classifying them under the heading of instrumental error, and correcting for the by averaging observation. The scientists in the last war boosted valueless anti-serum for gas-gangrene because it had proved in the laboratory to protect mice from the effect of the intraperitoneal injection of cultures of *Cl. Welchii*, and supported their advocacy by a series of meaningless observations in the field.

while ignoring significant experience that men transfused early and adequately with whole blood seldom got gas gangrene.

Thirdly, because having made the whole or one branch of knowledge their province, they fail to attain that last achievement of education, the knowledge of where their experience is inadequate, or where their knowledge ceases and their ignorance begins. Having acquired supreme mastery of one department of learning they are apt to assume that the whole is theirs, to forget

that the highest wisdom is the realization that no one can know everything, that he is indeed wisest who knows his ignorance and where to turn for help when he needs it. The greatest physicist since Newton died needlessly and before his time, because he treated his own strangulated hernia with household remedies, and turned only many hours too late to those who had made such ailments their life's study, and who could have saved him.—(*No Miracles among Friends* by Sir Heneage Ogilvie, K.B.E., F.R.C.S., M.D., London).

Sex Education Should Concentrate on Deeper Human Values

AN adequate biological knowledge of sex is part of the education that every well-informed person should have. But something far deeper than textbook information is required. If sex education is to contribute significantly to good living, it must be focused on relationships and standards of behaviour. It should teach maturing young people how sex affects their developing emotional life. It should give them guidance in what to expect of others and how to handle difficult situations.

The basic problem of sex today is what it has always been—to integrate it properly into the whole of life. The "case for chastity" usually set out is often unconvincing, largely because it is stated in terms of limited personal risk and disadvantages, rather than in terms of the kind of family relationship that will most enrich our lives, the kind of society we

want to live in, and the permanent values to which we are committed. Certainly, one of the major reasons for chastity before marriage, and fidelity after, is the preservation of the best kind of family life.

The task of the teacher and the religious leader is not to beat the drums on behalf of a misguided liberalism, or to seek a resurrection of past taboos. It is, instead, to help people, young and old, to fit their sex interests and behaviour into a total and constructive concept of self and life, and to develop the moral standards that are required by valid personal, social and lasting goals. We rightly begin by discarding the fictions that still delude us; but before us lies the far greater task of developing deeper insights that will enable us to make sex a happy, sacred and meaningful part of our lives.—(*Reader's Digest*, September 1960).

ALL ABOUT SUGAR

(From the thirteenth century till today)

THE craving for sweetness has been with us for thousands of years. In fact, ever since prehistoric parents taught their children about the bears and the bees. Honey was the first form of sweetness known to man. Sugar as we know it, did not come upon the scene until relatively recent times.

When it eventually arrived in this country, from Venice in the thirteenth century, it cost us 1 sh. 9½ d. a pound, which would be about £ 10 a pound today. At that price it was only for the rich and it remained like that until the end of the eighteenth century. Then William Pitt was heard to say in Parliament. "Sugar, Mr. Speaker, who will laugh at sugar now?" Whoever had been laughing, it wasn't the ordinary family, for the price of sugar had only just been brought within their reach.

Going back to the origins of sugar, you have to delve deeply into the history books to find the first mention of sugar cane. That was in 300 B.C. when Nearchus, one of Alexander the Great's admirals, on a voyage to Western India, remarked upon the "reeds that produced honey although there were no bees."

Spreading abroad.—Sugar cane had found its way to India from the South Pacific where, according to Polynesian mythology, it originated. From India, its cultivation spread westwards through Persia and Egypt to the

Mediterranean, where the industry centred on Venice for about six hundred years.

Columbus took the sugar-cane with him on his second voyage to the New World and reported back to Queen Isabella that it grew quicker and greater there than anywhere else in the world. Columbus knew a lot about sugar, for his mother-in-law owned a sugar plantation in Madeira. There followed upon Columbus's discovery a mad scramble for sugar-growing areas, for it happened to be a very valuable commodity. When the Treaty of Paris was being considered, the French island of Martinique had a great potential as a sugar-producing area. So we considered swapping it for one of our (British) then Colonies, Canada! Throughout the years, sugar was used as a medicine for practically every ailment under the sun. Arab doctors recommended it for diseases of the chest and, in Alexandria during the sixteenth century, a Sir John Sanderson was brought through an attack of "pestilence and yellow janders" with the help of a sugar diet.

Back in England, a century or so later, a Dr. Slare set out a series of experiments and case histories to prove that sugar was good for coughs, the skin, the eyes, the gums and various other parts of the anatomy. He also asserted that it was "A valuable specific against the stone."

Sugar for beer.—The first sugar refinery in this country was opened in 1544 and in the reign of Henry VIII sugar was sold in taverns in 2d. packets, each containing enough for a

tankard of ale. Nowadays, the sugar is in the beer before it reaches the consumer.

In 1714, the Duke of Beaufort died at a great age, having eaten at least a pound of sugar a day for the last forty years of his life. He was put up to this by his housekeeper, Mrs. Grimes, who used to delight in repeating the abominably-rhymed proverb, "*That which preserves apples and plums, will also preserve liver and lungs.*"

Sugar has often been used as a political sweetener. As early as the eleventh century, the Christians in Sicily sent gifts of sugar to the Normans when asking for their help against the Saracens. It has also been the cause of political strife. In the nineteenth century Disraeli remarked in Parliament, "Strange that a manufacture which charms infancy and soothes old age should so frequently occasion political disaster". He was referring to the sugar industry's tie-up with the slave trade, over which bitter controversy raged in Parliament and out. Much though people disliked slavery, they could not and would not go without their sugar, and until slavery was finally abolished,

the East India Company cashed in on the situation with an astute piece of salesmanship. It sold its sugar in bowls inscribed, "*East India sugar—not made by slaves.*"

During a boom in the sugar industry, George III, after passing the carriage of a West Indian sugar planter which far outshone his own, commented to Pitt the Elder, "Sugar, sugar, eh? All that sugar? How are the duties, Pitt, how are the duties?" The duties were very good then and are even better today, for the Chancellor of the Exchequer collects about twelve million pounds a year from the duties on sugar!

Sugar for energy.—Coming up to contemporary times, the world produces 40 million tons of sugar a year and its highly concentrated nutritional value is appreciated by all who have to exert themselves to the limits of human endurance, explorers, mountaineers and sportsmen. It helped Hillary to the top of Everest and Fuchs to cross the Antarctic snows, while in all sorts of other fields—not least the home—sugar is prized as a prime source of energy.—(*Br. Med. Assoc. Special Leaflet*).

Energetic Housewives

The average housewife spends more energy on her domestic tasks and caring for children than her husband does on his job, reports Dr. Herman K. Hellerstein, heart specialist of Western Reserve University, Cleveland, Ohio. The man with a desk job may use only 1.5 times the energy consumed by the human body at rest, the average factory worker about 2.2 times, while the busy housewife tops them all. New measurements show that most recovered heart patients can meet the energy demands of their work in modern society.—(*Today's Health*, September 1960).

EFFECTIVE ARTIFICIAL RESPIRATION

C. F. CONWAY, M.B., D.A.,
Saskatchewan, Canada

It is now common knowledge that chemical warfare involving the use of nerve gas is a very real possibility. Before the end of the last war Germany had developed and had ready for use great quantities of so-called "nerve-gas." The substance is essentially an extremely potent myoneural depolarizing agent, producing generalized and complete muscular paralysis similar to that produced by depolarizing agents used in anaesthesia and certain insecticides. It is effective in infinitesimal concentration on contact with skin or respiratory mucosa.

It is known that there is no effective antidote. Atropine in massive dosage is the only drug which may have any place in counteracting its effects. The only hope for the victim of nerve-gas lies in the use of immediate and adequate artificial respiration.

This alarming fact was enough to force the American Red Cross and the U.S. Defence Department to review the whole subject of artificial respiration methods. It was decided to compare the relative efficiencies of standard manual methods of artificial respiration and "*of mouth-to-mouth*" respiration. A research panel was chosen for the purpose from the U.S. National Academy of Sciences and the National

Research Council. The new significance of the subject was shown by the fact that anaesthetists outnumbered physiologists and by the inclusion of specialists in Army-chemical-warfare from U.S. Armed Forces. The investigations carried out by the panel were of immense value not only in themselves but also because of the attention which has since been focussed on the subject by many workers interested in the subject of pulmonary gaseous exchange.

As a result of the work of Dill the "back-pressure, arm-lift" technique had been established as the standard method of manual artificial respiration, replacing the Schafer method. The reasons for the adoption of the new (Holger-Nielson) technique were very sound. Better tidal volumes were achieved, it was not so fatiguing for the rescuer, it was less traumatizing to the patient.

The results of experiments evaluating its efficacy were convincing, tidal volumes of twice normal values being obtained in most subjects; the Holger-Nielson method was however completely inapplicable to clinical reality. The invalidity of the experiments arose from the use of an endotracheal tube which guaranteed a perfect airway. When no endotracheal tube is in place, it is impossible to ventilate more than 50 per cent. of subjects using the Holger-Nielson technique. Even with an oral airway, those subjects have tidal volumes of marginal adequacy only.

In striking contrast are the results obtained in *mouth-to-*

mouth ventilation. A single rescue worker, without the advantages of an endotracheal tube, can adequately ventilate practically 100 per cent. of cases using a "mouth-to-mouth" technique. One can fairly say that the traditional manual methods of artificial respiration are all to a greater or less extent inefficient, independent and clumsy. Many injuries have been inflicted during their use on chest wall, lungs, and abdominal viscera, especially in the case of children.

Instructions for their use are confusing and not so easy to explain to well-meaning but ignorant groups of would-be First Aid workers.

The technique of mouth-to-mouth respiration is very simple. It is simply intermittent, positive pressure respiration using expired air. It is bound to be effective if the essential steps are strictly carried out:

(1) The victim is placed on his back. His mouth is cleaned of any foreign material, using a finger;

(2) The victim's head is fully extended at the atlanto-occipital joint—"sniffing the morning air position";

(3) The mandible is vigorously lifted forwards to prevent obstruction caused by the tongue;

(4) The rescuer places his lips over the victim's mouth or nose;

(5) He blows about 20 times a minute through the patient's mouth or nose, maintaining a close apposition between his lips and the patient's face. If the patient's mouth is used, the nose is pinched shut during inflation and *vice versa*.

Expiration occurs by the passive recoil of the lungs.

The all-important factor is the establishment of a clear airway between the rescuer's mouth and the victim's lungs. In no other method of artificial respiration is this task so easy for the single-handed rescue worker, and in no other method has it received proper emphasis.

The likelihood of airway obstruction depends on several factors, such as the depth of coma, the degree of flexion at the atlanto-occipital joint, the shape of the mouth and its contained structures.

In mouth-to-mouth respiration the rescuer can see what is happening to the patient's tidal volume. He sees at once if the chest wall is not expanding with each insufflation. Further efforts are useless unless the obstruction is removed. This is usually a simple matter requiring nothing more than the correct holding of the jaw, fuller extension of the head or the removal of foreign material from the mouth and pharynx.

	Min. Vol.	Oxygen inspired air	Oxygen consumption /min.	Oxygen expired air
Normal man	... 5 L.	21%		
Hyperventilating Rescuer	... 10 L.	21%	300 ml.	15%
Hyperventilated Victim	... 10 L.	18%	300 ml.	18%
			300 ml.	15%

Restoring the pulmonary content to normal requires only 4 to 5 breaths. The efficacy of expired air in pulmonary ventilation can be seen from the *tabular statement* on p. 248.

A rescue worker with a minute volume of 10 L. provides the patient with 1,800 ml. O₂/minute. The rescuer also has a great reserve in expiratory power and vital capacity to use in overcoming partial airway obstruction and to compensate for leaks.

Hyperventilating rescuers are likely to become dizzy because of respiratory alkalosis; when the plasma CO₂ level falls below 3%, dizziness is likely to occur. It has been shown by Sefar of Baltimore that even with a minute volume of 12 L. to 18 L. no dizziness occurred, the rescuer's breath containing 3-4% CO₂ while the victim's alveolar CO₂ level was kept below normal at 4-5%. It is clear that optimum gaseous exchange is achieved if the rescuer breathes in fully and then immediately exhales into the victim's air passages.

The objections to mouth-to-mouth resuscitation are aesthetic only. Those objections are not so strong when the victim is a newborn infant, but even then a distressingly large number of doctors fail to employ the method. Many babies die saturated with coramine and other harmful stimulants when they might have been saved by a breath of exhaled air.

The dead space air in an adult is about 150 ml. This is much greater than the tidal volume of an infant, so that mouth-to-

mouth respiration provides an infant with virtually atmospheric air. It is safer to provide the newborn infant with oxygen from one's mouth than it is to use an oxygen cylinder. Very small flow rates must be used and great caution has to be employed in keeping the intralveolar pressure at a safe level. No excessive pressure can be built up in mouth-to-mouth breathing if the air is puffed from the cheeks and not exhaled with the direct force of the intercostals. A hand should be laid over the upper abdomen to detect gastric dilatation. Firm pressure with the flat of the hand will prevent this and expel air which has already accumulated there.

If a laryngoscope and fine catheter are to hand, suction, endotracheal intubation and mouth-to-airway ventilation should be performed at the outset.

As far as its immediate treatment is concerned the cause of apnoea in a newborn infant is immaterial. The only rational line of therapy is immediate artificial ventilation. Because of delay in the onset of spontaneous pulmonary ventilation, the infant's plasma CO₂ may rise to narcotic level, reinforcing and perpetuating respiratory depression. Oxygen-lack may at the same time be well on its way towards wrecking the medullary centres. The infant can then be saved only by adequate artificial ventilation, which may at times have to be sustained for well over an hour

to reduce the plasma CO_2 below narcotic level.

The administration of drugs to stimulate respiration should always be secondary to the above approach. Once artificial ventilation is established, drugs can be given at leisure if they are considered necessary.

The newborn apnoeic infant and the unconscious apnoeic adult have exactly the same needs and should get similar treatment. Resuscitation of the newborn is not really a subject in itself, as some paediatric authorities might have us believe. Recognition of this fact would at least encourage prompt rational treatment and would help to reduce neonatal mortality.

For those who object to direct mouth-to-mouth contact, a wide selection of artificial airways is now appearing on the market. An oropharyngeal or nasopharyngeal airway will also prevent obstruction by the tongue. It is essential that such devices be as simple and foolproof as possible. Some airways are being produced which incorporate a suction channel to remove debris from the mouth and a valve to prevent the air from the victim's lungs reaching the rescuer's mouth. Such refinements are most inadvisable. They greatly add to the expense, they are distracting and are most unlikely to work when urgently required.

A very useful airway may be

made by joining together the flanged ends of two Guedel airways which are to be found in most hospitals. A large and small sized airway should be joined together, as the small end can then be used for children. All persons and institutions concerned with the teaching of artificial respiration technique should give serious thought to abandoning the manual methods altogether. The results obtained from those methods have been extremely poor. This is largely due to the fact that they are so often employed as a vaguely understood routine with little respect for the basic principles involved.

Mouth-to-mouth artificial respiration is bound to provide adequate pulmonary ventilation if the steps listed above are strictly followed. Any layman of normal intelligence can quickly be taught how essential each of those steps is and can perform the technique with very brief training. It is a method requiring the minimum of physical strength from the rescuer, a child of 100 lb. being well able to ventilate an adult of over 200 lbs. *It has now been adopted by the American Defence Department and the American Red Cross as the standard method of artificial respiration.* It is to be hoped that similar institutions in other countries of the world will rapidly follow the example set by two such responsible American groups.—(*Jour. Irish Med. Assoc.*).

FEEL FATIGUED! WHY?

JOHN E. GIBSON

FATIGUE is one of man's worst enemies. Fatigue alters your personality so radically that your good qualities are relegated to the background and the spotlight is turned on your bad ones.

Fatigue, in most cases, is *not* caused either by physical work or by mental effort.

Remember that there are three kinds of fatigue:—

(1) *Physical* fatigue, caused by muscular activity.

(2) *Mental* fatigue, caused by brain work.

(3) *Nervous or emotional* fatigue, caused by anxiety, worry, frustration or boredom.

I. Physical fatigue presents the least problem and is the quickest and easiest to cope with. The physical worker can get along with far less sleep and rest than the brain worker, because physical energy is replenished much more quickly than mental energy.

The quickest and most effective way to banish physical tiredness is to stand under a cold shower for a few minutes. Science hasn't discovered precisely why this has an instantaneous effect, but tests show that it works like magic.

The average man can do twice as much physical work and accumulate less fatigue at the end of the day if he takes short, frequent periods of rest.

Physical fatigue is greatly reduced when one does his or her work to the rhythm of music. This is because work performed rhythmically requires much less energy.

II. Mental fatigue.—Mental workers who want to avoid "that tired feeling" must realize that the man who works with his brains requires more sleep than the man who earns his living with his muscle.

About four hours' sleep restores our physical energies, but it takes twice as long to recover from mental fatigue.

When a brain worker loses two hours' sleep, his efficiency next day not only suffers, but he accumulates twice as much fatigue in the performance of his duties.

Periods of rest are even more important to the mental than to the physical worker.

At the University of Cincinnati researchers have found that if your work is largely physical you will get the greatest benefit from hour-rest periods by relaxing as completely as possible. But if your work involves *mental strain* complete relaxation is likely to take the edge off your faculties to such an extent that you'll find returning to work difficult.

The mental worker should engage in some mildly stimulating activity because it "serves to maintain alertness and at the same time to relieve cramped muscles and a jaded brain."

Incidentally, you won't tire nearly as easily if your office or place of work is kept at the right temperature. You'll do the best work, and will be the least

fatigued by it, when the room temperature is kept at 68 to 70°F.

When the temperature goes higher or lower, increasing amounts of energy are required to maintain the constant body temperature of 98.6°F. Up to 50% more energy is expended when the temperature is 90°F.

To perform mental work with a minimum of fatigue, it is highly essential that you have plenty of fresh air. To function most efficiently, your brain cells must have a plentiful supply of oxygen.

In a stuffy room, or at altitudes where the oxygen content of the air is appreciably diminished, mental work requires more effort and energy.

To get the best and most effortless performance out of your grey matter you should also avoid slumping at your desk; assume a posture that will make it possible for you to breathe properly.

III. Nervous fatigue.—This is the most common form of tiredness. It is *not* caused by work, and cannot be banished simply by rest. It is caused by worry, anxiety, frustration, boredom, and similar emotional attitudes.

Since these states of mind drain our energies much faster than rest can replenish them, they are responsible for the feeling of "perpetual tiredness," or chronic fatigue.

If you're one of those people who are tired all the time, or if you wake up in the morning as tired as when you want to bed, then the odds are that you are suffering from this type of fatigue.

The noted neurologist, Dr. Walter Freeman, who has made a life-long study of chronic fatigue, finds that additional rest actually worsens the victim's condition and makes him more tired than before. His studies show that patients respond quickest to a regime of rigorous physical activity, including such sports as swimming, horse riding, and bicycling.

Exercise provides a release for the pent-up emotional tensions. Another way to keep emotions from sapping your energies to the point where you're always tired is to keep busy.

Nerve specialists find that many of their patients cease worrying only when completely absorbed by their work or avocation. Psychological tests have shown that boredom is always accompanied by *extreme* physical and emotional tension. And this, of course, is debilitating.

So if boredom is draining your nervous energies and making you feel chronically tired, you need to snap yourself out of it by cultivating new interests and broadening your horizons.—(Condensed from *Think*, U.S.A.).

Cigarettes and the Heart

Heavy cigarette smoking may contribute to or speed development of coronary heart disease or its complications, says a report by the American Heart Association. It cites medical studies showing death rates 50 to 150% higher among middleaged males who smoke heavily compared with non-smokers.—(*Today's Health*, September 1960).

SOME MUST READ BY TOUCH

COLIN STEWART

THE little French boy, Louis Braille, blinded himself with an awl. His father took him to the Institute for the Young Blind in Paris in 1819.

The sight was gone, but the brain was keen. He learned to play musical instruments and proved himself good at figures. The blind could do many things quickly and easily, forgetting their handicap. But when it came to reading they felt clumsy, fumbling, not as other men. For they had to "read" large embossed letters of the ordinary kind. It was slow, and even a short piece became a bulky volume.

Out of war sometimes comes a blessing. It was so with the blind, for Captain Charles Barbier was determined to evolve a system whereby soldiers could read simple messages in the dark. He did, using various formations of 12 dots.

Young Braille heard of it, was convinced that here was the beginning of a real blind alphabet.

His six dot "domino" alphabet, became a real reading system by the time he was twenty. But he could not get it adopted. The blind must read the same alphabet as sighted persons that was the argument, even if it meant reading at snail's pace.

His battle went on for years,

but victory did not come in his lifetime. He died at the age of 42, and not until then did the system begin to get recognition. Now, of course its use is world-wide.

Well may you, as a sighted person, wonder how it is learnt. The dots, of course, are embossed—raised—so that they can be felt with the finger-tip. Not only to feel, but to identify at once their formation, seems a formidable task. The young find it easier than the old, for two reasons—their finger-tips are still soft and sensitive, and they are able to learn quickly.

For the older person there is not only the difficulty of assimilating new knowledge, but their finger-tips are hard.

Braille's genius showed not only in the design of his alphabet, but the way in which, right from the start, it was planned for the easiest possible learning.

The first line from A to J, is confined to from one to four dots. Then the line below, from K to T, is exactly the same as the characters above, but with one dot added. The line below adds yet another dot, and that is the way in which the alphabet is taught.

An interesting point is the letter W, which is all alone on the fourth line. The reason is, of course, that there is no such letter in the French alphabet, and it had to be added.

Readers may be interested to know that many articles in this magazine are reprinted in Braille by the Royal National Institute for the Blind.—(*World Digest*, September 1960).

The Wonder World of Health For Today's Children

Today's child is born into a world where medical knowledge guarantees a far greater chance for survival and development to normal, healthy adulthood than the infant of a quarter century ago.

HOWARD EARLE

THE youngsters of today, thanks to tremendous advances in medical science, enjoy freedom from most of the serious childhood diseases of 25 years ago. Abnormalities that formerly killed or deformed a child are corrected today and injuries which once crippled are successfully treated. Vaccines, antibiotics, hormones, and other drugs combine with the miracles of modern surgery and orthopaedics to create a better world of health for children.

Open-heart surgery is a thrilling recent development in the medical care of children. There are various types of open-heart surgery and specialists for each type; however, few medical centres, children's or general hospitals are staffed with specialists for all types.

A few years ago the medical world knew little about replacing a damaged or otherwise abnormal part of an oesophagus (the canal leading from the mouth to the stomach) with a transplant from the colon. Dr. Luther A. Longino of Children's Hospital, Boston, reported several successes in oesophageal

replacements in infants and children, utilizing a segment of the colon as the conduit.

Equally dramatic is the work pioneered in the past dozen years by Dr. Cameron Haight of the University of Michigan School of Medicine, and now done by many other surgeons in the country, in the repair of defective oesophagi without the aid of transplants. They remove the defective segment, pull together the severed ends of the normal oesophagus and join them. To compensate for the removed segment it may be necessary to raise the stomach from its normal position to extend the oesophagus leading from the stomach so it will join to the part coming down from the pharynx. No effort is too great where saving lives is concerned.

Studies of blood coagulation are vital where hundreds of children each year undergo cardiac surgery, much of it open-heart surgery. In the past, excessive bleeding has been one of the serious complications of cardiac surgery, so the present extensive studies are carried out to detect abnormalities in the coagulation mechanism.

With the assistance of the heart-lung machine, previously impossible surgery is now saving many lives.

In Chicago, an automated tape recording unit recently was used to record the heartbeat and heart sounds of children in grammar school.

The tapes were then reviewed by heart specialists, and children suspected of having heart disease were recalled for addi-

NOV. '60] HEALTH FOR TODAY'S CHILDREN—HOWARD EARLE 255

tional study. The result of the project indicated that between 2500 and 5000 children in Chicago's public and parochial school systems have some form of heart disease. Presence of the disease was unknown to the children and their parents in a majority of the cases. It now is believed that the recorder technique will become as significant in detecting heart disease in children as the mass X-ray has been in locating tuberculosis.

Far removed from the cardiovascular field is a new kind of specialist who has become extremely important on today's health scene for growing youngsters. The endocrinologist cannot work miracles but under certain circumstances he may make a short boy taller or prevent a growing girl from towering over her companions.

The tool which is solving some growth problems is the hormone.

Unfortunately, claims set forth in some popular publications have indicated too strongly that hormone therapy will develop undersized boys into Tarzans, check the growth of girls growing too tall too fast, reduce the obese to "pleasingly plump," and fill out the skinny to covetable shapes. Actually, it is possible to apply hormone treatment effectively only in some of the less common and more serious growth disturbances.

Many infants' disorders have been tamed by medical advances over the past quarter century. Premature babies (born before

their development is complete) have new leases on life because of the modern incubators in which they develop into healthy children.

Not too long ago a certain percentage of babies born with varying degrees of red blood cell destruction caused by maternal influences were lost. They are called "Rh babies." In many cases today such babies can be saved by replacement blood-transfusion at the time of birth; the tiny bodies are drained of the Rh positive blood and the replacement gives them a new blood supply and new life. Usually, they grow to normal, healthy adults.

The giant strides in medical science soon may reduce the number of vaccine injections necessary to become immunized against a variety of diseases. Now in the clinical stage is a "four-in-one" vaccine which immunizes against polio, tetanus, whooping cough, and diphtheria. Immunization against the four diseases is given by a single injection.

Many present-day children's hospitals resemble playgrounds instead of sick bays. Extensive programmes of crafts and play are available for young patients. Occupational therapists, assisted by student nurses and volunteers, direct the children's activities. Drop shelves and blue chalk boards are fixed for little tots. Project areas are equipped with work-benches and tables.

Administering anaesthetics no longer need be a nightmare for

children. The objective of anaesthesia, of course, is to put the child to sleep and it's done with such psychic preparation and *finesse* today that the child recalls it with pleasure. There are balloons that deliver an anaesthetic when a child blows one of them and a Teddy bear with a tube leading from under

its nose that transmits the sleeping potion.

Times *have* changed. The child of today fares far better medically than the child of yesterday. Tomorrow's youngster will experience even greater wonders in curative treatment and care. —(*Today's Health*, September, 1960).

DYING: THE DOCTOR'S ROLE

THE sensation of dying is usually a consciousness that the heart is faltering in its task of supplying blood to limbs and brain, and that the brain will soon cease to hum with thoughts and beliefs, the memories of the past and the hopes for the future, that represent us to ourselves and the world. But very soon the anoxia leads to a dullness of perception, a disorientation of ideas, a retreat from the hopes and fears of the live world to the make-believe of a world of fantasy.

When the patient is clearly dying, the doctor's role takes on a new aspect. He is no longer concerned with fighting for recovery, a fight that may often make him advise measures that distress the patient. He is now concerned only with ministering to comfort and peace of mind.

For an old man or woman who is seriously ill but *may* recover, the best place is usually the hospital. For one who is dying, the best place, or at any rate the happiest place, is his own home. Although it will add greatly to his work, to the num-

ber of visits he must make for small medical attentions or merely for friendship, the doctor should try to keep the dying man at home, and to encourage his relatives to give him this last solace. For most people the home is associated with the experiences and the surroundings that make his personality.

One reason that the old man is far happier dying at home is that he is not subjected to the Florence Nightingale-tradition that cleanliness is more than godliness, and that neatness is more than kindness. If the family can do some or all of the nursing, so much the better. They know how to humour him, and the service will keep them from fussing and will give them a sense of importance. They should be reminded not to fuss him. He need not be washed very often, nor need his bed be tidy at all times. Mouth-washes are more important than face-washes, and the occasional rinse with antiseptic lotion will add greatly to his comfort. —(*A Surgeon Looks at Life* by Sir Heneage Ogilvie, F.R.C.S., London).

ULCERATIVE COLITIS

PETER ABBEY, M.B., CH.B.,

London

ONE of the world's experts on ulcerative colitis wrote recently that in no other disease can a person look and be so ill and yet make so rapid, so complete and so sensational a recovery. Ulcerative colitis is a disease which affects that part of the intestine called the colon, the delicate lining of some part of which becomes damaged and ulcers are formed.

As a result of these ulcers, the sufferer is stricken by a severe diarrhoea, and numerous stools are passed containing little except blood and mucus.

The function of the delicate lining is partly to prevent various organisms from getting into the walls of the gut. If they do, little pockets of infection are able to gain a foothold in the walls. Because of the poisons they produce and the fact that you have lost some blood and are therefore anæmic, you feel very weak and depressed during an attack.

Quick recovery.—Your body has most amazing powers of recovery. No sooner has the main onslaught passed than the process of repair gets under way. The denuded patches begin to be resurfaced with new lining. This new lining may have more mucus-producing cells than the original one, so your stools may be more fluid than usual for a while.

In the same way that a cut on your skin leaves a scar when it heals, so an attack of ulcerative colitis may leave some scar-tissue behind it. This sometimes narrows the size of the large intestine and causes you some constipation. But it shows also, that healing is taking place.

Although the diarrhoea is similar to that of amœbic and other dysenteries, the difference is that no single microbe can be held responsible. Ulcerative colitis is not a simple infection though, for many years, doctors believed it was.

More recent investigations have proved that although bacteria do cause some of the effects of ulcerative colitis, and though they are found in the walls of the affected colon, they are only present because the normal defences have broken down by some unknown process. These normally harmless germs in the food tract, having once established themselves in the wall of the colon, are responsible for many of the profound ill-effects of the disease.

Many asthmatics know that any emotional distress can precipitate an attack. It is a fact that an attack of ulcerative colitis often follows some period anxiety in the sufferer's life. Moreover, in the same way that bronchitis can lead into asthma, so diarrhoea due to eating infected food can be followed occasionally by an attack of ulcerative colitis. But only occasionally.

The course of the illness is varied and unexpected. Sometimes for no reason it starts up

and just as inexplicably dies down. Because your last attack was a bad one while the one before it was mild, it does not mean you are getting worse. You may never get an attack again or the next one may be milder still. Because of its vicissitudes and the exhausting nature of the diarrhoea, living with ulcerative colitis puts a great premium on your endurance and makes great demands on your cheerfulness.

During an attack of ulcerative colitis the treatment is largely in your doctor's hands. If the attack is a severe one, he may send you to hospital. If it is mild he will treat you at home. You will be given complete rest, medicines to control the diarrhoea, and certain special treatments. These may include one of the new antibiotics and, sometimes, one of the cortisone group of drugs.

If you have lost a lot of blood, then a blood-transfusion may be necessary; a blood transfusion does not mean you are at death's door. It is simply a quick and efficient way of topping you up. During the attack you will probably be given a very bland diet, possibly of fluids only.

Help yourself:—The acute phase being over, recovery sets in. Here are some *do's* and *don'ts* to help you, but remember these are general hints. Your own doctor is in a much better position than anyone else to know your particular requirements.

Make a special effort to ensure that your food looks and smells

appetizing. It is very important that you should eat a full and varied but suitable easily digestible diet as soon as possible after the acute phase, so as to provide your body with the substances it needs for successful repair work. The more appetising your food looks, the sooner you will be able to eat normally again. You should eat plenty of sugar but not too much starch. Your doctor will have probably prescribed some iron pills and lots of vitamin capsules.

Drink plenty of fluids but they must not be fizzy or spiced. Too much milk is often harmful. Avoid drinks which are very hot or very cold. If you are still having some fever, time your meals to coincide with the part of the day when it is lowest. Regular colonic washouts, once so fashionable, tend to irritate an already irritable bowel.

Most sufferers with ulcerative colitis can be treated at home. Some may have to remain in hospital during the acute phase. A few unfortunate people have a very severe acute phase and may have varying complications. These may be serious enough to warrant an operation.

The decision as to how and when to operate is complex and best left to the specialist. He may decide that a certain part of your bowel is giving you so much trouble that it had best be removed. The operation is a simple one and the result of it is very good indeed. The removal of the ulcerated part leads to dramatic recovery.

Following the operation, it is sometimes necessary to make an

artificial opening through which your bowel can act. This is called *colostomy*, and may be a temporary or permanent measure. It will take courage to overcome your natural distaste of the idea but rest assured that there are thousands of people leading natural and happy lives with a permanent colostomy.

Apart from the complications of the acute phase, which only affect a few people, the healing phase itself produces its own problems. Sometimes too much scar-tissue narrows the bore of the colon. This narrowing causes constipation. You must be on your guard here; purgatives are harmful but in ulcerative colitis they are exceedingly so; you must combat your constipation by taking exercise, drinking

plenty of fluids and using judiciously selected very mild laxatives.

You must lead a normal life; take plenty of rest. But do not mollycoddle yourself or allow misguided relatives to do so.

Often you will be surprised at the way the pattern of your stress is identical before each attack. Having established this, you can prevent that pattern recurring, by taking your overdue holiday, by a definite decision which relieves your state of suspense, or often by simply talking to a friend about it.

Always remember that, providing you can retain your patience, ulcerative colitis is a disease that you can live with.—(*Family Doctor*, June 1960).

Cancer-Stick—The New Name for a Cigarette

‘AS far as the Combined District [in South Oxfordshire] is concerned, heavy tobacco smoking remains quite an efficient way of committing suicide. In view of public apathy and even resistance one is tempted to wonder just how many people will have to die of lung cancer before this fact is really believed. Male deaths show an increase of 32% on the 1957 figure whereas female deaths are down by a sixth. Devotees of the diesel fume and factory smoke screen will presumably argue that the female sex, being the more fastidious, omits to breathe in the streets or when living in a smokeless

zone. Meanwhile the Government pursues its (or is it their?) policy of masterly baby-handling: advertisements by the hundred tell you how cosy, how romantic, how satisfying, how manly, indeed how everything except how smelly and how lethal it is to smoke, and every other teenager already has a cancer-stick on his or her lip.....I can do no less than say that any parent who permits, far less encourages, an adolescent in their charge to begin to smoke is guilty, at the worst of manslaughter, at the best of feeble-mindedness, and should be locked up forthwith.”—*Health Information Digest*, January '60).

TRUTH DISCOVERED

MANKIND has discovered in the 20th century a truth known to nature since the dawn of time, the truth that in co-operation there is survival. Rivers change their courses; mountains rise and fall; and species of fish, fowl, and mammals develop, run their course, and vanish from the face of the earth. Tribes of mankind multiply, flourish, and then vanish, leaving scarcely a trace; but, in the Pacific Northwest, the majestic redwood trees tower toward heaven, the oldest living things on the earth. They were there when Jesus trod the earth. They were there at the beginning of time. These magnificent trees have survived because, unlike most other trees, they have no tap root. Their roots entwine with all the surrounding

trees, not only entwine but actually blend with their neighbour's roots so that a storm cannot uproot one without uprooting the entire forest. If a tree is struck by lightning it receives sustenance not only through its neighbour's roots but through a neighbour's limb that grows into its trunk and helps to sustain its life. These trees have developed a resistance through a long lifetime to disease and insects. Only mankind can vanquish them by cutting them down and hauling them away. Even then, they will grow again from the stump and roots.

There is a forceful lesson here. No nation can any longer live in isolation, nor, narrowing it down, can any man or woman exist without his or her fellows. We organize and maintain organizations for mutual benefit, survival, and development.—(*Journal American Medical Women's Association*, 14: 987).

About Moles and Warts

The average person during life has 27 moles of one type or another, reports the Pennsylvania State Medical Society. Most moles are not malignant nor do they tend to become malignant. They may appear in many locations and tissues of the body. A mole may be easily removed and should be if it is subject to injury or irritation.

Warts are due to a specific virus and often appear suddenly and may remain indefinitely or disappear as suddenly as they appeared. A plantar wart is painful because of ingrowth and pressure.

When treatment is required, see your physician. Self-treatment can be dangerous.—(*Today's Health*, September, 1960).

When is Middle Age?

If you feel middle-aged rather than old after 60, you're more likely to be able to deal successfully with life and problems of retirement, says Bernard S. Phillips, Sociologist of the University of Illinois. From interviews with some 500 persons, he finds that "individuals describing themselves as old tend to accept a low social evaluation of themselves." The "old" ones are more likely to think that aged people should dress conservatively, have old friends, regard interest in sex as undignified, and believe that aches and pains are a natural accompaniment of old age.

Boxing Endangers Sight

J. H. DOGGART, M.A., M.D., F.R.C.S.

THE human eye, which is incredibly delicate and vulnerable, has now become a main target for punches in professional boxing. If your opponent's jaw is too closely guarded you get no chance to inflict the conventional knock-out blow. But you may happen to butt him on the eyebrows, so that his vision is obscured by a curtain of blood. If the trickle from his cut eyebrows is staunch-ed by the seconds during an interval between rounds, your next move is to smash the cuts open again, as Johnny Howard found to his cost at Shoreditch Town Hall in December 1959. A reporter described how. "It only needed two or three left jabs early in the seventh round to open it again."

Gruesome details abound in the Press reports of these prize-fights. I have in front of me a description of McAteer's defeat by Humez in 1947. The reporter was not sure whether a punch or a butt was responsible for the injury to McAteer's eye in the second round. But he proceeds to paint a revolting word-picture of how Humez made a dead-set upon the damaged eye, so that it became "like a half-opened oyster."

The lens of the eye can be dislocated or rendered opaque by a relatively slight tap. The retina, which corresponds to the film of a camera, is almost as flimsy as a piece of wet tissue paper.

It is inconceivable that the sight should not be endangered by a succession of skilfully-timed punches rained upon the face. I am filled with consternation when I hear a doctor protest that serious eye injuries from boxing are rare.

Brutal sport.—I have in front of me a letter written in 1955 by Professor Weve of Utrecht, one of the foremost authorities in the world on the treatment for detached retina. He says: "I have had no less than four world champions with detachment of the retina under my care, among them one who had got a detachment in both eyes within a period of three years." He describes boxing as "a very brutal show for people with a minimum of brains and heart."

Professor Larsson, also a leading authority on detached retina, wrote to tell me how he started a campaign against boxing in Sweden, but found himself up against too many people interested financially in boxing. Iceland has now set the example by legally prohibiting this so-called sport. Professor Larsson's disappointment was no doubt intensified by his knowledge that the chances of benefiting a detached retina by surgery are much less in a boxer than they are in a non-boxer, as you would expect when you know how commonly the retina has been damaged before the onset of detachment.

Vision does not depend solely upon the eyes. Intricate and wonderfully constructed though they are, they can only act as a registering apparatus. The interpretation of images depends

upon millions of nerve-fibres intertwining with each other in the pathways of vision, which travel through the brain from the back of both eyes.

Many tough pugilists, after years in the ring, lose their aptitude for defence, and fail to time their punches. It has now been proved that these people's brains are scarred and shrivelled. Any reader who wants further evidence about the vulnerability of boxers' brains should not believe what he hears from a boxing fan, even if that fan has been through a medical training. Let him consult the writings of acknowledged experts in neurological medicine. I have never heard a first-class neurologist defend boxing in any way.

Some people, while admitting the truth about professional boxing, believe that amateur contests should be encouraged because, they say, serious injuries are rare in amateurs. But there are many recorded instances of deaths and severe damage from a m a t e u r boxing, even among people in their early teens. But most enthusiasts belittle or ignore the facts, and they continue to bolster up this pastime by arguments long ago exploded.

It is true that injuries occur in football and many other games, but in no other game is it your avowed object to knock your opponent unconscious. There are many far better ways of keeping fit, and most of them tend to produce a better-balan-

ced athletic frame by far than that of the rather top-heavy boxer.

Nor is boxing a reliable means of self-defence against thugs, because such people do not obligingly place themselves in a good light and wait to be hit upon the point of the jaw. Moreover we have to remember that there is no irrevocable barrier between amateur and professional boxing. The prize-ring may recruit the promising amateur.

*Repeated warnings:—*Boxing promoters and their medical advisers often proclaim that the dangers of boxing are *now made negligible by medical inspection!* The public should be told, and told repeatedly, that no amount of medical inspection will make the central nervous system and sense-organs less vulnerable. Even if a hundred doctors prod and probe all intending combatants, they cannot make the bone of the temple any thicker. *One blow can tear the middle meningeal artery or knock the sight right out of an eye.*

Whether or not we approve of boxing, most of us would agree to salute Brian London as a courageous fighter. It seems that he is realistic as well as plucky, because Trevor Philpott, writing about him in the *Sunday Times* of 12th January, 1958, quoted him as saying; "I'm like the rest—after the big money! Anybody who says he likes boxing needs his brains tested."—(*Family Doctor*, May 1960).

First Come, Last Served

"A queue is no quicker than the man in front."

COREY FORD

ONE trouble I find with this supersonic age; everything goes so fast that it takes twice as long. Telephones span continents in a jiffy, but you may have to wait hours because of the traffic on the lines. Jets fly from country to country in less time than you spend in the queue to claim your luggage afterwards. All of which boils down to Ford's Law: *"a queue is no quicker than the man in front."* I know, because I'm always the man behind him.

Let me dash into a railway station, with two minutes to catch my train, and someone is invariably ensconced at the ticket window ahead of me with both elbows braced on the sill, engaged in a long discussion with the clerk. Usually he is planning a trip to some outlandish village next week, and he wants to know where he has to change and whether he can stop off at some other place on the way back. The queues at the windows on either side of me move with clock-like precision, but mine stands stock-still while the clerk looks up the time-tables and finds those tickets which have to be made out in longhand and stamped three times on each side. I'd pay the fare on the train, but it has just left without me.

It happens every time I go to the bank. The other day I

waited for 20 minutes which a pay clerk ahead of me collected the wages for all the other girls in the office, paid in a score of cheques and finished up by buying a gift cheque. By the time my turn arrived, so did the bank clerk's lunch hour, and I found myself confronting a neat wooden sign: *Till closed.*

It's even more frustrating when someone is ahead of me in traffic, because he drives at an average speed of 20 miles an hour in the middle of the road so that I can't get by. If I'm looking for a place to park, he slips into the only available gap, and I have to drive all the way round the square and start back down the street slowly. Fortunately I spot his wife coming out of a shop, and I halt just this side of his parking place, holding up all the cars behind me, and wait hopefully as he settles himself behind the wheel, turns on his ignition key and then turns it off again because his wife has just remembered something she forgot. By this time the cars behind me are honking so loudly that I have to drive all the way round the square again and start back down the street, just as another man pulls out of a parking space and the man ahead of me pulls in.

One thing about the man ahead of me, he's never in a hurry. When I'm waiting for his table in a crowded dining car, he dawdles over his dessert, gazing idly out of the window at the passing scenery. I hover nearby, ducking under waiters with loaded trays, and coax him eagerly under my breath: *One more spoonful of that ice-cream.*

Now, swallow it down like a little man. That's right. How about a final sip of coffee? A-a-a-h.

With a sigh of repletion he sets down his empty cup and murmurs something to the steward, while I brace myself and crouch to spring the moment he vacates his chair. The steward hurries back up the aisle, places a second pot of coffee before him, and he spreads open his newspaper and sets to work a crossword until the coffee cools.

I seem to follow him everywhere he goes. On an overnight plane trip he wakes up just before I do and carries his washing kit into the toilet, where he enjoys a leisurely shave, while I wait self-consciously beneath the occupied sign, perched on the armrest of a total stranger and trying to avoid the amused glances of all the other passengers.

I can't even get ahead of him when he's behind me. Yester-

day I was standing in front of him at a clothing sale, but he managed to catch the eye of the salesgirl over my shoulder and pointed to the last shirt left in my size. He shoved right past me into the lift, whereupon the lift man held out an arm to bar my way and announced, "This lift is full." I walked down two flights to the street and hailed a taxi—just as he climbed into it through the opposite door.

There's only one solution, as I see it: a queue with nobody in it but me! One day I'm going to be the first person in the dining car, and if any other passengers turn up they can wait in the corridor until I've finished. I don't see why everyone else is so impatient. I'm not in a hurry. I'll finish my last spoonful of ice-cream and by the way, steward, how about another pot of coffee? (*Reader's Digest*, September 1960).

8 Ways to Avoid Gastric Ulcer

1. Get enough sleep.
2. Put some relaxation into every day and every week-end.
3. Choose the right foods for your digestive tract to handle easily—and don't gulp them.
4. Lie down and rest for half an hour before and after your evening meal.
5. Smoke and drink moderately or better not at all.
6. Take a real vacation once or twice a year.
7. Stop worrying about your job. Take it easy, do your best, and what you do will be good enough.
8. Find outlets or antidotes for the emotions that set off an ulcer—resentment, frustration, hurt, and inadequacy. Blowing your top once in a while will help, but you can often get the same effect by talking things out. —(*Today's Health*, September 1960).

Excess Hair

Three weeks after the frustrating end of a long affair, a 20-year-old girl began growing a slight beard. Such cases of sudden appearance of abnormal amounts of hair in apparently normal women are not uncommon, Drs. Arnold M. Moses and C. W. Lloyd of Syracuse, New York, reported recently. Some follow painful emotional experiences. The excess hair is blamed upon secretion of abnormal amounts of an adrenal hormone. Experimental treatments now seek to suppress production of this hormone.—(*Today's Health*, September, 1960).

Hand-Book on FIRST AID IN ACCIDENTS

By Dr. U. RAMA RAU

Revised by : Dr. U. KRISHNA RAU, M.B., B.S., M.L.A.

Published in : English, Tamil, Telugu, Canarese, Malayalam & Hindi

Explains how First Aid should be rendered
in Accidents such as :—

FRACTURES,	BURNS,
CONCUSSION,	WOUNDS,
FAINING,	BITES,
CONVULSION,	SNAKE BITE,
SHOCK,	BRUISES,
COLLAPSE,	STRAINS &
SUN-STROKE,	RUPTURE
HEAT-STROKE,	of MUSCLES,
ASPHYXIA,	POISONING,
SHOCK from ELEC-	INSENSIBILITY,
TRICITY & LIGHT-	ETC., ETC.
NING,	



One of the illustrations

The book written in popular language with many illustrations, and running to 210 pages (Demy 10mo) has been found very useful by the lay public in rendering First Aid scientifically in cases of accidents till the arrival of the doctor. Members of the medical profession have found it useful to deliver lectures on First Aid to laymen.

The book is being published since the First Great World War (1914-1919) and has since run into several editions and thousands of copies have been sold. Mines, Factories, Police Forces &c. use these books largely.

Price Re. 1/- or sh. 2 per copy for any edition. Postage 60 nP. Extra per copy.
Value may be remitted along with the subscription to 'Antiseptic' or 'Health' or both.

COPIES CAN BE HAD FROM :

Manager, THE ANTISEPTIC, Monthly Medical Journal,
P. O. Box 100, MADRAS 1.

Copies are also on sale by Messrs. Higginbothams at their
Book-stalls at the following Railway stations :

ADONI	CHIDAMBARAM	MADRAS FORT	SALEM
ANKONAM	CHIRUPATI	MADRAS	SAMAYAKOT
BANGALORE CITY	CHITTOOR	MANGALORE	SIDDHAPUR
BANGARUPET	GODAVARI	METTUPALAYAM	TAMBARAM
BAPATLA	GUDIVADA	MYSORE	TANJORE
BELGAUM	GUDUR	NAGAPATTINAM	TENALI
BELLARY	GUNTAKAL	NIDAVOLE	TIRUR
BHEEMAVARAM	GUNTUR	ONGOLE	TIRUCHIRAPPALLI
CANNANORE	HUDLI	PODANUR	TRICHUR
COCHIN HARBOUR	JAIAPUR	QUILON	TRIVANDRUM
TERMINUS	KATPADI	RAJAHMUNDRI	CENTRAL
COIMBATORE	MADRAS CENTRAL	RENIGUNTA	VIJAYAWADA
	MADRAS EGMORE		VILLUPURAM

Printed by U. VASUDEVA RAU at the Antiseptic Press, 10, Thambu Chetty Street,
for the Proprietor & Publisher at 323-24, Thambu Chetty Street, Madras-1.

1923



FOUNDED BY THE LATE DR. U. RAMA RAU

A JOURNAL DEVOTED TO HEALTHFUL LIVING

Contents

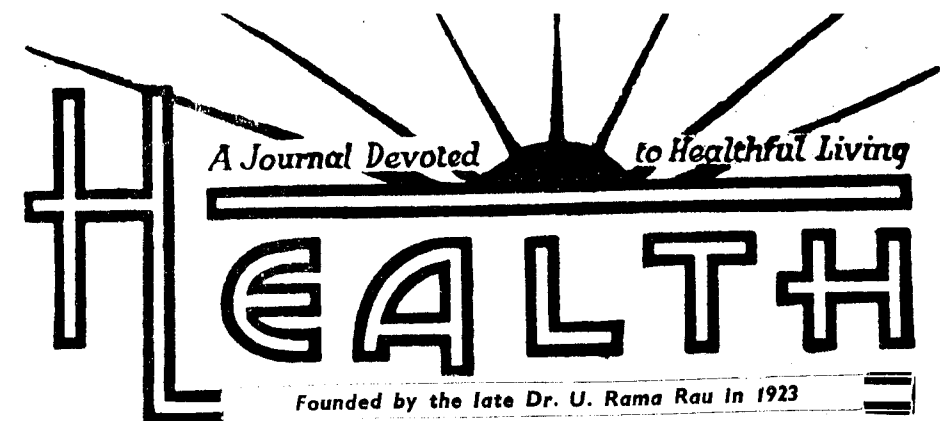
Consulting Editor :

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

Editor :

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

Children's Welfare Editorial
Top Secrets of the Modern
Teenager
Plantains are Good Food
Acne—The Curse of Adolescence
Protein Malnutrition in S. India
Heart Disease
The Early Bird Gets the Worm
The Value of Garlic
Pharmacist's Role in Medicine
Constipation
Master Key to Happiness



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

DECEMBER, 1960

No. 12

CHILDREN'S WELFARE

ON the eve of the Children's Day Celebrations, President RAJENDRA PRASAD exhorted all those interested in children to give top priority to this important problem of child welfare. He commended the example of Madras where a movement to provide free school uniforms and mid-day meals to all young school children has resulted in about three-fourths of the children of the State being clothed and provided with free meals today.

We are happy to know that the first ever planned effort towards child welfare in India will be made during the Third Five-Year-Plan period. The celebration of Children's Day on the 14th of November which synchronizes with our beloved Prime Minister NEHRUJI's birthday, is a happy augury indeed and the specific theme for this year's celebration centres round

the well known axiom:—"The harmony of tomorrow's world depends on the mental and physical health of today's children." Our national and international policy is closely linked with this theme.

Our Union Health Minister Sri D. P. KARMARKAR said on this occasion "We owe it to ourselves therefore, and to the generations yet unborn, that children are nurtured in an environment which not only takes care of the needs of their bodies and their minds but also helps them to cultivate a friendly and cheerful outlook." Prime Minister NEHRUJI recently stressed the need and importance of taking steps "to improve the lot of the Indian child, particularly in the villages in a simple and not too costly manner; unless this is done, the problem of child-welfare will continue to be hard."

Commending the work of voluntary agencies in this task, he said "Government's way of doing things is often lifeless. Its machinery is bound by rules and regulations and that makes the task difficult and cumbersome."

The Indian Council for Child Welfare which is a specialized but voluntary agency has been very zealously and energetically handling this task, with credit to itself and its sponsors. This Council which has been functioning efficiently for ten years now, is the only Central body which co-ordinates the work of the various affiliated State Councils and other voluntary organizations in this field and at the same time prepares plans and programmes besides carrying out research into the best methods to meet the incidental responsibility and achieve the desired goal.

The State Governments have not been unmindful of their responsibilities; they have taken steps to make education compulsory and free for all primary school children and also to provide them with mid-day meals, books, clothes and other necessities also in some cases. There are however, other important aspects of the child's life, which the State cannot directly benefit. The most effective means of securing happy and contented children are to develop the consciousness among the people that the child is a positive asset.

Medical facilities though gradually growing, are hardly adequate to provide the enormous care and attention that the child

needs. The poverty of the family, especially when it has many children, forbids each of them being well looked-after. The plight of the orphans and waifs is more pathetic and distressing. There are no Dr. Barnardo's Homes in our country and the few orphanages that do exist are unable to cope with the enormity of the problem.

The problem of juvenile delinquency in India is steadily mounting, and it will be unwise to minimize it. A disturbed society in an age pre-eminently disturbed and distracted by too many enervating influences, (not the least important of these being the cinemas) produces it to a great degree and concepts of dealing with juvenile delinquency are changing but not quickly enough.

We are inclined to agree with the observations recently made in this connection by a distinguished local contemporary that "there is reason to fear that fundamental importance of not making positive criminals out of mere delinquents, though realized well enough in theory is not being understood in actual practice". These then are some of the additional problems that must be solved, if the heritage of the children is to be preserved. If the programme visualized in the Third Plan is carried out with the idealism and missionary zeal that Sri NEHRUJI brings to bear on the problem it would benefit the nation enormously. This indeed is the message of the Children's Day as we understand it.

TOP-SECRETS OF THE MODERN TEENAGER

(THE GREAT CONSPIRACY)

KENNETH METHOLD,

London

"What did you do at school today, Johnny?"

"Nothin' much. Can I go out now?"

THIS brief conversation, familiar to many parents, seems to contain a basic truth. Whenever we try to find out what our children have been doing they employ evasive tactics worthy of the most experienced politician. They are masters of the indefinite, the vague and, when they feel like it, the downright misleading. Whether or not our school days are our happiest days is a matter still to be decided. One thing, however, is certain. They are our most secret days.

For most children any information concerning their school life or their friendships is classified as "top secret" and unsuitable for parental release. There is an unwritten law which puts parents into the category of unauthorized persons. Admittance to personal affairs is prohibited.

There are various reasons for this. High on the list are the feelings of independence that children develop as soon as they begin school. For the first time they are leading lives that are separate from the restrictions of the home. That the restric-

tions of school life may be more rigid than those of parental authority is beside the point. They are different and part of a separate existence. Most children aim at keeping them that way. They see in the free exchange of information—to use the political jargon—a weakening of their defences. They realize that in no time at all school and home could become one, and that this would be a disastrous union. Divided, the two lives can be managed; united they would bring an end to freedom and the new independence. Thus it is that in answer to our inquisitive proberings children maintain a resolute silence.

"What did you do at school today?"

"Nothing much."

Or, with even greater subtlety. "Arithmetic, English, History and Games."

Here, in the guise of information and spoken with a pretence of co-operation are facts as meaningless as they are impressive. At the end of this recital the parents are no wiser than they were before. The personal life of the child remains intact. Security has been maintained.

For the other causes of the conspiracy parents must look to themselves. Children, being quick to learn, soon appreciate that "everything is taken down and used in evidence." If in an unguarded moment our children volunteer any opinions and ambitions we have a tendency to make capital out of them.

"But you always used to like Miss Jones," we protest. "I can

remember when she was your favourite teacher."

Faced with such evidence the child will colour and become sullen.

"Well I don't now."

And that will be the end of the conversation. To a child the past is the past and has little connection with the present. Neither has the future, which is an abstraction beyond his grasp. All is the glorious or the miserable present, and until we show an understanding of this our children's unguarded moments will be very few indeed.

The secretiveness of children, whatever the reasons underlying it, is often a great worry to parents. They feel that their children's lives are closed to them. If they don't actually resent this, they believe that, if only for their children's own good, they should know a little more about what is going on. Assuming a scale of parental curiosity, at one end of the scale there are parents who expect to be told everything. At the other end there are those who are satisfied if they know where their children can be found at any given time. Most parents maintain an unstable position between these two extremes: one day they think they have a fair knowledge of their children's lives; the next day, they realize there have been new developments about which they know nothing. As a broad generalization it would appear that boys are more secretive up to the age of eleven or twelve, after which they become more communicative.

Girls, on the other hand, are reasonably forthcoming until they reach their teens, when they retire into a shell which only the most understanding mother can crack. Fathers may as well give up the attempt. They will be better occupied mending their train set in the attic.

Parents set about their "fact finding missions" in a variety of ways. The simplest method is the interrogative technique. This is rarely successful. Apart from being too obvious, it requires a skilled inquisitor, to say nothing of unlimited patience over an indefinite period.

Another method of keeping track of one's children's activities is to establish a few carefully selected agents, to create, in fact, an intelligence service. Your agents can report over morning coffee, in the street, or over the garden wall. They can be a valuable source of information. Stated baldly like this it sounds a terrible thing to do—spying on our children! But few parents can plead 'not guilty' to the charge.

Yes, the intelligence service, more politely known as the bush telegraph, has its value. The drawback to it is that not once will you be within reach of your children's own point of view, and it is this, when all is said, that really matters.

That this great conspiracy of silence exists, most parents will agree. And it would seem that there is very little that can be done about it. It is one of the frustrations of parenthood.

Children are independent personalities, not branches of their parents, and their independence and right to a private life has to be acknowledged. Fortunately the picture is not so black as worried parents tend to paint it. If children are offered a secure and affectionate home life they will usually respond by seeking help when they need it. And if

we are to be content in our relationships with children we must forget such outdated notions as "a parent's right to know". There is no such right. Our objective should be to make ourselves available. A little sympathy and understanding at the right time is worth all the prying in the world.—(*Mother and Child*, 30: 4).

PLANTAINS ARE GOOD FOOD

How nutritious is a banana? Ripe bananas (plantains) are rich in sugar; they contain minerals, including iron, vitamin A, and vitamin C. This last vitamin is the one most likely to be missing in the meals of elderly New Zealanders and the 10 milligrams provided by a medium banana can be a very valuable addition to their diets. Old people often find many fruits too sour or too hard to chew, but a sweet, ripe banana is a general favourite.

Are they fattening? No. If they are taken in moderation bananas cannot be accused of being fattening. A medium banana yields about 90 calories—the same number as in a 7 oz. glass of fresh orange juice. If you are on a low carbohydrate reducing diet you should go easy on bananas, but that does not mean that they are 'fattening.' Almost everything is, if eaten in too large a quantity.

There is a common idea that bananas contain fat. This is a fallacy. They don't contain cholesterol either, but it would not matter if they did. It is most unlikely cholesterol in food

has any effect on blood cholesterol levels.

Starch into sugar. Green bananas contain about 20% starch; really ripe ones 20% sugar. The change from starch to sugar takes place during the ripening period. Bananas are really ripe when they are bright yellow flecked with brown. Green-tipped bananas are only half ripe, for at this stage only half the starch has been changed to sugar. These bananas are suitable for cooking only. Bananas ripen well if left quietly alone in a warm place, for example, in a fruit bowl at comfortable room temperature. They should never, never, be put in a refrigerator.

The question of digestibility. Some people think bananas are indigestible. Perhaps this is because they have eaten them before they are really ripe. Green apples are indigestible, too. Nowadays, well ripened bananas are given as one of the first solid foods to infants, but note, the emphasis is on 'well ripened.'

(Reproduced from an article in *Health*, official journal of the Department of Health, by the *New Zealand Family Doctor*, May 1960, via *Medical Digest*, Nov. 1960).

ACNE—THE CURSE OF ADOLESCENCE

(DR. TAVISTOCK'S CASEBOOK)

THE curse of adolescence is acne. Just when boys and girls are becoming conscious of their appearance, anxious to look attractive, they are often reduced to despair by this infernal outbreak of pimples all over their faces, and sometimes on the chest and back as well.

The real trouble is that the sudden great activity of the sex glands at puberty over-activates the grease glands of the skin. This is quite understandable. Puberty is the age at which hair grows on the face in boys and on the body in both sexes. The grease glands, being situated alongside the hair follicles, share in the activity.

At the same time that more grease is forming, the horny outer layer of the skin also gets more active, and too much of it will block up the openings of some of the glands, so that the grease can't get out. This pent-up greasy mass gets infected with germs, leading at first to blackheads, later to pink pimples with yellow heads. Then if they get as far as forming numerous small boils, they will damage the skin and leave permanent pitted scars.

Diet helps.—Acne tends to get worse from about fourteen to nineteen, then gradually clears up in the twenties. Dieting, helping to keep down grease

formation, is some help. Chocolate nearly always makes things worse. *Some say peanuts are harmful.* Certainly an excess of starchy food should be avoided, and it is wise to have plenty of greens and fresh fruit and fresh salads.

It is important to get rid of blackheads, as these are the first stage towards pimples. But don't spend hours in front of a mirror squeezing them out with finger-nails. This causes so much damage to the skin that little hard lumps are left. Instead, buy at the chemist's what is called a "comedo extractor." This is just a flat piece of metal with a pinhole at one end. First, rub skin-spirit over the skin, then apply the small hole just over the blackhead and press gently. A little rocking action will get the thing wriggling out. Do about ten a day, and rub in a little more skin-spirit when you have finished.

Sulphur lotion is useful. Rub the stuff gently into the skin at night and wash it off in the morning. When peeling starts, leave it alone for a few days.

Ultra-violet light is often very helpful. In fact acquiring a tan, slowly, in summer-time, should be the aim of every acne sufferer. In the winter, graduated exposure to artificial sunshine helps. Unfortunately, the effect is often temporary.

In severe cases, skin specialists often give a course of X-ray treatment, weekly for two or three weeks, then fortnightly for a couple of months. This destroys some of the grease-forming cells. It must, of course, be done by an expert.

DEC. '60] ACNE—CURSE OF ADOLESCENCE—DR. T'S. CASEBOOK 271

Penicillin and other antibiotics are *not* used and are of no use except in cases where there are a lot of boils. Then a few daily injections will get rid of the yellow pus and probably help to prevent scarring.

Permanent scarring is the disaster to be avoided. Even that is now successfully treated by the plastic surgeon, who, under an anæsthetic, removes the whole top surface of the skin by sand-papering, or using a wire brush. A new surface grows with most of the marks gone.

As acne is really due to the action of the hormones responsible for the changes of puberty, it is logical to try and use them in treating the complaint. Fat boys who guzzle in the tuckshop and have pale thick skins can be given small doses of thyroid, with all-round improvement, the skin included.

It is quite possible to clear up acne completely with large doses of the female hormone, oestrogen. But, unfortunately, with girls it leads to trouble with the periods and other difficulties, while boys get different effects that are rather worse than the acne. So it *can't* be done. Girls can sometimes be helped with small doses, under careful medical supervision but, obviously, we don't give it to boys.

One of the most recent advances is the discovery that some cases of acne can be greatly improved by using a hormone called *serum gonadotrophin*;

which is the hormone from the pituitary gland, which acts as a stimulus to the sex glands in both males and females.

New experiments.—This is still experimental. The hormone is found to be effective if allowed to dissolve very slowly in the mouth. It is no good when swallowed, but can be absorbed through the inner lining of the cheek. So a tablet, twice a day, is tucked up between gum and cheek and left there till it disappears, which takes just about two hours.

In many cases, the acne gets worse at first, but improves after about ten weeks' treatment. The best dose has not yet been decided, and the whole thing is experimental at the moment, and best left to the doctor or skin specialist. Still, it *does* hold out new hope for the future for some cases and so is well worth trying.

Never squeeze acne pimples to get the contents out. You are far more likely to push it deep in the skin. Never bother with antiseptic soaps. *Few antiseptics work in the presence of soap.*

Finally, few things are better for removing skin grease than ordinary soap and water. Frequent washing is excellent, but don't be too enthusiastic. If you get all the grease out, your skin will promptly react and form some more. Don't overdo it, leave just a little of the grease there, but not too much.—(*Family Doctor*, London, November, '60).

PROTEIN MALNUTRITION IN S. INDIA

(Results of a W.H.O. Survey)

THE extended programme of investigation on protein malnutrition in South India included a survey of the extent and severity of this condition and of the factors contributing to its incidence, the use of vegetable protein foods in its treatment or prevention, and the evaluation of the nutritive value of proteins of the common cereals and pulses.

The area covered by the survey was limited to South India (States of Kerala, Madras, Mysore and Andhra Pradesh). This region covers 662650 km. with a population of 94·8 million, *i.e.*, with an average population density of 146 per km. Over 80% of the population lives in villages, with agriculture as the main occupation. Both in urban areas and in the countryside, income is often inadequate to meet nutritional requirements. Rice and millet constitute the principal crops of the region, vegetables form an important part of the diet, and groundnuts are used for the manufacture of edible oil. The four States taken together do not produce sufficient foodstuffs for their needs. Statistics for child mortality and morbidity are very inadequate, but it is estimated that in South India the proportion of deaths among children under 5 years of age amounts to 20% as compared with 3% in better-developed countries. Diarrhoeas

and dysenteries, which usually precede malnutrition syndromes, rank second to fevers among the causes of death.

The survey, which was confined to children under 5 years of age in the less favoured social groups, covered a total of 4536 children in ten widely separated rural and urban areas. In 86% of the families surveyed, the income was less than Rs. 100 per month. In rural areas about 80% of the people lived in single-roomed thatched huts. The others occupied brick-built, tiled buildings. In the majority of families, the young and old of both sexes lived and slept together in the same room, a corner of which was set apart for cooking purposes. Urban conditions were somewhat better, though also very inadequate. Environmental conditions were very favourable to the initiation and spread of gastro-intestinal and other infections.

In general, the daily diet consisted of two or three meals made up mainly of cooked cereals. To this there were added small quantities of vegetables and pulses. Meat, eggs, fish or milk were consumed only occasionally and in very small quantities, and a little vegetable oil was used for seasoning. The special food-needs of the vulnerable groups such as pregnant women or nursing mothers did not receive any special attention. After weaning, the children went straight on to adult foods.

Women from the poorer communities usually worked until late pregnancy and returned to work within two or three months

of delivery. When the mother was at work, the baby remained at home in the care of the grandmother or an older sister. Sometimes the mother returned to the home two or three times a day to suckle the baby, whose feeding was usually carried out with absolute disregard of the principles of hygiene. Sick children did not receive any special medical attention. The only prophylactic inoculation was smallpox vaccination. Frequently, children were subjected to traditional prophylactic practices which were harmful to their health, such as the regular administration of purgatives "to clear the bowel of toxic substances," a practice which produces a state of chronic intestinal irritation in infants.

Infants were normally breast-fed. Breast-feeding began two to three days after delivery and continued into the second or third year of life; no regular feeding schedule was followed. In spite of their desire to continue suckling, very many mothers had to wean their babies during the first or second year owing to a new pregnancy or to drying of the breast.

A quantitative assessment of the food intake of the children was carried out. During the first six months of lactation a steady rise was observed in the output of breast milk by mothers. This was followed, however, by a gradual fall in the milk output regardless of the child's needs. These results indicate the urgent need for supplementary feeding from the age of 6 months onwards.

The 4536 children were submitted to a careful clinical examination with special reference to signs and symptoms of kwashiorkor; 25% of the children examined had a history of diarrhoea and 2 to 5% had suffered earlier from one or more episodes of oedema. Some 10 to 12% of the children's siblings had died of diarrhoea or oedema, or both. At the time of examination, 12 to 18% of the children were suffering from diarrhoea. The signs of protein malnutrition looked for in the children were dermatoses, hair changes, hepatomegaly and moon-face. Oedema associated with diarrhoea and one or more of the above signs was included under the term kwashiorkor.

It is difficult to estimate exactly the prevalence of the protein malnutrition syndrome in the population under survey. On the basis of the census of 1951, the total number of children under the age of 5 years in South India may be estimated at 14·2 million. As 86% of families in the area have incomes of less than Rs. 100 per month, the number of children belonging to the low-income groups must be about 12 million, assuming that the birth-rates among different economic groups are equal. Even taking the incidence at its lowest as 1%, it may be concluded that the probable number of frank cases of kwashiorkor in the region must exceed 120,000 at any given time.

Poverty is undoubtedly the main cause for the situation just described. As has been said, 86% of the families have an income below Rs. 100 per month;

this sum, even if spent entirely on food, would be inadequate to meet the nutritional requirements of a family.

Customs and traditional practices are the causes of the faulty feeding habits prevalent in the communities surveyed. In appropriate choice of supplementary foods, avoidance of protein-

rich foods, especially when the child is ill, and continued administration of purgatives are only a few examples of such practices. Poverty and ignorance are also responsible for the unhygienic living conditions, the inadequate child care and the indifference to the needs of the child.—(*WHO Chronicle*).

Physical Educators Need to Know About

HEART DISEASE

NORMAN M. WALL, M.D., Pottsville, Pennsylvania

THE strongest point cardiologists have in maintaining patients is in teaching them how to behave with their hearts. It is a problem of physical and psychological education.

In maintaining a good heart, there is no more important area in the entire field of education than that of physical education. If the youngster in our schools is properly educated physiologically, and particularly in the management of his heart, then the groundwork is laid for the longevity of this youngster.

As regards the youngsters who are in school, the physical educator has a double-edged sword hanging over his head. He feels responsible for the physical development of all the youngsters. At the same time he is under the fearful directive that some have a "bad heart." And he knows that there may, unfortunately, be some youngsters with diseased hearts who have been missed.

His responsibility is thus a very serious one. The physical educator is in the important position of educating the minds and bodies of our young people at the most propitious time for helping them achieve a sound and long life.

The physical educator needs some basic knowledge of heart disease not only to fulfil his responsibilities to the young people under his direction but to guide his own living habits. This article attempts to provide some of the elemental understanding of heart diseases and their implications for physical activity. It should be supplemented by further study of this important aspect of the physical educator's task.

The most common type of heart disease in youngsters, this is a serious problem. Rheumatic heart disease, when unrecognized, is the great crippler of youngsters. In this disease, the heart is normal, but an in-

fection due to streptococcus has been superimposed on it. The infection is very common from the age of 7 or 8 through adolescence. This insidious disease may start innocently as a sore throat but ultimately damages the valves that separate the chambers of each side of the heart. The primary valves that are involved are the mitral, which separates the left auricle from the left ventricle, and the aortic, which opens out into the aortic artery from the left ventricle.

Serious effects of rheumatic fever start when the youngster is in the elementary school, but the ill-effects on the pump are not noticeable until the late teens and early twenties.

Diagnosis of rheumatic valvular disease is made by the detection of an abnormal sound, a "murmur." This murmur is the sound of blood eddying across the damaged valve. Detection of this murmur and its proper evaluation are the tasks of a trained person. Sometimes even those with trained ears have difficulty in establishing how much damage the valve has sustained merely by listening to the murmur.

What cardiologists primarily caution youngsters and parents about, in reference to rheumatic fever is exposure to inclement weather. Reinfection of the valve causes more harm than activity. The presence of an abscessed tooth is more dangerous to the youngster than his playing in an ordinary baseball game or having an enjoyable swim.

Arteriosclerotic heart disease.—This is the most common type of heart disease in adults and involves the blood-supply (coronary artery). It is the "heart attack" that has become so publicized since President Eisenhower suffered from it. In these cases the heart is a perfectly normal pump, the valves are sound, the muscles are sound, but the blood-supply—the fuel line (coronary artery)—into the heart is plugging up with a rusting process termed "atherosclerosis." When this rusting process becomes sufficiently severe the fuel line becomes completely plugged (thrombosis). A serious heart attack ensues and the results may be sudden death or a very prolonged illness. Arteriosclerotic heart disease has reached alarmingly high proportions and men from the thirties on up. It is less prevalent among women.

It is extremely important to discuss this problem from the point of view of the physical educator himself. Just as it is important to watch youngsters under his care for signs of diseased hearts, so should the physical educator be aware of the most devastating type of heart disease that can affect him.

What is the reason for a serious rusting process in the vital fuel line? The exact answers are not yet available, but intensive research is now being conducted. One of the avenues of search is to determine why this type of disease is on the increase.

The channels of investigation seem to indicate the following factors:

1. *Diet*:—It is believed that a diet dangerously high in fat, particularly the saturated fats, is a possible cause.

2. *Nervous tension*:—Many reliable investigators believe that the increased nervous tension of modern living causes deposits of rust in the coronary artery.

3. *Smoking*:—Recent investigations show that heavy cigarette smoking is a contributory factor in the development of coronary artery disease.

4. *Lack of exercise*:—Judicious exercising of the body is a factor in keeping our vessels in tone.

Unfortunately this last factor has been bantered around rather recklessly, so that some people feel compelled to exercise strenuously every week-end and then remain sedentary for the other six days. Common sense should indicate the dangers of this regimen.

From the practical standpoint the physical educator should consider the following instructions.

1. After 35, start reducing caloric intake. Avoid many fats and a lot of starches.

2. Even at the proper weight, avoid saturated fats.

3. Avoid nervous tension. This is an admonition easy to give but difficult to follow. Tensions that reach a pitch of intensity within a few minutes (such as are often experienced in sports contests) are more aggravating usually than those experienced in ordinary business life, where tension is usually spread throughout the day.

4. Decrease rather than increase the amount of exercise each year. A man who was active in athletics in his youth should not try to carry on the same activities into his fourth decade.

5. Avoid cigarette smoking.

6. Have periodic check-ups. A check-up by a physician or cardiologist, including an electrocardiogram, check X-ray, blood and urine studies, and a sound physical examination, is extremely important at least once a year.

The 40-year old athletic instructor should remember that he has a motor that has been running for a long time and that he is not going to get a new model or any new parts. He would certainly treat a 1920 model car with the most delicate care; let him be equally considerate of his heart—the most important engine of all!—(Johper, March, 1960).

Breast Feeding

"Either we must keep women longer in the hospital or some other type of recuperative institution, or women must have intelligent and kindly help in their own homes. Failing this, breast feeding is doomed to extinction and the breast will replace the appendix as the most remarkable vestigial organ of the body."—(Changing Needs in Postnatal Care, S. C. Robinson *Canadian Journal of Public Health*, 51: 141, April 1960).

THE EARLY BIRD GETS THE WORM

GERALD WALKER,

London

WHEN my wife and I started an eagerly anticipated motor tour last summer, our plans were simple. We would drive through the country until we came to a spot that looked interesting, and leave when the nomadic spirit moved us. Beyond that, I had little in mind except to soak up nine hours of sleep a night.

But I reckoned without Mother Nature. We spent our first night in a cottage on the shore of a lake. At 5-30 in the morning I was awakened by a twittering chorus of birds, close and loud. I tried to ignore them. I couldn't.

So while my wife slept on, I dressed and went outside. The sun had not yet risen. Long swirls of delicate, lace-like mist drifted in off the lake. Near by, an astonished rabbit twitched its nose and bounded to cover. Then the birds and everything else fell suddenly still for a long moment, and the sun rose. It was exciting in a quiet but deeply satisfying way. Afterwards, I tramped through the woods for two hours and returned with a breakfast appetite I hadn't known for years.

That is how I rediscovered the lost art of *getting up early*. For a leisurely month I rose to take early-morning rambles through forests of birch trees, pale and

ghostly at first light, or along deserted strips of glistening, untracked beach. In a fishing village, I'd pick my way through the morning fog to the waterfront and watch the fishermen in oilskins load their nets and set out for the day's catch.

Whatever I did, the world looked different to me during those early-morning hours. Besides giving me a feeling of oneness with nature, my walks provided the opportunity and the stimulus for reflection and self-evaluation so rare these hurried days. I resolved to continue my early-bird routine when I got back to town and my work.

Like most people, I had always found my days too short for doing all the things I wanted to do. There was never time beyond the hours demanded by my magazine writing, for example, to work on books and plays. I soon discovered that *an hour in the early part of the day is worth at least two hours later on*.

I am by no means the first to make this discovery. Harry Truman has been an early riser all his life. The late Bernard Berenson, the art historian and critic, awoke regularly at 5-30 a.m.—right up to his death in 1959 at the age of 94. A promising young sales executive I know gives the entire credit for his present success to early rising. According to him, it takes most people hours after waking up to start working efficiently.

For this reason, he's always at his desk early to think and plan his day before pressure and phone calls begin. By 10 a.m. he is well launched, with the

bulk of the business day still ahead of him.

A school friend of mine, now a mining engineer, writes to tell me that he, too, gets up early—to work on a correspondence course he is taking. "But sometimes," he said, "I use this uncluttered time to read the scriptures and ponder about life."

Dawn has always been a special hour for meditation and worship. Clergymen give two reasons for this:—*First*, there is something symbolic about communing with God at the exact instant when day is breaking over the land He made. The rising sun naturally leads one's thoughts to fresh beginnings, new hopes. *Second*, early rising requires a special effort. By making it, you are reminded of the value of discipline and given an instantaneous reward for good behaviour.

The rewards take various forms. I know one housewife who slips out of bed an hour and a half before it is time to start breakfast for her husband and three children. Her main reason: to have a little extra time to herself. "Waking up early is my way of getting it."

Others have found that early rising is a means of enriching family life. One suburban couple spends the early part of the morning with their two youngsters. The father like many other busy men, doesn't get home in the evening until after the children's bed time. "For a while," he says, "I was only catching sidelong glimpses of

my offspring as I hurried through shaving, sped through breakfast and raced out of the door to drive to the station. Then we hit on the idea of setting the alarm clock earlier for the whole family. Children are natural early birds anyway, so they didn't mind, and we soon got used to it ourselves. Putting the 'children's hour' in the morning has given us a new and rewarding relationship."

Of course, not everyone finds it adventurous or even agreeable to get up at dawn. In this autobiographic *Act One*, serving as spokesman for those "dawdling souls who lumpishly resist the golden glow of dawn," playwright Moss Hart wrote:

"The testimony of such loiterers as myself on the enduring joys of late rising carries little weight with folk who are up and about at dawn, busily improving those shining early hours. They continue to have my blessing, from the depths of a warm and sceptical bed."

There may be late risers who want to reform and find it difficult to get started; if so, there is a truly painless way of breaking in. According to a little-known English writer named A.C. Buckland, who in 1818 wrote a quaint and interesting volume called *Letters on the Importance, Duty and Advantages of Early Rising*, the secret is to conquer by degrees.

"Rise five minutes earlier every morning," Buckland sensibly advises, "till you have arrived at the hour which appears to you most eligible. The

daily subtraction from sleep will be so trifling that it will not occasion that drowsiness which the sudden change from rising at eight to rising at five must necessarily produce. The last day in each week will be half an hour longer than the first and, at the termination of a month, you will have become an early riser."—(*The Christian Herald*, via *Reader's Digest*).

FOMENTATIONS

MARY CATHERINE NOBLE, R.N., R.P.T.,
Physical Therapy Department, Washington Sanatorium, U.S.A.

A FOMENTATION is an application of heat, and mankind has been using heat to relieve pain from time immemorial.

There are many ways of applying heat. The fomentation is an application of moist heat. When heat is applied to the body, changes take place in the circulation of the blood. Blood vessels dilate and nerves relax. When fomentations are applied, they are usually made to cover a larger area than that affected, because a better effect is thus obtained. To help maintain the effect, a short application of cold is given after the application of heat, but in acute pain or in muscle spasm it is best to omit the cold.

Articles needed.—1. A large open-mouthed kettle of boiling (yes, boiling) water. A steamer may be substituted for the kettle.

2. Four or more fomentation cloths made from blanket material 30 to 36 inches square, part wool if possible. Part wool is preferred to all wool.

3. One or two Turkish towels.

4. A wash-cloth and a basin of cold water.

Procedure.—1. The room should be warm, with no draughts.

2. It is usually best to have the patient lying down for the treatment. The feet should be warm.

3. The water must be boiling before the treatment is begun. Fold one fomentation cloth into third lengthwise. Grasp both ends of the folded cloth and immerse all the cloth except the ends in the boiling water. After a moment lift the cloth, and by twisting the ends in opposite directions wring as dry as possible. This is important, for to be effective a fomentation must be hot, and a dry fomentation is not likely to burn or scald. By stretching and pulling it is possible to wring more water from the cloth.

Hold by one end and allow the fomentation to untwist quickly so that the heat is not lost. Wrap the cloth still folded in thirds in the dry fomentation cloth. Fold double, end to end, and roll tightly to hold in the heat. Carry to the bedside.

4. Quickly unfold and place the inner side on area to be

treated. Cover with a towel to keep the heat in and the bedding dry.

If the clothes are to be used for more than one patient, place a Turkish towel on the area under the fomentation so that the cloth does not touch the patient directly.

5. Place the wash cloth wrung from the cold water on the forehead. Wring it dry enough to avoid dripping.

6. To be effective the fomentation must be hot, but if it is unbearably hot, a quick rub under it with the hand will relieve the burning sensation. This measure may need to be repeated. A Turkish towel placed under the fomentation will absorb moisture and prevent burning.

7. Each fomentation should be left in place three to five minutes. A fomentation is ineffective if left on long enough to cool. The next one should be ready to apply before the one on the patient is removed. Dry the area as little as possible so as not to chill the patient. Even a few seconds of exposure gives the cold-sensitive patient a feeling of chilliness.

8. Make three applications. When you remove the last fomentation, cool the area with a washcloth wrung from cold water, and dry the treated area thoroughly. (The application of cold is not made if pain or muscle spasm is present).

9. Cover the treated area and make the patient snug.

10. If the application has caused general sweating, carefully give some cooling measure, such as an alcohol rub or a cold-mitten friction. Be careful not to chill the patient. He should remain indoors and out of draughts until his body is completely back to room temperature.

Precautions.—1. See to it that the room is warm (75 to 80 deg. Fahr.). Be careful not to chill the patient during or after the treatment.

2. See that the patient's feet are warm before beginning the treatment. If they are not, give a hot foot bath first.

3. Always wipe moisture from the skin before applying the next fomentation, to avoid a feeling of burning.

4. Make all changes quickly. Have the needed articles, such as fomentation, towel, washcloth, basin of cold water, at the bedside before starting to make the change. The part treated should never be left exposed, even for a few seconds.

5. If the patient perspires freely, dry the skin well after the treatment or give an alcohol rub. Keep a cool cloth on the forehead or neck during treatment to keep the patient comfortable and to help him to retain a sense of well-being throughout the treatment.—(*Good Health*, October, 1960).

Weight is what a healthy man always loses when his wife is on a diet.—*New York Mirror*.

THE VALUE of GARLIC

ROSE TENENT,

London

PERHAPS you think of garlic only as a very pungent plant with occasional uses in cookery. Actually, this centuries-old herb has valuable antiseptic properties, and has long been recognized as valuable in the treatment of rheumatism, high blood-pressure, eczema, catarrh, ulcers, impure blood, dandruff, and falling hair.

Like the onion, garlic is an allium—the word “allium” means garlic in Latin. The variety used for flavouring is *A. sativum*, which is not a native plant but was introduced to British in the middle of the sixteenth century.

Of the native garlics, the broad-leaved variety *A. ursinum*, probably is best known. Often alluded to as wild garlic (or “Ramsons”), this plant grows in damp woods and shady hedgerows. It flowers from April until June.

Other native varieties include the Crow Garlic (*A. vineale*) and the Field Garlic (*A. oleraceum*). There is also the Meadow Garlic (*A. canadensis*), which, in former days, was used by the North American Indians for food.

“Miracle herb.”—Garlic grows in white bulbs consisting of a number of cloves or segments. The miracle herb of the Romans, throughout the ages it has been recommended for the effective treatment of colds, asthma, bronchitis, and other chest complaints. A famous physician in

old Rome in the first century prescribed garlic to help counteract all internal poisons and disease. It was also prescribed for leprosy.

Next time you have a chest cold try bottling half a dozen garlic cloves in a little olive oil. This will give you garlic oil which is excellent for chest and throat troubles. A small quantity should be massaged into the chest and back night and morning.

Garlic is also a wonderful hair tonic. If you are troubled with dandruff, massage oil of garlic into the scalp before washing the hair.

Natural antiseptic.—A proven antiseptic, garlic has been found very valuable in times of infectious illness. A few pieces of garlic placed in odd corners of the house—particularly in the bathroom, kitchen-sink, water-closet, etc.—will act as germ-collectors and prevent the infection from spreading. Naturally, you will burn the germ-infected garlic each morning and replace with new pieces.

Have you ever tried garlic broth? For a cold in the head it is even better than onion-broth. Stew the garlic in milk as you would onions. A clove of garlic added to vegetable soups and stews adds to their nourishment on a chilly day.

Garlic is of great value in cases of whooping cough, hoarseness, or bronchitis. It is especially helpful when taken in conjunction with honey. Cut the garlic into slices, and place them in a shallow dish. Pour on some clear honey, and leave for a few hours for it to inter-

mix with the garlic juice. A teaspoonful should be taken whenever required.

Oil of garlic is extremely useful as an outward application for rheumatism and sprains. It is also claimed to cure chilblains. During the First World War sterilized sphagnum moss was soaked in garlic juice and used for suppurating wounds and sores.

Garlic can be given with con-

fidence to all domestic animals. Organic farmers recommend it for mastitis in cows and goats. It has been found invaluable in cases of dog distemper, and it also acts as preventive against worms. During the moulting season it is advisable to give a dog or cat three or four garlic tablets a week in its food. The difference in a pet's condition will amaze you.—(*Good Health*, September-October, 1960).

MOUTH-TO-MASK RESUSCITATION

THE mouth-to-mouth technique of artificial respiration has been demonstrated and accepted as the most practical method for the emergency ventilation of an apnoeic person of any age, in the absence of equipment, regardless of the cause of the apnoea. Mouth-to-mouth resuscitation has unequivocally been shown to be superior to manual methods and can be extended for long periods of time. During its application one senses resistance and obstruction to breathing and the early return to spontaneous breathing; thus better control is possible than with manual methods.

There are objections, however, to mouth-to-mouth resuscitation, which include (1) a reluctance and apprehension to breathe into an apnoeic person, the operator fearing infection and contamination; (2) invariable hyperventilation and frequent experiences of dizziness and fatigue resulting in decreased efficiency; (3) reluctance to participate in training

programmes which teach this method; and (4) a risk of overdistention of the lungs, especially in infants and children.

In order to overcome these objections and still provide an efficient method of ventilating the lungs, mouth-to-mask techniques have been recommended. The report on an evaluation of this form of resuscitation is very promising.

A mouth-to-mask unit of the design shown in the figure was used for the study. The first 300cc. of air or part thereof with which the victim is ventilated is atmospheric, since the operator previously inspired atmospheric air through the tube. Overinflation is prevented by a pressure relief valve, set for 24 mm. Hg. There is no rebreathing of the victim's air by the operator, since he rebreathes the last 300 cc. of his previous exhaled air mixed with atmospheric air coming through the inlet valve.

The mechanical efficiency of the mouth-to-mask resuscitator was determined by measuring the volume of air entering and leaving the valve.

In all of the subjects satisfactory ventilation and arterial blood gas composition were demonstrated. Mouth-to-mask resuscitation eliminates contact with the victim, thus minimizing the danger of infection. Significant hyperventilation by the operator is prevented by his rebreathing the small portion of expired air remaining in the resuscitator tubing. The concentration of oxygen entering the victim's lungs is adequate and that of carbon dioxide low. An adapter placed at the inhalation inlet permits resuscitation with 100% oxygen from a demand or continuous flow system when oxygen is available.

This form of resuscitation may be used not only for an apnoeic patient but also as a short-term assister in the venti-

lation of subjects in respiratory distress. Ventilatory support can be continued until more specific medical treatment or mechanical devices are available.

It must be remembered that an unobstructed airway must be established and maintained before any form of artificial respiration can be successfully used.

The mouth-to-mask technique is a safe, simple, and efficient method of administering artificial respiration both in resuscitating apnoeic subjects and in providing assistance to persons in respiratory distress. It is recommended for widespread use. This type of breathing is as efficient as the mouth-to-mouth technique and superior to it, in that it reduces operator apprehension, hypocapnia, and fatigue. Further, if the unit is equipped with a pressure relief valve serious overinflation of the victim's lungs is avoided.—(*J.A.M.A.*, 23-4-1960).

Pharmacist's Role in Medicine

SINCE the advent of the sulphadiazine drugs followed by the antibiotics, hormones, tranquillizers, and a host of other remedial agents developed since World War II, the problem of keeping up with new drugs has become a difficult one for the physician.

Aside from the fact that many new categories of drugs have been introduced into medical practice in the last 15 years, the number of drugs in each category increases almost daily. Added

to this is the problem of the multiplicity of drug products containing the same basic chemical compound. All of this means only one thing, the necessity for the physician to spend a considerable amount of time each week in reading new product literature and in discussing these new products with the medical service representatives and the pharmacists.

Some pharmacists have realized their responsibility to the

physician in this connection and have designated an area in their store for new products. Very often an office is provided in the prescription area where the physician may compare the new drugs and discuss certain aspects of them with the pharmacist.

These products are arranged according to therapeutic action groups so that the physician can study the new products offered in a given action group and decide on the best medication for his patient. In many cases certain undesirable side effects are present in one product and not in another, or one product may contain a combination of drugs to give a combined therapeutic effect and in this way are tailor made for treating his patient. Literature is provided on each product and thereby made available to the physician.

The new drug products find their way to the case as they are released from the manufacturer and introduced to the physician by the medical service representative. They are removed when they have become firmly established in medical practice. Other new drugs in turn find

their way to the case, and the process is a continued one.

The pharmacist must become well acquainted with the new drug case and be ready to discuss the merits of each drug with the physician. He must be informed concerning the pharmacologic and therapeutic usefulness of the drug, the side effects, the dose, and the mode of administration and, in addition be able to compare the drugs of a similar action on the basis of chemical structure, rate of absorption, and stability. Also, the pharmacist must be able to discuss the cost of each drug product in terms of the ultimate price of the prescription to the patient. Training in the colleges of pharmacy prepares the pharmacist to act as a consultant to the physician. In this connection the pharmacist has not only an opportunity but a responsibility as well to hold up his end of the medical health team. The role of the pharmacist today depends more on what he knows than on what he does.—(Noel M. Ferguson, Ph.D., Dean, College of Pharmacy, University of Houston in *Texas State J. Med.*, April, 1960).

Intuition

It is probable that subsequent to the development of language, man lost much of his capacity for intuition (intuitive perception) since much of his energy was now used up in his efforts to put his thoughts into words.

Comparatively few men have preserved that silent understanding, possessed by some animals, that we call intuition. Taciturn persons can regain this quality..... Great philosophers and religious leaders, such as Buddha and Christ, escaped from the realm of speech and sought silence and solitude in order to apprehend the spirit of nature.—(Beyond Human Knowledge, by Rudolf Von Urban, M.D., Pageant Press, Inc., New York, 1959, via *Current Medical Digest*, December, 1959).

CONSTIPATION?

ARTHUR N. DONALDSON, M.D.

AS LONG AS nature is allowed to handle a job alone, we can rest assured that it will be well done; but when we start meddling with the established routine of automatic body-functioning, we usually wind up by calling a specialist. Take that swing through the digestive tract, for instance. Nature can do a good piece of work from throat to rectum, provided eating habits are ordinarily reasonable, and there is not too much neglect at the rectum. You see, it is only at the two ends of this system that the human intellect or lack of it can enter the picture. The in-between is all automatic. It runs itself.

Constipation is a major human woe; and, like 99.9 per cent of all our griefs, it is self-inflicted. We have little to blame on our forbears for this unpleasantness, unless it be that they have passed on to us a touchy nervous system, which can tie up anybody's intestinal tract. Usually, however, it is our own dictatorial action that throws the monkey wrench into the gears and upsets nature's best efforts.

Neglecting nature's call.—Think back over the years and recall the times that you have refused to obey the signal telling you to hasten to the toilet. May be you were at a game, a party, or in the classroom—very inconvenient spots for such an

alarm—nevertheless an important call was ignored.

Well, the nerves delegated to the job of ringing the bell when the faecal refuse reaches a certain spot in its descent, will, like your conscience, eventually become hardened by repeated rebuffs, and refuse to notify headquarters of the state of affairs. This is *Number One* cause of constipation: failure to answer nature's call.

It is only when the rectum fills from the section of the colon called the sigmoid, just above, that the urge to defæcate develops. So, when the rectum fills and is refused the opportunity to evacuate its contents, there is nothing to do but for the faecal mass to remain there and dry out. That is, moisture is gradually absorbed from the mass. It gets drier and harder and packs more firmly. Then we begin with enemas and cathartics, introducing a *second* phase of the constipation problem and another bad habit.

A vicious circle.—Enemas may succeed in clearing out the rectum, but they also discourage the rectal mechanism in the handling of its evacuation job. Just like some people on relief—the mechanism prefers charity rather than to work for its keep. Cathartics irritate the intestinal tract. In fact, most of them accomplish their task through processes that injure the living membrane, particularly in the large bowel. And thus we provide one potent cause of inflammation of the colon—*colitis*. The mucous membrane of the colon, raked by irritating drugs of various kinds, finally gets

tender, sore, and pours out quantities of mucus in an effort to protect itself.

"Colonics" and "high enemas" have a similar effect. All this leads to spasms here and there in the muscles of the colon, which not only hurt and cause stomach-ache and backache, but distinctly further the cause of constipation. And so—more cathartics—more irritation—more spasms—more constipation—still more cathartics—a vicious circle.

Spastic constipation.—Now the use of cathartics and enemas commonly becomes habitual because of the nerves alone. The colon is somewhat of a barometer of nervous things in general, and responds to tense times by either a diarrhoea or a tie-up-usually the latter. Anxiety, worry, or fear will produce a spasm in the colon. Thus the passage of waste is slowed, too much time is given for the absorption of moisture, and the material becomes difficult to move. We call it spastic constipation.

Another, probably minor, cause of constipation is deficient residue. The idea of bulk in the diet is so universally preached today that it is only now and then that we find a table *sans* spinach, lettuce, carrots, or some other food that provides a large amount of "roughage." The old combination of white bread, potatoes, and meat is quite obsolete; and even the oldsters choke down their string beans, greens, and bran. Of course, the logic of it is simply

the mechanical necessity of having enough unabsorbable stuff in the intestinal tract to give it something to work on—otherwise *it won't work*.

Sometimes, however, we find a nervous colon that cannot and will not tolerate rough bulk like celery, cabbage, cauliflower, or bran. This sort of stuff is definitely scratchy and in an irritable colon stirs up a reaction about like the proverbial bur under the saddle. These "spastic" folk have to tread lightly in the use of rough bulk, otherwise their constipation will get decidedly worse. They need bulk all right, but smooth bulk. To begin with, they must *avoid* cucumbers, radishes, celery, cabbage, and most certainly bran and perhaps coarse bread also.

Anything in the rectal area that irritates will defeat nature's best effort to take care of things. Hemorrhoids and fissures cause a tightening of the controlling sphincter, and, simultaneously, through an interesting physiological mechanism, a diminution in the muscle power needed to effect evacuation. This type of constipation naturally can never be cured by enemas, "colonics", cathartics, bulk foods, or mineral oil.

The abuse suffered by the human digestive tract is beyond words. The nearer to the vegetative stage the intellect may be, the less the evidence of interference with the automatic parts of our make-up, the less the worry of constipation.

You never hear of animals being in need of an enema. To

begin with, they apparently use some judgement (or is it instinct?) in the selection of what goes in at the mouth. Some humans must almost be clubbed into any semblance of reason in matters of diet. Animals are not tied to social forms, show no inhibitions in responding to the call of nature, and require no bathroom facilities.

Furthermore they have no worries over an income tax, the styles of hats, or the size of the

family—nothing, in fact, to keep the emotions in a chronic uproar and to tie the intestine into knots that hurt and that prevent normal function.

And so the proposition of normal bowel action resolves itself into the matter of learning how to eat, how to control emotions, and how to co-operate with a body that will carry on decently and in order if we use a little intelligence.—(*Good Health*, May-June, 1960).

MASTER KEY TO HAPPINESS

WHILE waiting in a restaurant for my order to be served, I noticed on a shelf behind the waiter a display carton containing several small tins of a popular remedy for the relief of upset stomach and its allied ills. In the empty slot of a tin that had been sold appeared the phrase "for over-indulgence;" and I got a bit of grim humour out of it, said Harry M. Tippet.

"Everything looked so good, I just couldn't resist taking that second dessert," a portly matron was overheard to say as she puffed her way upstairs from a reception.

If we had a national convention of all the people with recurrent headaches and grouchy dispositions induced by over-indulgence, there wouldn't be a metropolitan area big enough to hold them. The purpose of such a convention would conceivably be to find out what to do for misery under the midriff. The man with the biggest hangover

would be the logical chairman, and he would use a muted gavel lest he rap the delegates to growling protest when he called the throbbing heads to order.

Such a convention, fantastic as it is in concept, would be a thousand times justified if it came to the corporate conclusion that temperate living is the best specific against jangled nerves, mental turmoil, and unhappy adjustment to everyday routine.

Old stuff? So is Seneca's observation in the first century A.D.: "What fools these mortal be." Shakespeare said it too, but it wouldn't be surprising to find that this laconic bit of comment on human folly goes back as far as Belshazzar's feast, when the drunken lords and ladies, satiated with the king's dainties, saw the handwriting on the wall. There was no shelf in the banquet hall that night stocked with proprietary remedies for over-indulgence. Gluttony, intemperance, and

profligacy had become national follies, and as a result, Babylon the great became in time a place of dusty heaps and howling jackals. No modern state is immune to such a fate if given over to intemperance.

Not every key of privilege opens a door to happiness. Opportunity to gorge favourite foods or indulge pleasures to satiety is often the beginning of physical sorrows, with mental and spiritual side-effects. *For happy living there must be harmony between body, mind, and spirit.* To achieve it the will must be arbiter over how much we eat, how much we work, how long we play, and what we choose as legitimate pleasures.

However the modern sophisticate may smile at the warning of the old-fashioned moralist against the dangers of the primrose path, the road of unbridled indulgence is a toll-road, and

the charges are high. There is a chance to make a U-turn in it, however, before one reaches its terminal in the bog of self-reproach and bitter remorse.

"Be happy—follow your impulses" is the most irresponsible advice ever released to a pleasure-groggy world. There are many keys to sensible satisfactions, but *the master key to happy living is self-discipline.* It locks the door to excesses and foolish indulgences and opens the gate to peace and contentment.

You can't buy permanent stomach ease with a half-crown box of antacid pills. At best what you get is a gastric armistice until the next indiscretion. You can't find happiness in byways of pleasure that are entered through swinging doors.

Be happy—let restraint be the keeper of your keys.—(*Good Health*, Sep. and Oct. 1960).

Dreams and their Interpretations

The dream as a phenomenon has fascinated scholar and layman alike for centuries. Its meaning or interpretation has been the subject of countless discussions, and theories as to its origin and cause go as far back as recorded history can take us.

Today when people look askance at psychiatry because it uses dream interpretation as part of its approach to the human mind and its problems, they may not realize that what they cavil at as a waste of time really has a long and distinguished history.—(*Insomnia and its Relation to Dreams* by Leonard Gilman, M.D., J.B. Lippincott Co., Philadelphia, 1958, via *Current Medical Digest*, December 1959).

Burdens

A burden is a burden and nobody likes to have one. For a decent cause, we accept a burden and feel good about having done so. Because of our self-love, we expect that nothing should be a burden to another when we want something. We want to be so important to others that they should be glad to do anything for us.—(*Mannerisms of Speech and Gestures in Everyday Life* by Sandor S. Feldman, M.D., International Universities Press, Inc., New York, 1959, via *Current Medical Digest*, December 1959).

Telegram: "ANTISEPTIC"

Telephone: 5263

HEALTH

A Journal Devoted to Healthful Living
Founded by the late Dr. U. RAMA RAU, in 1923
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.

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

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

AUTHOR and SUBJECT INDEX

Vol. 38

JANUARY TO DECEMBER, 1960

Nos. 1 to 12

AUTHOR INDEX

A	PAGE	M—(Contd.)	PAGE
Abbey, Peter, London	... 257	Major, Alan, P., London	... 45
Achar, Dr. S. T., Madras	... 170	Mannes, Marya, Chicago	... 144
Barber, Dr. Hugh, Derbyshire, England	... 147	McCollum, Marvin, F., Hamilton, Ohio	... 109
Battista, O. A., Cambridge, London	... 153	McGinley, Phyllis Birmingham	... 63
Benson, W., London	... 233	Methold, Kenneth, London	... 267
Bynoe, Dr., Salisbury	... 216	Monroe, K., Chicago	... 8
Chadwick, C. P., Stott, London	... 120	Mullins, Ann, London	... 117
Cohen, Amy, London	... 69	Noble, Mary C. Washington	... 167, 279
Conway, C. F., Saskatchewan Canada	... 247	Noble, Nurse Mary Catherine, London	... 167
Cooper, Nurse M., London	... 13, 105, 155	Norman, A. P., London	... 210
Davies, Dr. Sir Daniel, London	... 110	O'Brien, R., Chicago	... 198
Desmond, Thomas C., New York, U.S.A.	... 162	Ogilvie, Sir Heneage, London	... 243, 256
Dewalt, L. W., Chicago	... 136	Orton, Dr. P. K. L., London	... 82
Doggart, J. H., London	... 261	Peale, Norman Vincent, London	... 229
Donaldson, A. N. London	... 285	Pilkington, Roger, London	... 103
Drury, Michael, London	... 213	Pohndorf, R. H., Illinois, U.S.A.	... 42
Dwyer, Franklin, London	... 96, 143, 149	Porter, Alan, London	... 141
Earle, Dr. John, London	... 171	Porter, D., Lynton, London	... 35
Earle, Howard, New York U.S.A.	... 254	Potthoff, Dr. Carl, J., Chicago	... 160, 226
Edwards, W., London	... 17	Raghavachari, T. N. S., Madras-14	... 108
Faber, Dr. S. M., London	... 94	Rash, J. Keogh, Indiana U.S.A.	... 180
Fearnley, Jonathan, London	... 238	Ratcliff, J. D., Chicago	... 55, 125, 177
Ford, Corey, Boston	... 263	Ridley, F., London	... 3
Foster, Jack, Romford	... 51	Roddis, Dr. Louis, H., New York	... 85
Gates, Dr. Edwin W., Niagara Falls, U.S.A.	... 88	Sellers, C. W., Michigan	... 221
Gibson, John, E., Chicago	... 75, 79, 111, 223, 251	Smith, Dr. F. Michael, Thibodaux, Louisiana	... 99
Gilechrist, Leo, London	... 22	Stewart, Colin, London	... 253
Glover, Dr. Dick, London	... 77	Suseela Dwarakanath (Mrs) Madras-14	... 187
Gregory, Hilton, London	... 163	Tennent, Rose London	... 281
Gunston, David, London	... 27, 116	Trimmer, Eric J., Liverpool	... 40, 134
Hendricks, F. H., Cleveland, Ohio	... 31	Vine, Dr. R. D., London	... 161, 185
Hobbs, Dr. Henry, London	... 156, 195	Walker, G., London	... 277
Illingworth, R. S., Sheffield, England	... 38	Wall, Norman M., Pottsville	... 274
Kern, Janet, London	... 204	Whitehead, S. B., London	... 29, 201
Khusro, Dr. Mrs. D.F., Abu, Rajasthan	... 173	Whitman, Ardis, London	... 219
Krimsky, Joseph W. Virginia	... 207	Willgoose, Carl, E., Temple University U.S.A.	... 150
Littlewood, Elizabeth, London	... 90	Wright, Dr. H. B., London	... 129
Luongo, E. P., Illinois	... 142	Youngs, Robert, New York	... 205
Luongo, E. P., Illinois	... 224		
Maclay, D. T., London	... 14		
Maisel, Dr. A. Q., New York	...		

HEALTH 1960—SUBJECT INDEX

A	PAGE	C—(Contd.)	PAGE
Absenteeism : Due mainly to emotional upsets	89	Cough : The chief cause of	78
Aches, pains and muscle strains	247	Cracking the joints	218
Acne : in adolescence	270	Cramps : What causes them ?	122
Adenoids : Troublesome in children	183	Cricketers : Pensions for	145-(a)
Aesculapius and the muses	94	'Cuppa' tea in nine seconds	121-(a)
Aesthetic : Negation of the	20	Deaf child (Parent's point of view)	165
Age and food	184	Depression	164
Ageing is part of life	221	Depression is dangerous to health	11
Anti-rabic vaccine : The story of	21	Diabetes : Marriage and parenthood for	88
Anxiety neurosis	161	Doctoring : Time for proper	17
Appendicitis : First aid for	160	Doctors and civic responsibilities	65
Artificial respiration : Effective	247	Doctors : What they said about	85
Artificial respiration : Mouth to mouth	106, 107	Domiciliary treatment to get better	40
Arthritics : Jobs for	142	Door handle : Locking	241-(a)
Athletics in moral training or "As the Twig is bent"	109	Dreams and interpretations	288
Auto-accident injuries	160	Dropsy	233
Babies' colic—Getting the wind up	210	Drugs : Warning flag for wonder	14
Babies in high places	174	Dumb, not so	46
Bee venom can kill humans	73-(a)	Dyes for colouring foods : Dangers in	161
Birds don't like it	265 (a)	Dying : The doctor's role	258
Birth control : Criticism of	155	Dyspepsia : May be just a habit	138
Blood group	171	Early rising	277
Bone substitute	98	EDITORIALS 1960	
Books : On	143, 144	January 1960	
Boxing endangers sight	281	Social Welfare Work and Juvenile Guidance	1
Brain operation : Looking in on a	51	February 1960	
Brain : Pleasure centres of the	66	Madras Centre for Handicapped and Disabled Children	25
Brain waves : Casting in, on	145-(a)	March 1960	
Breast feeding	276	Training for Social and Moral Welfare Work	49
Breath is life	13	April 1960	
Burdens	288	Malaria Eradication—A World Challenge	73
Burglar alarm device	49-(a)	May 1960	
Bursitis	182	Leprosy Control and Treatment	97
Cancer-stick—New name for cigarettes	259	June 1960	
Carbon monoxide	121-(a)	World Red Cross Day	121
Cash tray : Automatic	193-(a)	July 1960	
Cataract—New treatment for	217-(a)	Education and Rehabilitation of the Blind	145
Challenge of later years	162	August 1960	
Character-reading	115	Slums and Slum Dwellers	169
Child birth : Painless : Special suit for	73-(a)	September 1960	
Children : The wonder world of health for	254	School Health Programme	193
Chlorophyll by synthetic process	169-(a)	October 1960	
Cigarette and the heart	252	National Cleanliness Day	217
Cigarettes and cancer	203	November 1960	
Cigarette smoking	217-(a)	The Milk Problem	241
Coat hooks : Modern	97-(a)	December 1960	
Codliver oil	182	Children's Welfare	265
Coffee break	189		
Cold : Catching a	129		
Cold : Common	216		
Colic : Fact, fantasy and fiction of	99		
College of Surgeons : The Royal	133		
Colour and health	44		
Condolence letter : How to write a	204		
Conan Doyle, Sir Arthur—as a doctor	95		
Constipation	285		
Coronary thrombosis	6, 110		
Coronary thrombosis : In business executives	235		
Coronary thrombosis : Recent treatment	231		

VOL. 38, Nos. 1 to 12] HEALTH 1960 INDEX

E—(Contd.)	PAGE	H—(Contd.)	PAGE
Education for health and fitness	58	Heart : Listening from inside	25-(a)
Eggs when boiled : To stop breaking when	25-(a)	Heart machines for humans	121-(a)
Elderly : Exercise for the	201	Hearts and ulcers	121-(a)
Electric clock operated by torch battery	73(a)	Heart surgery indicated	46
Epilepsy : Emotional and social factor in	136	Heat stroke	226
E.S.R. (Blood-sedimentation rate)	192	Helicopter crane	49-(a)
Exercise : Spare six seconds for	8	Hernias can happen at all ages	60
Experience : the value of	243	Heredity in our make-up : The role of	238
Eye hazards : Potential	149	Hiccups aren't funny	215
Eyes : The care of children's	156, 195	Home treatments	167
Eye surgery : New vistas in	198	Hospital diets	10
Fame	54	Hot spot : Finding the	169-(a)
Fatigue : Cause of	251	Housewives : Energetic	246
Fecundity : Phenomenal : Children galore	49(a)	Hovercar : Enter the	241-(a)
Female strength	31	Humour and health	111
Feminine curves : Those soft alluring	103	Ice packs for sprains inflammations	167
Fever : Facts to know about	55	Inferon—drug : Dangers of using	168
Films : Demoralizing—censored	152	Injured : Help for the	72
Fire hazards	102	Insect killing paint	1-a
Fire proof facts	217 (a)	Interpreting medicine to the layman	194
First-Aid kit for your car	90	Intuition	284
First come : last served	263	Jaundice	22
Fitness : Physical—Our primary objective	150	Juvenile delinquent : How to make a	114
Fitness : Test of	42	Kremlin	265-(a)
Flight from personal responsibility	62	Laughter : Worry's greatest enemy	116
Flirtation : A plea for	144	Lawn : Trimming the	113
Foam-filled tyres to stop blow-outs	25 (a)	Lazy : The importance of being	105
Foes of man : Visible and invisible	185	Lenses : Contact	3
Fomentations	279	Lens : regrown in rabbit's eye	73-(a)
Food : Keep hot while serving	25 (a)	Love : The truth about true	75
Fresh air versus Drafts	237	Machine which types as one speaks	25-(a)
Friendship : True	206	Man vs. nature	39
Fun and Frolic	24(a), 48(a), 72(a) 96(a), 120(a), 144(a), 168(a), 192(a), 216(a), 240(a), 264(a), 288(a)	Mature : are you ?	213
Fuses : Better ones	265-(a)	Meet : Inconvenient	135
Gall-bladder troubles	177	Mend a man each and mend the world	142
Garlic : The value of	281	Menstrual pain : Surgery for	241-(a)
Gas detector, New : For factories	25 (a)	Mental health	1-a
Gastric ulcer	264	Middle age—what it is	200
Giddiness	173	Mirth and merriment	24-(a)
Glass fibre 'stone work'	97 (a)	Missile fire-fighter	1-a
Golden age	232	Moles and warts	260
Good manners : Give and take	149	Money means time	241 (a)
Good people suffer : Why ?	205	Mouth to mouth resuscitation	282
Gramophone to taperecorder	73 (a)	Nasal catarrh and its treatment	119
Grease : hazard in cooking repeatedly in same	57	Nature : Victory of	24
Green : Why leaves are	153	Nose : Man has a wonderful	24
Grievances : Do not nurse your	219	Nylon dresses : Special cutting for	73-(a)
Growing old—Sensibly	207	Old age	203
Haemoglobin levels in old folk's blood	185	Operations : a new hazard	34
Hair : Care of your	125	Oranges in wax coats	121-(a)
Hair : Excess of	264	Otitis media and deafness	82
Happiness : Master key to	287	Pace : Alter your—and live better	163
Healing by faith (faith cure)	190	Paint-Remover	97 (a)
Health : Annual Registration Statement	72	Pernicious anaemia	29
Health : Choice of food for	186	Pinch : Feeling the	193 (a)
Health education : Modern problem	35	Pinch of salt	96
Health education : Philosophical bases	180	Pharmacist's role in medicine	283
Healthful living : More	158	Philosophy of life : Practical	21
Health questions in physical education	47	Physician : The ideal	31
Heart attacks in career women	155	Plantains are good food	269
Heart damage : Reducing	169-(a)	Play things for children	68
Heart disease and physical education	274	Poisoning by parathion (Folidol)	19
Heart-diseases : New treatment for	133	Polythene gloves	169 (a)
		Popular : Do you want to be ? Quiz	67
		Positive thinking	229

