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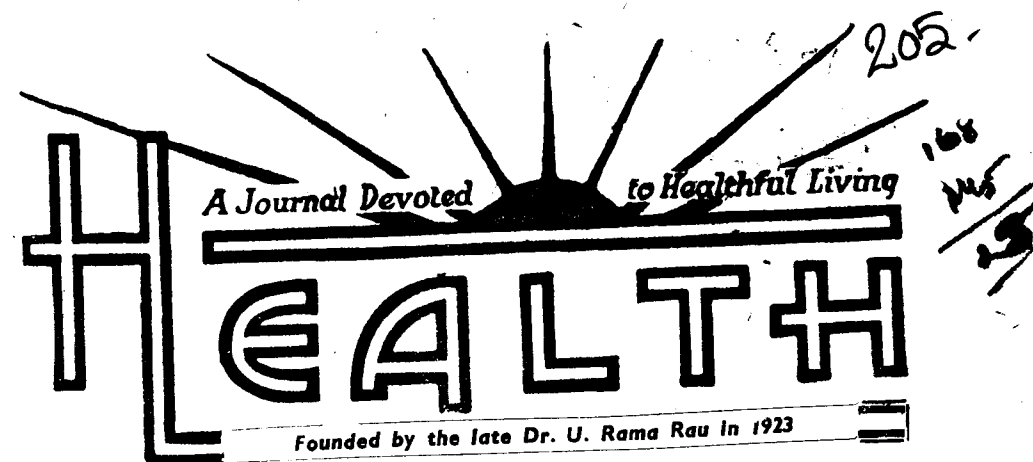
Health

vol-39

no-~~9~~8.9

July. Aug. Sep. 1961

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Published on the 15th of every month

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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. 39

JULY, 1961

No. 7

AYURVEDA AND ALLOPATHY

(Integration urged as being possible)

THE Andhra Minister for Medical and Health Services, while inaugurating the Second Session of the Central Council of Indian Medicine at Hyderabad on 2nd June 1961, said that independent research institutions should conduct research in Ayurveda and Allopathy as the marginal resources of the Governments at the Centre and the States were necessarily limited. He expressed the hope that by the end of the III Five-Year Plan period, the Central Council would be in a position to enable independent research workers to function beyond the pale of routine administrative duties. Mr. P. V.G. RAJU, the Health Minister rightly stated "Ayurveda is not a completed perfect system but only an evolving system. The protagonists of Ayurveda cannot

advocate mass utilization of that system. This problem can be resolved only by a Governmental decision. Moreover, the State Governments are giving their support to the Allopathic system. And the basis of allopathy is scientific, while Ayurveda is not aligned to modern science and modern education. Unless that defect is remedied, Ayurveda will continue to remain isolated." He however, made out a case for the integration of Ayurveda and Allopathy so that the stream of knowledge from one might flow and merge into the other.

While we appreciate the great desire of Mr. RAJU to effect integration, we cannot omit to point out that this process was tried and found to be a failure in Madras, with the result that the College of Integrated

Medicine had to be scrapped. It has, however, been pointed out by the Ayurvedic savants that the integration at Madras was defective as there was a conscious bias all the time in favour of allopathy in the curricula of studies, to the discouragement, if not detriment, of Ayurveda and other indigenous systems. In this context, the speech of Dr. A. LAKSHMIPATHI, B.A., M.B. C.M., the redoubtable champion of Ayurveda, as Chairman of the Reception Committee, affords interesting and instructive reading: Said he, "Research to be fruitful, must be conducted into the theories of Ayurveda and the properties of drugs by scholars, who are qualified in modern medicine with a substantial knowledge of Samskrit. Basic science and fundamentals of modern medicine, and Samskrit should be included in the curricula of the diploma and degree courses in Ayurveda. The existing village *vaidyas* were trained in Madras and Andhra but they were not given an opportunity to serve in the Rural Health Department."

As Mr. RAJU pointed out, few State Governments could do anything in the direction of integration as, according to him, with the advent of independence, politics had entered into the arena of education.

In his presidential address Dr. M. L. DWIVEDI, Deputy Director of Medical and Health Services (Ayurveda), Uttar Pradesh, said "even the advocates of pure Ayurveda did not deny the importance of supplementing Ayurvedic learning with the

essentials of modern medicine. In modern Ayurvedic research, many conclusions and scientific investigations of modern medical science should be utilized. There should be uniformity in the course of studies for the diploma and degrees in the various States. A knowledge of the general principles of pharmacology will be essential. *The students should be taught the principles of modern medicine.* Ayurvedic medical ethics and the history of Ayurveda should be included in the curriculum. It is also necessary that the Ayurvedic colleges should be affiliated to universities, and the degrees should be mutually recognized. Every State in India should have at least one institution for post-graduate studies and research." He appealed to the Central Government to permit the practitioners of the indigenous systems to administer modern medicines.

With a properly planned and successfully worked integration alone can such a procedure be considered practicable. The GCIMS and LIMS of Madras have nearly all of them taken almost exclusively to the practice of allopathy and this was exactly what was *not* the aim of integration. Therefore, with due deference to the Andhra State's Health Minister, we would like to say, that not until the very sensible and rational schemes outlined by Dr. LAKSHMIPATHI and Mr. DWIVEDI are properly implemented and shown to be in efficient working order, can it be said that integration has succeeded, or will ever succeed.

WHOOPING COUGH

(Most Dangerous Enemy of Infants)

LOUIS W. SAUER, M.D.,

(Paediatrician and foremost authority on the subject), Florida

In 1925, Dr. Ludvig Hektoen, a Chicago physician, wrote in *Hygeia*:

"Of all contagious diseases, whooping cough is the most likely to affect the youngest members of the family and herein lies its chief danger."

In 1960, Drs. Stephen Kaufman and Henry B. Bruyn, San Francisco physicians, writing in the *A.M.A. Journal of Diseases of Children*, described whooping cough as one of the most significant infectious infant diseases. They said whooping cough is "still a significant and dangerous disease, causing more deaths in the first year of life than measles, scarlet fever, diphtheria, and polio combined."

Whooping cough is caused by a minute bacillus discovered in 1906 by Bordet and Gengou at the Brussels Pasteur Institute. They isolated it from the tenacious mucus coughed up from the deeper parts of the lungs of a tiny baby who had never been ill before. The germ is now called *Bordetella pertussis*, in honour of the man who first saw and grew it.

The infection usually spreads from a patient in the early stages of the disease to a susceptible child—one who has not been immunized nor rendered immune by having had the dis-

ease. The infectious material spreads into the air surrounding the patient. The germs are carried by minute, invisible droplets of saliva expelled during coughs. The inhaled culprits lodge in the finer bronchial tubes of the lungs. Here they rapidly multiply, but cause no signs or symptoms for at least a week or 10 days. This is known as the incubation period.

Then symptoms of an ordinary cold set in. Secretions stream from nose and throat. A cough is heard, at first mostly at night. This is the "catarrhal" stage, the beginning of the most highly contagious period. Thousands of pertussis bacilli are spread into the surrounding air each day. Anyone who is not immune is exposed by coming close. The spells of coughing increase in frequency, duration, and severity. Eyes tear during prolonged coughs.

After another week, mucus from the deeper parts of the lungs is expectorated. Before long, gagging is followed by vomiting of recently eaten food. These episodes are repeated at least several times daily, usually for weeks.

Then, quite suddenly, after a prolonged spasm, a "whoop" is heard at the end of the attack. It is caused by the drawing-in of the breath through the swollen and constricted larynx. This long-expected whoop clinches the diagnosis. After this catching-of-the-breath has continued for weeks, much to the harassment of the household, the spells become shorter, less frequent, and milder. If a complication

does not set in, the disease is on the wane. Should a secondary infection arise, the period of illness is more prolonged and more serious.

The patient should be segregated if possible as soon as the diagnosis is made.

Neighbours' children should be kept away, even if they have been immunized. Their parents should be told so that their doctor might administer an extra booster dose to raise the child's protection, if exposure has occurred in the preceding weeks.

Those who have not had the immunizing doses of vaccine will not be benefited by it now. The incubation period is too short and it takes months for immunity from the vaccine to develop. There is, however, a serum that is used for such exposed infants. It is also of value for infants and frail young children who are very ill with pertussis.

Medical treatment of whooping cough is rather discouraging. Sulpha and antibiotic drugs are of little help, except for the prevention or treatment of complications.

Cough medicines must be restricted, because too much sedation may cause retention of the mucus secretions. This in turn invites secondary viruses and pneumonia germs to get a

foothold and cause complications.

Sensible nursing care that any mother can carry out in the home is very helpful. During the peak of the disease, infants and young children should spend most of the time in bed and well isolated against exposure to other germs, such as the common cold virus. The bedroom should be kept well ventilated at all times—day as well as night—but the air should not become too cold. The humidity should be kept fairly high. Irritating factors such as smoke of any kind, dust, and drafts provoke spasms of coughing.

On sunny, balmy days the patient should spend many hours out of doors, during which time the room should be well ventilated. Periodic examinations by the attending doctor should be encouraged, so that any complication can be detected early, and get the benefit of early medical care.

Immunization against whooping cough is now started in babies as young as three months, provided their general health and weight gain are satisfactory. A combined vaccine is used to protect simultaneously against diphtheria and tetanus as well as pertussis. Three injections are given, preferably at one-month intervals.—(*Today's Health*, May, 1961).

Successful Experiments in Fight Against Trachoma

A vaccine has now been evolved by the world famous eye specialist Sir Stewart Duke Elder, which will prevent the development of infection in baboons. Tests on human volunteers will start soon in London.—(*B.I.S.*).

SIGNIFICANCE OF HEART-BEATS

(Palpitations and Irregular Pulses are more often a Minor Nuisance than a sign of Major Trouble)

PALPITATIONS simply mean being conscious of the beating of one's heart. Curiously enough, people who suffer from it, instead of being reassured that their hearts are beating, often jump to the conclusion that they must be diseased. In most cases palpitations are due to something quite simple:—*indigestion, nervousness, smoking.*

The beating of our hearts, like the movements of our intestines and the ebb and flow of air in our lungs, normally goes quietly on and we don't notice it at all. But the sensation is there, just below the threshold of our consciousness. It takes very little to make us aware of it, just as we may suddenly notice an odd gurgle in the stomach.

So the quickest way to get rid of your palpitations is to refuse to listen, and to get interested in something else. Palpitations due to nervousness disappear with exercise, but if they are due to disease, exercise usually makes them rather worse. This need not necessarily be heart-disease.

Anæmic people have no trouble while resting, but get palpitations on exertion. So do those with over-active thyroids. But sufferers from wind, with a blown-out feeling and a lot of

burps, usually get rid of their discomfort if they take a brisk walk.

People with heart-disease do get palpitations occasionally. Sometimes because they notice the strong heavy beat of an enlarged heart, more often because they have some irregularity of the pulse. Just as we fail to notice the regular rhythm of a ticking clock, but are instantly aware if it stops, so we only notice an irregular pulse.

But the mere fact that you have an irregular pulse doesn't necessarily mean you have heart-disease. Indeed, quite the commonest cause of irregularity is a dropped beat. This beastly sensation that the lift has gone down and left your stomach behind, is usually quite harmless. Strictly speaking, it isn't a missed beat at all, but an extra one, (Extra-systole as it is called). All that happens is that beat number two comes too soon after beat number one. As the heart hasn't been ready for it, it is rather a weak beat and doesn't reach the pulse at the wrist. Then there is a long pause before beat number three appears in full strength at its proper time.

People of all ages get these *extra-systoles*, though they are more common after middle age. Generally no cause can be discovered, though it is worth having an overhaul to check on blood-pressure or digestive troubles. It will be good to *stop smoking*. It is quite simple for the doctor to diagnose extra-systoles, for although there is a missed beat at the wrist, he can hear the out-of-rhythm one with his

stethoscope, and can reassure you. He may give you a mild sedative or an indigestion tablet. He doesn't worry about it, and nor should you.

Another quite harmless irregularity is common in young people. The pulse gets quicker and stronger as they breathe in, slower and weaker as they breathe out. It usually evens out when taking exercise, and means nothing.

A serious irregularity is 'auricular fibrillation.' In most cases it only happens to people who have had valvular disease of the heart, following rheumatic fever. The pulse is rapid and completely irregular, with no recognizable rhythm at all. A few slow beats may be followed by a helter-skelter of quick ones like hailstones dropping on a roof, then there may be a pause with no beats at all. This condition is treated by digitalis or sometimes by a heart operation. Occasionally it is not directly due to heart-disease but to thyroid trouble, and gets better after this is cured. It can follow coronary thrombosis.

Normal pulse-rates vary more than normal temperatures and can vary between forty and up to ninety a minute. A lot of people very often have a slow pulse when asleep. Athletes often have slow pulses. And a slow pulse can be due to a tight collar pressing on nerve centres in the neck. A rapid pulse is common in children and people who are highly strung. But if the pulse gets over ninety it can often cause palpitations,

especially in that distressing condition called 'paroxysmal tachycardia.'

In these cases, some quite slight action, such as sneezing or stooping to do up one's shoes, makes the pulse-rate suddenly jump from about seventy to perhaps one hundred and eighty! The patient feels very distressed, throbs all over, feels breathless, weak and faint. The attack may last anything from minutes to days, and stop as suddenly as it began. Sometimes it is due to heart-disease, but it often occurs in a person with a normal heart, due to some irritability of the tiny spot at the top of the heart that acts as a *pacemaker* controlling the heart-rate.

There are various tricks that may succeed in stopping it. Pressure on the right carotid artery, just to the right of the Adam's apple; deep breathing; pressure on the eyeballs. In desperation it may be worth having an emetic and being sick. Many sufferers know the action that will bring an attack on and take care to avoid it. It is always advisable to have a complete check-up and an electro-cardiogram, just in case.

Although a normal slow pulse is harmless, it is a different matter when a pulse suddenly becomes slow: when it drops, say, from seventy-two to thirty-six and stays that way. This can happen in cases of coronary trouble or rheumatic heart disease when there is some interference with the mechanism that conducts the impulse to beat

from the top to the bottom of the heart. The top may be beating normally, the bottom only at half speed. Called heart-block, it needs medical investigation and care.

Usually, palpitations and

irregular pulses mean very little. Occasionally they *do* matter.

So if you are worried with such things, don't hesitate any longer. Call on your doctor and let him reassure you.—(*Family Doctor*, March, 1961).

SPOTS BEFORE YOUR EYES

WARD L. MOULD, M.D.

ONE of the common complaints of people visiting an eye physician is that they see "spots before their eyes." Most of them are greatly alarmed by their experience. Fortunately, many of these people do not have serious eye conditions.

When a person sees a "spot" before his eyes it means that an opaque object inside the eye is interfering with the proper transmission of light. This object's shadow is cast on the retina (the inner nerve coat of the eye which receives the image focused by the lens and changes it into nervous impulses which are transmitted to the brain). In most cases, "spots" are due to opacities that occur normally, but in other instances they are symptoms of an abnormality.

A large part of the space within the eye-ball is filled with a semifluid substance called the vitreous. At one point in its development, some of the blood vessels within the eye shrivel up and disappear. When this occurs, tiny fragments break off and drift into the vitreous, where they can move about.

Frequently these opaque islets of tissue become situated in a portion of the eye where they cannot be seen, and many remain there indefinitely. Or they may move into an area of the vitreous where they will be visible. Thus one day a person has what he considers to be a perfectly normal eye, but the next, he may see a "spot before his eyes."

This type of spot has certain special characteristics:

1. It is not present at all times.
2. It is never in the line of vision. It is always off to one side or above or below the line of vision.
3. It is seen when looking at objects which provide a white bright background—the ceiling of a room, as seen while lying in bed; the sky, as a housewife might see it when she hangs out her laundry; or a spot may dance about while a person reads a newspaper.
4. The spot will move with the eye, but does not stop the instant the eye does. When the eye moves, currents are set up in the vitreous in which the tissue floats. When the eye

motion stops, the islet of tissue will be carried along in the current for a fraction of a second. If the eye is held in one place, the spot may seem to sink down, as though by gravity, and disappear.

The appearance of the spot will be governed by the shape of the opacity floating in the eye. Some appear as a round dot; others as a hair, which may be straight or curled. Such spots can assume a vast number of shapes.

No other symptoms are associated with this condition—only the annoyance of seeing a moving black speck which is not supposed to be there. Fortunately, the speck will not always be seen—it will be seen only under special circumstances. When the spots are not of serious consequence, the eye physician can reassure the patient. If the condition clears, as sometimes happens, it does not mean that the opacity has dissolved—it has only retreated to a portion of the eye where it is no longer visible. Usually, once spots appear, the condition is permanent. However they are noticed only at times and one becomes accustomed to them, so they prove less distressing with the passage of time.

In certain abnormal conditions, spots are likely to appear before the eyes. Among the more common of these conditions are hæmorrhage within the eye, detachment of the

retina, and inflammation of structures inside the eye. In each of these, the symptoms are rather typical.

When a blood vessel breaks within the eye, there is a sudden outpouring of blood. The afflicted individual often states he felt as though a curtain had been drawn in front of his eye. Objects often appear as though viewed through lace.

When the retina becomes detached, the patient often sees spots, along with flashes of light. He sees many spots, and usually they are present all the time. Again, he may see "curtain" before the eye, but at first over only a part of his field of vision. Or he doesn't see objects in a certain direction.

Inflammation of the interior parts of the eye is often accompanied by a clouding of vision. Objects appear as though seen through a haze.

With hæmorrhage, detachment of the retina, or inflammation, the outward appearance of the eye rarely denotes that an abnormality exists, and ordinarily there is no pain. However, all of these conditions are definitely abnormal and when symptoms occur that suggest their presence, the sufferer should see a physician promptly. If treatment is delayed, serious and irreparable damage to the eyes might result. If you do not know an eye physician (ophthalmologist), your family physician will advise you.—(*Today's Health*, May, 1961).

Prevention is better than cure.

ENVIRONMENTAL STRESS, Degree of Psychiatric Impairment and Type of Mental Disturbance

IN 1952 the Cornell University Department of Psychiatry initiated a community study relating mental health to environmental factors. In this study about 1600 people, or a 1½% sample of the 110,000 people between the ages of 20 and 59 living in an area of 400 city blocks in Manhattan, were asked about 300 questions each about their socio-cultural background and about 100 questions covering psychiatric symptoms. On the basis of the answers to the latter questions, two psychiatrists independently gave each individual a mental health rating; they found 18.5% of the sample well; 36.3% with mild symptoms; 21.8% with moderate symptoms; and 23.4% of impairment. Two demographic factors showed a strong independent relationship to the mental health ratings—age and socioeconomic status. (SES). In addition to these broad demographic factors, 36 socio-cultural items were found to be related to mental health independently of SES. These items were combined into 14 factors, 10 of which were selected for combination in a stress-factor score. These included poor mental health in the parents, economic deprivation in childhood, poor physical health in childhood, a broken home in childhood, parental quarrelling, negative perception of the parents' characters, poor physical health

as an adult, work-worries, socioeconomic status worries, and inadequate interpersonal affiliation.

It was found that the sheer number of these factors reported was the most efficient index for predicting mental-health-risk.

The higher the factor score, the greater was the mental-health-risk. It was thought at first that the greater mental-health-risk of the low SES group might be related to the greater number of these stress factors experienced by this group. However, the differences between the average stress factor scores of the various groups proved to be small. Further, it was found that persons of low SES who had the same stress scores as persons of high SES still had a higher mental-health-risk than the persons of high SES.

It was found that the different SES groups responded differently to increasing stress. Probable *psychotics* were found significantly more often in the low SES group while probable *neurotics* were found significantly more often in the high SES group. The proportion of probable psychotics increased uniformly with increase in stress in the low SES group, while the proportion of probable neurotics increased uniformly with stress in the high SES group. The author concludes that this difference in type of reaction to stress probably accounts, at least in part, for the greater impairment found in persons of low SES regardless of stress level.—(*Psychoanalysis and Psychoanalyt Rev.*, 47: 3-16, Winter, 1960).

GOOD MANNERS AND GOOD BEHAVIOUR

SHEILA JENNETT, M.B., Ch.B.

[Manners once taught rapidly become instinctive. Learning how to behave takes longer but it is important for children to know what is acceptable and what is not].

WE all want our children to have good manners, and to achieve this is not easy. As parents, we live with the problem. What are we trying to do, and why and how should we do it? There is no avoiding it, for, in spite of being born with animal self-centredness, every child grows into the human habit of living in groups. It is this habit that necessitates good manners and good behaviour.

Manners and behaviour are really rather different things, although they do overlap. Both are being learnt from us all the time, good and bad alike. If we want the children to imitate our own best behaviour, we have to keep on our own best behaviour. It is as easy as that, and as difficult.

Golden rules.—Manners are easier to teach and matter less. They are a set of rules which happen to have been adopted in our time and country. I teach my children not to put out their tongues at strangers, but for all I know it may be a polite form of greeting somewhere else. We can seldom give a reason for good manners, so the sooner they are taught the better, before the age of constant "why's."

Imitation will do most of the teaching for us if we mind our own manners. There is, of course, a certain amount of "dog-training" to do. No pudding without a please, like no sugar-lump without begging. Manners well taught become automatic. Once learnt they tend to stick, and parents and children alike are relieved of having to think about them.

Good behaviour is a much more complicated matter. To behave well requires judgement. From what has been approved or disapproved in the past, the child has to guess what is expected of him in each new circumstance. We cannot possibly warn a child against all the objectionable things he may feel like doing.

Take noisiness, for instance: No one can pretend children should be trained never to make a noise in the same way that they are trained never to put a knife in their mouth. We can start with a few obvious rules. No roaring around when the baby is asleep, or daddy is talking on the telephone, and a few more. But beyond that they have to think whether being noisy is annoying anybody, and that is not easy to teach them.

Children should not be punished for doing something they have not thought of as bad, however obvious it seems to us. This ranges from telling Uncle what a funny big nose he has, to digging a lovely hole just where Daddy has planted seeds! Being angry with them will only confuse them. When we know they understand, and have been warned, yet do it again, then we think of punishment.

How can we help them to judge what is expected of them? Everyday happenings in home and neighbourhood can be used as object lessons. Stories can help, too:—The sort where, say, a small boy starts off laughing at an old lady and finishes by carrying her basket. But above all we have to show them within the family how consideration must replace the total self-interest which is quite proper for the first year or two of their rapidly developing life.

Home consumption.—"You're not at home now!" is a common enough expression to show that people are expected to behave better away from the home than in it. "Being yourself" at home, often means being yourself at your worst. The way parents behave towards each other and the children is the first, a child sees of human relationships. If he doesn't see control of feelings and unselfish consideration, he is unlikely to feel they are important in his life, however pressingly he is told about them.

Children themselves do indeed behave better elsewhere than at home. We find that out as soon as they are old enough to go out on their own for tea. Sooner, if we have helpful relatives nearby. It is infuriating, but it is still we who have taught them the good behaviour they show to other people. It does not mean we are less good at dealing with them than our friends and relations. Home is a unique place of love and security where children try out all their turbulent new impulses as they develop.

In other words, they have to let off steam somewhere and home's the best place to do this. This sounds all well and good. But what do we really do to stop them being naughty?

My children, like most, never talk if they can shout, fight at least as much as they fraternize, call me names, gloat, whine, tell tales, behave all round in the sort of way that brings all parents recurrently to the brink of despair. A certain minimum of this we just have to live with, for the sake of the rest of the time when they're rather nice. But how to keep it to a minimum?

There is the do-as-you-would-be-done-by appeal. For nights on end we firmly and repeatedly said they must not shout to us while we were watching the television or listening in to the radio.

But stronger means are sometimes needed. The firm hand is better felt early at home, for after all the big world, starting with schoolmates, may be much more brutal in its disapproval.

We must try not to punish to relieve our own annoyance rather than to correct the child. *And we must make the punishment fit both the crime and the individual child.* With my own, a timely spank is effective for one but useless for the other because it causes such furious resentment that the fuss becomes quite out of proportion to the original offence.

The most instructive punishment is one which follows as a

direct result of what they have done. When mine splashed floods of water on the bathroom floor I had to use the time mopping up instead of reading to them. They have remembered that better than any tirade.

But a few tirades there are bound to be. We can't always keep to our own rules any more than they can. Above all, once it is over, penance done, apo-

logy made, the incident must be regarded as closed. For sulking over his sins makes a child feel he is loved less because of them, which is, in itself, the very worst thing we can do.

Myself, I prefer a short sharp shouting match. And then, when it's all over, I make sure they know I will forgive and forget.—(*Family Doctor*, March, 1961).

BREATHLESSNESS

[You can get out of breath for a lot of different reasons]

THERE are many kinds of breathlessness. There is the fellow struggling up a steep hill, who says, "Hold on while I get my breath back!" There is the invalid who is all right resting, but "the least exertion makes me pant and puff." There is the asthmatic, gasping for air. There is even the highly-strung girl who complains to her doctor, "I feel I can't breathe!"

Ordinary breathing is automatic and we are hardly conscious of it. We have many similar automatic functions, pulse rate, digestive movements and so on, but breathing is unique in that we can always interfere with it. You can hold your breath, or you can breathe deeply and rapidly if you wish. Breathlessness has been defined as a conscious need to breathe more. But unconscious people can be breathless, so it might be better to describe it as breathing with an effort.

The rate of breathing is controlled by a centre in the brain. Among other things, this is very sensitive to the amount of carbon dioxide in the blood. If you sprint a hundred yards you can accumulate carbon dioxide quicker than you get rid of it, so you then pant till things are back to normal.

Lack of oxygen has a much milder effect than excess of carbon dioxide. Anæmic people, without enough red-blood corpuscles to carry oxygen to their tissues, are seldom breathless when resting, though they do get breathless if they exert themselves. Then the demand for oxygen is much greater and to meet the demand the rate of breathing is increased. Similarly, people on top of a high mountain breathe easily till they start to exert themselves.

The breathing centre in the brain, besides being sensitive to the level of carbon dioxide, is affected by nervous stimula-

tion coming from the lungs. When we breathe in, we put increasing tension on the air spaces in the lungs, which builds up to a point where a nervous reflex stops us breathing in altogether, and we breathe out. When there is some lung disease, pneumonia for instance, the lung is less elastic, tension is built up much more quickly, and breathing becomes more rapid.

Lastly, the breathing centre responds not only to our wishes but to our emotions. Talking, laughing and crying all alter the way we breathe, and if you want to hold your breath for a while, you can do so. Breathlessness on severe exertion is normal. But breathlessness increased by any ordinary exertion needs investigating.

There are some unusual forms of breathlessness. Some patients with lung or heart trouble are comfortable sitting up but get breathless when they lie down. Sometimes they can only sleep upright in an armchair. This is called *orthopnoea*. It is due to the fact that in the upright position blood drains away from the chest, so that the lungs are less congested.

Lack of oxygen.—When patients are dangerously ill, they sometimes get what is called Cheyne-Stokes breathing, where periods of rapid forceful breathing alternate with periods when no breath is taken at all. This is due to a serious lack of oxygen at the respiratory centre in the brain, so that it loses its efficiency and ceases to work

rhythmically. A similar type of breathlessness occurs in some brain diseases.

In severe diabetes and certain kidney troubles, the excess acid products in the blood make breathing very deep, rather than more rapid. In patients who have over-active thyroids, even mild exercise makes the breathing shallow and rapid.

Any form of lung trouble causes breathlessness. If breathing is normal, lung disease is unlikely. Pneumonia causes the most rapid breathing. In children it may go up to fifty to sixty breaths a minute; thirty to thirty-five in adults. As it is due to lung tension rather than to shortage of oxygen, giving oxygen, while it makes the patient much more comfortable, does not much lessen the breathing rate. In people with asthma, the breathlessness is purely due to obstruction. The diameter of the smaller bronchial tubes is narrowed by spasm, and they can't force air out to get more in.

In the case of pleurisy, it hurts to breathe, so voluntary control of breathing comes in and breathing is short and rapid simply to avoid pain. People who have had chronic bronchitis for many years sometimes develop a condition called emphysema, so that the surface area for oxygenating the blood is reduced. Accumulation of carbon dioxide, and oxygen shortage make them breathless, especially when they exert themselves at all.

Many forms of heart disease cause breathlessness. As the

heart circulates less blood to the lungs, carbon dioxide accumulates and stimulates the breathing centre. The lungs themselves get congested and the increased tension there causes a reflex increase in breath rate. The respiratory centre itself gets a smaller blood supply, and is less efficient.

In severe heart or kidney trouble, fluid accumulates in all the body tissues. What is called dropsy can make even the lungs "weep" and become so wet that air cannot get in properly. One of the commonest causes of slight breathlessness, especially in women, is a mild anæmia, and that in its turn is most often due to heavy losses at the menstrual periods. The proper treatment is to make good the loss.

People who go to high altitudes get short of breath because of the lack of oxygen in the air. After a time, they get acclimatized. Partly this is due to the formation of more red cells in the blood to carry what oxygen there is, and partly to their bodily tissue learning to put up with less oxygen.

Lastly, a party trick for the young and healthy. Can you run up three flights of stairs without panting at the top? You can, if you breathe like mad for a couple of minutes before you start. This washes all the carbon dioxide out of your system, so that at the top of the flight you are only back to a normal level and don't pant at all.—(*Family Doctor*, January 1961).

The Chelsea Pensioners

At a cost of £200,000 the pensioners at the Royal Hospital, Chelsea, have been provided with what 'is believed to be the most modern infirmary in the world'. So, after twenty years of improvised hospital accommodation in Surrey, these colourful veterans are able to enjoy their old privilege of hospital accommodation within the precincts of their famous home—at least except for major surgery. The original infirmary, which was designed by Sir John Soane (the architect of the Bank of England), was completed in 1816 and destroyed by bombing in 1941.

The new infirmary, with 72 beds in four three-bay wards and eight single rooms for very ill patients, is almost as colourful as the inmates. The colour scheme is royal blue panels on a light grey background, but the old scarlet blankets have been retained. Blankets of this type have been in use in the infirmary since they were introduced by Florence Nightingale as part of her work to reform military hospitals. Amid these surroundings the inmates (30 of whom are permanent residents), sitting either in easy chairs specially designed for them by the Ministry of Works, or reclining on special adjustable beds, are able to enjoy such modern conveniences as electric shavers, radio and television. These, however, are not their only interests in life, and one 90-year-old inmate proudly boasts that he can complete a well-known newspaper crossword puzzle in half-an-hour. He is by no means the oldest pensioner—the present oldest one is 97. He may well find it difficult to beat the record, however of the pensioner who left the Hospital at the age of 101 to marry a 70-year-old lady—and survived to enjoy six years of married bliss.—(*Practitioner*, April, 1961).

Circumcision and Cancer

DR. JOHN M. FOLEY of West Virginia writes:—

In an unsigned editorial (*J.A.M.A.*, 174: 1852, December 3, 1960), entitled "Epidemiology of Cancer of the Cervix," the author suggests that present evidence incriminating the prepuce is sufficient to justify a "demand" for immediate action. The exact type of action is not defined, but with over 95% of newborn boys already being routinely circumcised, it is obvious that nothing short of legal compulsion could achieve a higher degree of conformity. There will always be a few parents with enough faith in Nature, or in Nature's God, to reject the idea that the foreskin is just an unfortunate error to be hacked off promptly by our wise obstetricians. For several decades we have established a strict taboo against any objective discussion of circumcision—to question its value has become unthinkable. Some of our leading pædiatrics and urologists privately deplore routine circumcision but hold their peace—the cost-in-ill-will is too high. With some 2 million of our newborn boys destined for assembly-line circumcision each year, we might well ask if this is not a monument to our gullibility.

Mutilation of the genitals of children is a perversion as old as recorded history. Circumcision is such a perversion. The "reasons" were invented much later and run the gamut from spiritual through cultural, æsthetic, and

finally medical. This process of rationalization culminated in the alleged relationship between the prepuce and cervical carcinoma, the most vicious hoax in medical history. The circumcised have always regarded the prepuce with envy and hostility. Instead of congratulating themselves on the advantages of the bald-headed penis, they behaved as though their circumcision were a shameful stigma of inferiority. Jew, Moor, and Turk forced circumcision upon servants, slaves, and whole nations of conquered people. David even cut the coveted appendages from the dead Philistines on the field of battle. The present enthusiasm for circumcision stems from the same primitive drive securely locked in some logic-proof compartment of the mind.

The "research" on the value of circumcision is long on enthusiasm and short on honesty. Facts are meticulously screened to eliminate all evidence conflicting with the prefabricated conclusion. *Facts*: The "preputial glands" do not exist in man. Smegma is nothing more than desquamated epithelium. Its alleged carcinogenic activity was investigated at the National Cancer Institute and found to be entirely absent. There are at least 50 million uncircumcised men in this country if the prepuce produced any carcinogenic activity. Cancer of the penis would be commonplace instead of the rarity it is. As to personal cleanliness, circumcision accomplishes absolutely nothing that could not better be accomplished by bathing. The world's highest incidence of penile cancer is

among the ritually circumcised men of Java. The wives of the ritually circumcised Ethiopians have an unusually high incidence of cervical cancer. *Some ethnic groups who never practise circumcision have the lowest incidence of cervical cancer!*

Only the circumcised refer to the foreskin as a useless appendage. It is richly endowed with sensibility and protects the sensitive corona. It provides the necessary integument to accommodate growth and erection. Almost a third of uncircumcised men reach maturity with the prepuce permanently retracted as a consequence of growth. In another third, scarcely more than the corona is covered. In those with complete coverage there is never tightness if the habit of daily retraction and bathing has been practised. Let us be honest and fair-minded enough to let at least a few of our boys grow up to decide for themselves whether they want to exchange their foreskins for the very dubious advantages of circumcision. Must this small potential control group be eliminated just because they would one day put the lie to our circumcisers?—(J. A. M. A., 1-4-1961).

Dr. Andrew J. Smatko of California says:—I was much interested in the editorial comment on the epidemiology of cancer of the cervix. It appears that the editorialist is almost convinced that smegma is the offending culprit, since he states that cancer of the penis parallels cancer of the cervix in non-

circumcised populations.

I would like to point out a weakness in this theory. A circumcised man with good penile hygiene is largely free of smegma accumulation. Nevertheless, he still possesses many smegma-producing glands in the coronal sulcus. These glands are not removed by circumcision.

Secondly, the clitoris is also surrounded by a "foreskin" or praputium. Numerous sebaceous (smegma-producing) glands are present in this area. The perineal hygiene of women is, on the average, poorer than that of men because of numerous folds and the semi-hidden position of the clitoris. The vulva in the clitoral region is frequently "contaminated" by smegma.

Therefore, if smegma were ætiologic in penile, cervical, or vulvar cancer, then one would see cancer of the clitoris as frequently as cancer of the uncircumcised penis. This is not so. Since smegma is omnipresent on the genitals of all women and since circumcision of males doesn't rid the female perineum of smegma, the introduction of the woman's own smegma and some of the male's into the vagina and on to the cervix by a circumcised male having coital contact with any woman certainly always occurs. A smegma-free coitus is impossible, and a certain amount of smegma comes into contact with the cervix and with the glans penis of a circumcised male during coitus.—(J.A.M.A., 1-4-1961).

HONEY

Facts and Fables

SIDNEY ROSE-NEIL, N.D., D.O., M.B.N.A.,
(PART I)

BEFORE the introduction of sugar, honey was regarded as a luxury sweetening agent and only the rich could afford to use it. Of recent times, however, with the mass-production of sugar, honey has fallen largely into disuse, a fact which, from the nutritional standpoint, may be regarded as one of the cardinal mistakes in modern dietetics.

Honey has many advantages over other sweetening agents, including the fact that it is a natural and gentle laxative; it is assimilated and usable by the organism within 20 minutes; it does not irritate the linings of the alimentary tract; it makes available an enormous amount of energy without systemic shock; it has many and varied therapeutic purposes; it has a very high mineral content; it is a powerful germicide; it contains vitamins, especially C; it is one of the mildest of foods and can be assimilated by the most delicate and by the young; it acts as a sedative; and, finally, there are many different flavours and varieties.

The mineral content of honey includes phosphorus, potassium, calcium, sodium, sulphur, iron, copper, silica, chlorine, aluminium, magnesium and manganese, a deficiency of which may give rise to lack of energy and listlessness.

Many experiments have been conducted to test the effect of the use of honey in this respect. At a Swiss sanatorium for children in the Canton of St. Gallen, three groups of children were chosen; one group was fed on a normal diet, the second on a normal diet plus tonics and medication, and the third on a normal diet plus honey. It was found that the children in the third group outshone the other children in all respects—weight, blood-count, general appearance, vitality and energy.

Honey is a source of vitamins A, B and C and, unlike most vegetables or fruits, it does not quickly lose the potency of its vitamins; spinach, for example, loses half its vitamins C content 24 hours after picking, and fresh fruit loses much of its vitamin content during storage.

Ordinary sugars have to be broken down in the digestive tract by enzymes and converted into simple sugars before they can be utilized by the body. Honey, however, has already been broken down into simple sugars—dextrose and levulose—by the bee. This is not a very important consideration in a healthy organism which is readily capable of breaking down the more complex sugars, but where the digestion is weak it may, under certain conditions, mean the difference between life and death.

For infant feeding, when breast-milk is not available, honey is the best sweetener for cow's milk. It is easily tolerated by most infants and, of course, it contains minerals, vitamins, and protein. It has a

flavour that appeals to most children, and it is mildly laxative and antiseptic. Infants who are given honey do not appear to suffer from colic. Its rapid absorption prevents fermentation, and by regulating its use in the dietary infant constipation and diarrhoea can be avoided or controlled. For anyone engaging in feats entailing energy expenditure honey is excellent, because its simple sugars are carried direct to the liver and muscles by the bloodstream and stored as glycogen, ready, when needed, for the release of energy.

It is interesting to note that honey can be kept almost indefinitely—in fact, like a good wine, it improves during storage. A jar of honey which was found in Egypt, in a fairly liquid, edible state, and with its aroma preserved, was estimated to be over 3,300 years old.

The bee is probably the most exploited insect in the world, for it has to carry about 37,000 nectar loads to produce one pound of honey, which means travelling from 50,000 to 300,000 miles.—(*Health For All*, April, 1961).

BILIOUS ATTACKS IN CHILDREN

FREQUENT attacks of sickness can be wretched and unpleasant, and there are a number of children who have attacks with monotonous regularity.

It is a little unusual for the headaches to occur at such an early age. They tend to come on later, and sometimes appear as migraine in the early twenties, years after the other symptoms have cleared up. Travel sickness also commonly complicates life in children who are liable to bilious attacks.

Doctors, and parents, could write reams about the symptoms, but when it comes to treatment, have either little to say or produce some traditional old wives' remedies, just as

good and no better than anything else.

Some children's symptoms are definitely brought on by certain foods. Fatty, fried things, eggs and cream, head the list, followed by oranges and chocolate. Emotion or excitement precedes attacks and so a sedative for a day or two before exciting events such as holidays, sports days, examinations, will help. Finally, if you can tell when an attack is imminent, a few doses of one of the antihistamine drugs may ward off the attack. But you must ask the advice of your own doctor on this point. It may well be that with treatment he can ward off the worst of the attacks.—(*Family Doctor*, Dec. 1960).

"Forbearance is an ornament to man and woman alike."—(Valmiki Ramayana).

THE CASE FOR THE DOUBLE BED

ROBERT WOOD

[Says one marriage expert, "as the sale of twin beds rises, so does the divorce rate." The author of this article sees in the double bed a chance to "relax emotionally, express affection and tenderness, and find a renewal of love and reassurance."]

It is surprising that more attention has not been devoted to the important question of beds in marriage. Should husbands and wives sleep in the same room and, if so, should they occupy the same bed? Does the double bed or the twin bed contribute most to marital stability and happiness?

These questions are by no means easy to answer. If it could be proved by statistics that the happiest couples, for instance, occupied double beds, it would still be difficult to decide whether they did so because they were happy, or whether their happiness was increased by doing so.

Opinions on this topic have often been expressed, and sometimes dogmatically, but evidence has, for the most part, been lacking. There is a world of difference between guessing, personal preference and established scientific fact.

More than forty-five years ago a distinguished physician, Dr. W. J. Robinson, decided in a most emphatic way in favour of

two beds rather than one, but he brought forward no evidence to support his choice.

Samuel Pepys, the famous diarist, writing in the 17th century, tells us of a night that he passed with his wife in a room with two beds, "and so lay single." He adds that "of all the nights that ever I slept in my life, I never did pass a night with such Epicureanism of sleep."

It should be noted that twin beds are not a purely modern invention. They existed in France in the 15th century, and Nina Epton in her recent book, *Love and the French*, points out that references to them are found in French writings from the middle of the 16th century.

The double bed, too, has had its famous advocates. Balzac, the celebrated French novelist, quoted with approval a remark of Napoleon Bonaparte that nothing should separate husband and wife once they had exchanged "their soul and their perspiration"—not even illness.

Balzac disapproved strongly of twin beds, holding that they should never be adopted by couples who had been married less than twenty years. He refers to cases in which the twin beds were provided with wheels, so that the married couple could widen the distance between them whenever they desired! This was, however, a system that he did not recommend.

Buckle, the historian of civilisation, thought that the common aversion to sleeping alone was due to the desire to be warm. He admitted that shar-

ing a bed was the test of friendship and of tolerance.

For centuries people had been packed into bed like sardines, and even as late as the 17th century a single bed was only a possibility for connoisseurs.

In a survey conducted by the Universities of Chicago and Colgate in 1950, it was found that twin beds were rapidly gaining in favour in the United States. According to this survey, only 25 per cent of married couples used them before the war, whereas in 1950 they were being used by 68 per cent of the couples! [How about increase in divorces? Ed. HEALTH].

In 1946 a London Sunday newspaper estimated that 35 per cent of married couples used twin beds. Current purchases had, apparently, reached a peak figure in that year but were beginning to slump.

Twin beds have been called "a typical Anglo-American compromise," and their use has been the subject of considerable controversy in the United States.

Writing in the April 1953 issue of *Sexology*, sociologist Robert M. Frumkin concluded that twin beds are not only inconvenient and more expensive, but also psychologically inadvisable, as their use makes more difficult many important affectional intimacies.

In his book *The American Woman*, which was published in Britain in 1956, Dr. Eric John Dingwall referred to some statistical studies of bedroom customs carried out in the United States. Among these was the survey carried out by the John B. Pierce

Foundation of Manhattan in 1944.

The families investigated were all in the low income group. Of the 131 families studied, 87 per cent, still used the double bed.

What conclusions can we reach from these contradictory opinions and inconclusive surveys? Perhaps the most useful advice would run as follows:

1. Every couple must make their own individual choice in a matter of this kind, relating as it does to their own intimate personal life. No sociologist, psychologist, sexologist or marriage counsellor can tell them what is best for them.

What is necessary is that the choice shall represent their own free and considered opinion, and that it shall not be dictated by what their neighbours do, what furniture salesmen tell them, or what fashion suggests. It is certain that many couples decide against the double bed simply because they feel that it is "old fashioned" and "not done."

2. Every marriage is made up of two unique individual persons, and the combination of the two is also unique. Uniformity is, therefore, not possible.

3. Much of the opposition to the double bed may be connected with disguised puritanical and anti-sexual attitudes.

Often the reasons given are not the real ones. Sometimes they are expressed in terms of physical fastidiousness, or of "hygiene."

Even kissing has been tabooed on these grounds! The logical

outcome of such an attitude is to avoid love and sex contacts of all kinds.

There is no reasonable objection whatsoever to the physical proximity of two healthy people over a relatively long period of time. When one of the couple is sick there may be sound reasons for sleeping apart for the time being.

4. It seems psychologically unfortunate for a couple to come together in bed only for purposes of sexual congress.

As Frumkin pointed out in the article mentioned earlier, it is highly desirable that a couple should be completely relaxed in each other's company. And what better place could be found for this than in bed after the often harassing affairs and activities of the day are over?

To relax emotionally, to express affection and tenderness, to find a renewal of love and reassurance—these are some of the purposes for which the marriage relation exists. It is difficult to fulfil them if the couple are separated by work during the day and by the twin-bed, or separate rooms during the night.

We may sum up by saying that although this must remain a matter of choice for each individual couple, the general advantages of the double bed are very important indeed, and only in those cases where there is a definite and strong desire for twin beds should a decision be made against it.

Even in these cases, it would be well to examine carefully the underlying reasons and the real motives for any objections before coming to a final decision.

Too high a price can be paid in an attempt to retain "glamour" and "novelty" within a marriage partnership and to preserve the unrealistic values of "romanticism" in a relationship in which they cannot be sustained.

If couples thought in terms of affection and tenderness rather than in terms of excitement and thrills, the marriage relationship might become considerably more stable, and perhaps then the double bed would be taken for granted.—(*Sexology Magazine*, New York, via *World Digest*, June, 1961).

The Problem of Human Relations

Individuals quarrel; family groups and races quarrel; and nations growl at each other like dogs in the backyard. Why? Why is it we cannot get along with each other? Why must we always be suspicious of the other fellow? Why cannot we live in some kind of peace and harmony? This can be done, because we all know of families where this is true. Why cannot we all do it? The answer is not far to seek. In spite of the thousands of years that man has existed in this minuscule corner of the universe, he still has a clear concept of what or who he is, what he is here for, or what, in a major sense, is not only the meaning of existence for himself, but, the meaning of the universe.—(Emeritus Prof. H. S. Burr, Ph.D., in *The Neural Basis of Human Behaviour*, via *Lancet*, 8-4-1961).

NUTS ARE A FIRST-CLASS FOOD

W. A. SHILLIBEER,
of the Public Relations Committee,
National Association of Health Stores

THE importance of nut kernels to health-seekers, diet reformers and vegetarians is that they, in varying content, are a first-class source of protein, fats, mineral salts and vitamins; they are a concentrated natural food of a very high order.

They range from the humble peanut (economical, rich in oil and the "fertility vitamin" E) to the elegant almond, the lordly Brazil, the sweet cashew, the so-called Barcelonas or hazels, and piquant walnuts, each of which has its own distinctive flavour and appeal. Of note, here, is the delicate pinekernel—a good source of protein and of delicious taste. Thus, pleasing variety can be added to the dietary from vital, natural sources, and necessary food constituents may be obtained, at reasonable cost when one considers the concentration of quality ingredients.

Certain interesting facts emerge when one examines the food values of the various nuts. They are good sources of fat—Brazils and Barcelonas topping the list; and so they are good energy-givers. The richest in protein content are peanuts, almonds and cashews. Pinekernels are rather expensive at present. Almonds are also an excellent source of calcium and

iron (for teeth, bones and blood vitality), as well as vitamin B₁; here, our lowly (seeing that it actually grows under the earth) friend the peanut ranks as a first-class bearer of the B vitamins, and so, in relation to cost, it must rank as a quite important energy and body-building food, which points to the value of peanut butter for children.

Tempting alternatives.—All these valuable foods need to be thoroughly chewed or milled, if we are to obtain the full need of goodness from them; thus ground almonds, brazil-nut meal, ground cashews, and of the more usual nuts, milled, form the basis savoury roasts, nut cutlets and rissoles, to make tempting, tasty alternatives to animal proteins, for body building and repair of tissues.

An easy and attractive dessert may be compounded from a blend of almonds (or other nut kernels to taste) and muscatels or raisins—truly one of nature's masterpieces of blending, and so simple.

A housewife seeking to avoid monotony will skilfully use walnuts, almonds or pinekernels to make a salad more tasty and attractive, and in the more exotic realm of desserts or *sundaes*, a few kernels make any dish more exciting.

Sustaining—On rambles, hikes, cycle rides or other energetic pursuits, a handful of nuts and raisins will be found sustaining; if dates are stoned, and a nut kernel is inserted in place of the stone, a toothsome, satisfying dainty is discovered. I have found that a well-fruited wholemeal cake, with plenty of

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ground almond as an ingredient. is very filling and ideal when an arduous athletic day is contemplated.

There we have it, then—the concentrated goodness of nut

kernels, replete with energy and a good body-building food, to be used in a variety of ways in a natural diet to afford variety, zest and health.—(*Health For All*, April, 1961).

FIRST AID: SHOULDER DISLOCATION

CARL J. POTTHOFF, M.D., Chicago

IF a person falls on his outstretched hand, a fracture might result somewhere along his arm or collar-bone. But if all of the bones withstand the force, sometimes a shoulder dislocation occurs. Occasionally the dislocation is associated with a fracture.

The shoulder joint is formed by the ball-like upper end of the arm bone and the socket of the shoulder blade. The joint permits remarkably free motion in many directions, but is also rather unstable and dislocation is readily possible.

When the fall on the outstretched hand occurs, the upper end of the arm bone tears through the connective tissue covering the ball and socket and is dislocated from the socket. While the patient almost always knows that the bone is out of place or broken, he usually cannot tell whether there is also a fracture through the arm bone or whether there is chip fracture near the upper end.

Too often a would-be helper tries to get the bone back into place by pulling on the arm. There are two dangers in this:—*First*, a fracture may be present and the manipulation may cause great harm. The nerves and the large blood vessel to the upper arm lie in close relation to the joint and may be damaged; *second*, the tear in the connective tissue may be enlarged by the manipulation. Connective tissue heals slowly. A result may be a shoulder that dislocates very easily later. Some people are permanently disabled in this way, and surgery is not always successful.

What to do.—Apply an arm sling and send the patient for an X-ray and medical attention. The arm sling should support the fore-arm and hand but not exert upward pressure of the elbow. This upward pressure would drive the arm bone and possibly a broken end against the soft tissue.—(*Today's Health*, April, 1961).

Tuberculosis transmitted through injection

A tragic tale is told by Heycock in *Tubercle*, 42: 1961, of 4 infants who became infected with T.B. (one fatally) as a result of receiving injections of penicillin at the hands of a nurse with open T.B.—(*Practitioner*, 1961).

Aspirin, the Painkiller, Can also be a Childkiller

JOHN R. FRANK, M.D.

ASPIRIN, the cheap and helpful drug, also can be a killer in your home. All physicians are aware of cases in which small children have been rushed to the hospital in a sometimes desperate effort to save their lives after they have swallowed some of the tablets. Because billions of aspirin tablets are manufactured and sold in the United States each year, parents should know something about the lethal properties of this valuable drug.

The deadly keystone in the chemical make-up of aspirin is a six-sided molecule of carbon and hydrogen atoms known as a benzene ring.... By itself, benzene is a light, clear, poisonous, volatile liquid with anaesthetic qualities. One variation of the benzene ring is known phenol, or carbolic acid, which will deaden the nerve endings in the skin.

Like a wild horse, benzene has to be tamed by harnessing it to other atoms and molecules. When two molecules of benzene are teamed by sulphur and nitrogen, we get a rather poisonous drug called phenothiazine. Phenothiazine is used to kill animal parasites in the gastrointestinal tracts of cattle and hogs. Phenothiazine also is a foundation drug in many of the so-called tranquillizers, because it helps calm and sedate the nerve cells.

When aspirin is exposed to moisture, even moisture in the air, it separates into two acids, acetic and salicylic. These acids ordinarily are neutralized by the salts and proteins of the body. A common complaint is, "aspirin causes a burning in my stomach." This, of course, is due to the corrosive action of the salicylic acid. To avoid the burning, one should take aspirin with milk. Or dissolve the tablet in water to which is added some soda (bicarbonate). Remember, too, a plain is only a symptom. The logical thing is to see your family doctor. Let him find and treat the cause of the pain.—(*Today's Health*, May, 1961).

Transmission of Leprosy

Prof. Niels Dungel of Iceland writes about possible insect transmission of leprosy in *Leprosy Review*, 32: 28, 1961. He bases his views largely on the experience in Iceland that "certain houses and farms seem to be breeding places of leprosy. Household insect vectors, fleas, lice and *Sarcoptes scabiei* might explain this close connection with houses, especially where infections seem to occur in a house which has been vacated by the previous occupants." On the whole he seems to favour the plea but in support of scabies, he quotes a well-known leprologist as saying that in certain parts of E. Africa he "came to accept the amount of scabies in a group as a rough indicator of the incidence of leprosy." So far it has not been possible to transmit the disease to any animal by inoculation. Therefore Prof. Dungel more or less admits that the most that can be said in favour of his provocative thesis, is that "insects cannot be ruled out."—(*Practitioner*, London, p. 675, June, 1961).

Tonics and Appetizers

"Many women can suffer in silence," said a psychologist.

Yes, when their phone is out of order.

Married bliss is over when her girl friends tell her "you could have done better."

A man was boasting about his sister who had disguised herself as a man and joined the army. His friend said, "It's impossible. She'll have to dress and shower with the boys. They'll find out."

"They'll find out, all right, but who'll tell?"

They Did It Now

The head of a large business concern was extremely interested in psychology. One day he put up a number of signs reading "Do It Now" in his offices to increase efficiency. A little while later a friend asked him whether the scheme had any effect upon his staff.

"Well, yes," said the boss, "but not exactly what I'd hoped. The cashier absconded with £10,000, the head book-keeper eloped with my private secretary, three clerks asked for a raise, and the office-boy left to join a circus."

Kiss in Time

The average English girl does not kiss well. That's not me talking but a French expert. Scottish girls, he says, kiss coldly and without much enthusiasm and while Welsh and Irish girls are "reasonably warm kissers, they lack finesse."

If my memory serves me correctly it wasn't so long ago that a Frenchman was telling the world that a British girl's kiss was the sweetest in the world. Ah, well, one man's meat...

When you come to look into this kissing business, however, it's amazing what a lot of queer things mere men have said about it. There was Dean Swift who, foolish fellow, remarked: "Lord I wonder what fool it was first invented kissing."

According to Cato, it originated when husbands who had been away from home put their lips against their wives' to discover if they had been drinking wine. Time marches on.—(*Tit Bits* 5-4-1961)

A doctor went on a hunting trip for a vacation, and when he returned he was quite gloomy.

"What's the matter?" asked his wife.

"I didn't kill anything," he said.

"That's what you get for neglecting your practice," she answered.

Frightened patients when they want a cure,
Bid any price and any pain endure.
But when the doctor's remedies appear
The cure's too easy and the price too dear.

Here lies my wife
And for the best
Because it gives
Me both a rest

A girl who looks like a dream usually gives
a man a nightmare.

When a woman gets a man on the spot, she
usually takes him to the cleaners.

Dignity is something that cannot be pre-
served in alcohol.

A small town is a place where there is
nothing during every minute.

Weather like morality is a question of
geography.

A young man had been married for a year
to one of two lovely twins.

One day his father said, "Tell me, son,
how do you tell those two girls apart?"

The boy said, "I never try to."

The following conversation took place be-
tween a minister and a physician.

The minister said, "You should come to
church regularly."

The physician answered, "Let's make a
deal. I'll do all in my power to keep you
out of Heaven if you'll do all you can to keep
me out of Hell."—(*J.A.M.A.*, May, 1961).

Howlers: (Anatomical)

"Each kidney is situated on either side of
the urethra."

"The kidneys lie behind the peritoneum
and are embedded in a pad of fat, namely
perineal fat which provides suet for cook-
ing."

"The cortex is a dark red in colour and
arranged around the outside of the kidney.
The medulla is greyish in colour and goes up
and down in tiny erections."

"The large intestine is situated on the
lower part of the abdomen. It is 21 inches
long. It is coiled round the stomach a few
times."

"The skin is prepared for operation, the
teeth and false limbs are removed."

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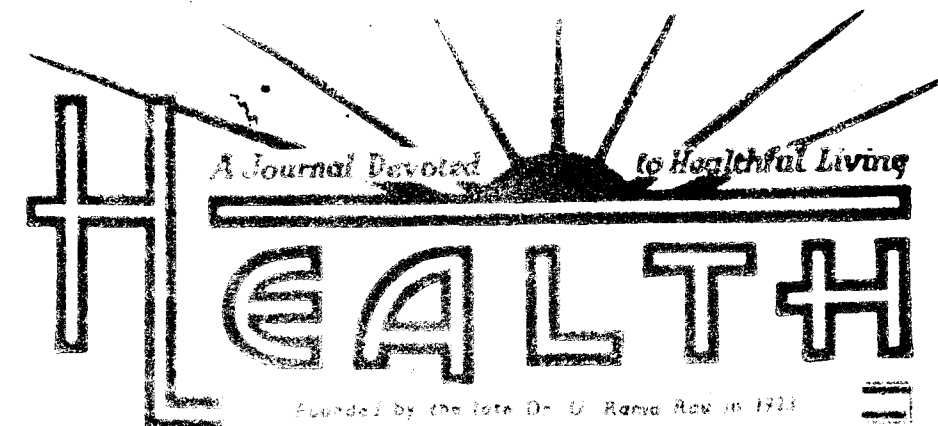
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Printed by U. VASUDEVA RAU at the Antiseptic Press, 18, Thambu Chetty Street,
for the Proprietor & Publisher at 323-24, Thambu Chetty Street, Madras-1.



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

Annual Subscription : Rs. 50 mP. Single Copies : 5 mP. Post Paid.

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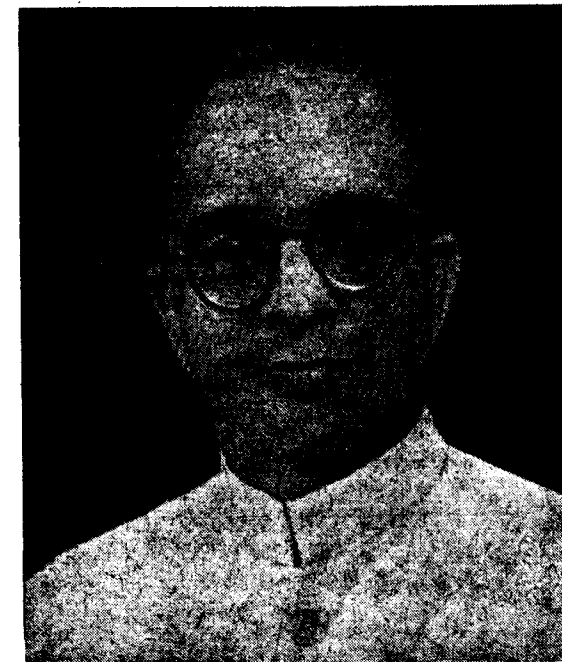
Annual Subscription: Rs. 2-50 nP. Foreign Sh 5. Post Paid. Single Copy 25 nP.

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

Vol. 39

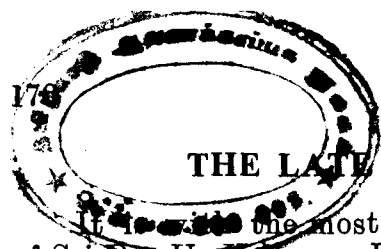
AUGUST, 1961

No. 8



The Late Dr. U. KRISHNA RAU, M.B., B.S., M.L.A.
(1900-1961)

Speaker of the Madras Legislative Assembly and
Consulting Editor of the 'ANTISEPTIC' & 'HEALTH'



THE LATE Sri Dr. U. KRISHNA RAU

It is with the most profound regret that we report the death of Sri Dr. U. KRISHNA RAU, Speaker of the Madras Legislative Assembly and Consulting Editor of this Journal, in the early hours of the morning of 3-8-1961 at his residence in Purasawalkam, Madras.

MEMOIR

Dr. U. Krishna Rau was the son of the late Dr. U. Rama Rau, who was President of the Madras Legislative Council at one time.

Dr. Krishna Rau enjoyed a lucrative practice and was exceedingly popular among his patients. An ardent Congressman he was an elected Councillor of the Madras Corporation continuously for over 20 years and was the Mayor of the City in 1947-48. He was elected to the Legislative Assembly in the General Elections in 1952. He joined the Rajaji Ministry as the Minister for Industries and Labour and held office till April 12, 1954, when the Cabinet resigned. At the General Elections in 1957, Dr. Krishna Rau was re-elected to the Assembly and was chosen Speaker in April 1957. As the Presiding Officer of the House, he conducted the proceedings of the Assembly with considerable tact and decorum. A keen Rotarian and a member of the Cosmopolitan Club, the Gymkhana Club and the Madras Cricket Club, he was also an active member of the Indian Medical Association and the Secretary of the Reception Committee when the All India Medical Conference was held in Madras in 1937, with Dr. B. C. Roy as President. It was mainly due to his efforts that a branch of the Indian Medical Association was formed in Madras. He was the President of its South Indian Branch for a term and the Joint-Secretary of the All India Medical Association and also a member of its working committee for several years.

Dr. Krishna Rau was the Chairman of the Madras State Branch of the Indian Red Cross and the St. John Ambulance Associations. He was the Chief Organizer of the Bharat Sevak Samaj in Madras State. He was besides associated with the University of Madras, its Syndicate, Senate and Academic Council.

Dr. Krishna Rau was a keen sportsman and was the Chairman of the Madras Football and Table Tennis Associations and Vice-President of the M. U. C. He was of a very cheerful disposition and gentle and suave in his manners.

"An honest man is laid to rest
As e'er God with his image blest;
The friend of man, the friend of truth,
The friend of age, and guide of youth;
Few hearts like his, with virtues warmed,
Few heads with knowledge so informed;
If there is another world, he lives in bliss;
If there is none, he made the best of this."

He leaves behind him his aged mother, his wife, his sons, Dr. Vasudeva Rau and Sri Vyasa Rau, his brother Dr. U. Mohan Rau, the renowned surgeon of Madras, and five daughters, besides numerous friends and relatives to bemoan his loss.

The Madras State Government in a Gazette Extraordinary announced "with the most profound regret" the death of Dr. Krishna Rau and placed on record his public services, and concluded by saying, "In Dr. Krishna Rau's death, the State of Madras has lost a wise statesman and an illustrious son."

MORE ABOUT HONEY

(PART II)

THE ancient Greeks were fond of honey and regarded it as a youth elixir. The philosophers of Athens believed that the life-span could be doubled if the right combination of foods could be established, and they considered that honey was the most important food of all. Pythagoras, who loved honey, developed a drink made of honey and milk, which became known as "ambrosia," and which he supplemented with fruit, nuts and vegetables. He lived until he was ninety. Appolonius, a follower of Pythagoras, who adopted a similar diet, lived until he was 115 years of age. The father of medicine, Hippocrates, is said to have eaten honey every day, and he prescribed it for those who wished to enjoy a healthful and long life.

Many centenarians.—In A. D. 76, Pliny the Elder, who lived in Rome and who was killed by the eruption of Vesuvius, in A. D. 79, was very impressed by the great age of the people who lived in the region of the river Po and who were bee-keepers. It was said that 124 of these people were over 100 years old, two were 125 years old, and seven over 135 years old. Piast, also a bee-keeper, who later became King of Poland (A. D. 824) lived until he was 124. The Essenes, an ancient Hebrew bee-keeping tribe, had many members who passed the centenarian mark.

The original Bardic name for Britain was "The Honey Isle of Beli" and the people were great bee-keepers. Plutarch, who lived in the first century, observed, "These Britons only begin to grow old at one hundred and twenty years of age." When Pliny visited Britain, he observed that "these Islanders consume great quantities of honey."

It is extremely difficult to decide where the dietetic value of honey finishes and its therapeutic properties begin, and it is, perhaps, a mistake to attempt to do so. Nevertheless, honey is probably the oldest of all therapeutic agents, and the Bible, the Torah and the Koran all speak of its value in this respect.

Pliny was a believer in the use of hydromel (honey and water): "It is an extremely wholesome beverage for invalids who take nothing but light diet; it invigorates the body, is soothing to the mouth and stomach, and by its refreshing properties allays feverish heats." Oxymel (honey, vinegar, sea-salt and rain-water) was considered infallible in the treatment of sciatica, gout and rheumatism.

"It Breedeth Good Blood...." In 1623 Charles Butler, in *The History of Bees*, said "Hoonni Cleareth all the obstructions of the body, lossenth the belly, purgeth the foulness of the body and provoketh urine. It cutteth and casteth up flegmatic matter and therefore sharpeth the stomach of them, it purgeth those things which hurt the clearness of the eyes and nourisheth very much. It breedeth good blood and prolongeth old

age." Later, he says, "It is of such virtue that if any be dying and drink two or three drams thereof presently he will revive. If you wash any wound therewith, it will heal quickly. It is good against cold, catarrh and many other diseases." The fact that honey has a disease-bacteria-destroying effect has been confirmed by Dr. W. G. Sackett, of the Colorado Agricultural College, U.S.A., who experimented by placing various disease-bacteria in a pure honey media. Within a few hours all the micro-organisms were dead. Typhoid-fever-producing germs died within 48 hours. Similar types known as A and B typhosus died within 24 hours. These results have since been substantiated by Dr. A. P. Sturtavant, in Washington, U.S.A., by A. G. Lockhead, in Ottawa, Canada, and by others. Honey is reputed to be helpful in the control of bed-wetting in children. Such children usually suffer from some form of nervousness, and although honey is a diuretic, it is also a sedative, and it is the latter property which makes it helpful in these cases. Honey with lemon juice is one of the oldest prescriptions for the relief of a cough, and the application of honey has long been known to afford speedy relief in cases of burns. It also prevents the formation of blisters after burns. Whatever its other useful properties, there is no doubt that honey is a wonderful food, and no meal-table is complete without it and no day should pass without its consumption.—(*Health For All*, April 1961).

Avoid that Draught

Extreme tenderness of the neck muscles and a painful crunching each time the head is moved and you know you've got a stiff neck. It usually comes on quite suddenly and the commonest cause is fibrositis of the muscles due to sitting in a draught.

Heat is the best cure, says the medical correspondent of a French paper. A long, woolly scarf wound round the neck several times will give great comfort. Also take a couple of aspirins, but avoid embrocations as they usually only produce more pain and do little to speed-up the cure.

Enlargement of the glands down the side and back of the neck can also cause a stiff neck. These glands may have become inflamed by germs and bacteria carrying catarrh from the nose and throat. The remedy in this case is gargling and nose spraying.

Far more serious is the stiff neck due to disease or damage of the vertebrae in the neck. This comes on slowly and can affect the shoulders and arms. So whenever a stiff neck persists get proper medical attention.

Life's Like That

Several of us in the solicitor's office where I work were having a discussion about what young fellows mean when they say a girl is "stacked." Do they mean all over or just from the waist up? Since we could reach no agreement, we decided to ask the oldest and wisest lawyer in our office. His answer was a lesson in logic. He said, "Why, everyone knows that you can't start stacking something in the middle."—(Florence Skinner in *R.D.*).

DOCTOR and CLERGY

FIFTY years ago medicine rested confidently and comfortably on a bed of material science. Bacteriology and cellular pathology were in their prime, modern psychology in its infancy; physics had not invaded chemistry, atoms being solid particles of known weight; neurology divided "diseases of the nervous system" sharply into organic and functional, and had small concern for the second category; the word psychosomatic was not coined or the underlying conception recognized; suggestion, whether pathogenic or therapeutic, was almost outside the pale of orthodox medicine, by which indeed the mind (save as the seat of mental disease) was recognized rather grudgingly. The medical superintendent of a large asylum—not then a "mental hospital"—could tell an inquiring student that he believed the brain to secrete thought, as the liver bile.

Every kind of doctor spoke of "cases" without feeling either shallow or inhumane: "the ruptured kidney in number ten" did not seem either a comic or an offensive way of describing the patient in that bed. Doctors as a class, were unquestionably more materialist than patients, as a class; and the doctor with a religious creed found it as easy as the agnostic to confine himself to the care of the body. A convenient fence divided this from the field of the priest, and the two did not overlap.

Since then we have found that nothing is what it seemed. The

well at whose bottom lies truth turns out to have no bottom; the simple, confident, science-based materialism of the early 1900s is "out", and most doctors are now, pretty certainly, less materialist than most patients. A doctor may find himself in the curious position of trying to persuade his patient to believe in the reality of his mind and in its power to produce symptoms and influence his body. We have, perhaps, an almost excessive regard for the machinations of "psyche" (continually searching for her under the bed), and psychology manifestly postulates the existence of mind, if not of spirit. In so far as the minister of religion may be held to minister to the spirit and attempt the healing of its wounds and diseases, it is clear that our fields do indeed overlap. But the fence, though scientifically and rationally unjustified, is still up in practice—partly perhaps because "good fences make good neighbours." Parson and doctor nod to each other in the street or on the hospital staircase but never meet at the bedside and very rarely consult together for the patient's good. Patients in their houses, and sisters in hospital wards, take great care that medical and clerical visits shall not coincide, and there is general embarrassment when they do.

A booklet published by the Australian Council of Churches contains five thoughtful and instructive papers read at a Clergy-Doctor Group Consultation held near Sydney last summer. The three clerical contributors are a former vice-principal of a theological college, a

former senior chaplain for general hospitals in Victoria, and the chaplain of a mental hospital; the editor of the *Medical Journal of Australia* and a practising hospital physician of Sydney speak for medicine. Views apart, they describe what is being done in clerical colleges and medical schools "to educate clergymen in their role in the care of the sick" and doctors "in their role in relation to the spiritual needs of patients"; and what is being done, though perhaps less than is reported from the U.S.A., is considerable and increasing. Also described is the gradual acceptance of the chaplain to a mental hospital as a working member of the thera-

peutic team. Restraint, good sense, clear thinking and good will are as much in evidence as idealism, and the booklet is worth reading for its analysis of the problems as well as for its positive suggestions.

In England though hospital chaplains are more generally recognized as part of the hospital establishment, we seem more ready to be content with things as they are. But Dr. Hugh Jolly's address to chaplains shows that here, too, some attempt is being made to bring about a clearer recognition of the functions of doctor and minister in the service of the sick and to bring them nearer together.—(*Lancet*, 8-4-1961).

BRITISH PARLIAMENT SITTINGS (Some Interesting Facts)

WHEN the House of Commons sat in continuous session for a fourteen and a half hours recently, many thought the sitting must have been one of the longest on record. But it wasn't. The longest Commons sitting was one of forty-one and a half hours—from 4 p.m. on January 31, 1881 to February 2—when the question of "better protection of person and property in Ireland" was being discussed.

Some very old Parliamentarians alive to-day remember that Marathon debate—and others. The one that ended on December 15, 1933, after continuous debates lasting twenty-two and three-quarter hours, for instance. Two hundred and twenty M.P.s—including six women—saw it through. The

M.P.s took part in thirty-four divisions, each M.P. walking in all about four miles to do so. Sometimes during an all-night sitting many M.P.s find it impossible to keep awake. When the great Macaulay was a young M.P., he told how stalwart Whigs prepared for an all-night sitting by sending their nightcaps and razors, although it is not recorded that any member ever donned a nightcap or used a razor within view of the Speaker.

One earlier Speaker had constantly to fight against his tendency to fall asleep and snore in the course of an all-night sitting. He finally found that frequent draughts of porter kept him awake and reasonably fresh as the time dragged on.—(*Tit-Bits*, London).

FEMININE INTUITION

DR. EUSTACE CHESSER

TIME after time I have heard the baffled protest, "You are so unreasonable!" from a husband whose wife warns him against an acquaintance, or some enterprise on which he is about to embark. The wife's reply is always the same, confident and unanswerable. "I can't give any reason, but I know I'm right. I feel so!" And eight times out of ten she is right.

The male mind gropes painfully towards a conclusion, weighing the evidence, trusting to logic. A woman's mind works quite differently. It leapfrogs over the evidence. It is impatient of the slow, cumbrous process of reasoning. In a flash the answer seems plain. The man to whom she has been introduced is not to be trusted. She doesn't care twopence about his blameless record. Something in the way he looks at her starts an alarm bell ringing.

She may take an instant liking to a person who seems a doubtful character. Or she may suspect that something odd is going on although there is no outward sign. She seems to have a faculty which the majority of men either do not possess at all or do not trust quite so whole-heartedly. *This is what is meant by feminine intuition.* It is not infallible, but then neither is masculine logic. All through the ages it has been woman's unique instrument. It has been one of the chief diffe-

rences between the sexes. In the past the fact that man and woman were biologically different gave rise to the belief that woman was inferior. Most societies have been organized on that basis until quite recently. But the demand for legal equality has led to the false idea that men and women are equal in all respects except masculine strength. Extreme feminists claim that there is no profession in which women cannot do just as well as man, if they are given the same opportunity.

This is carried to great lengths in Russia and China where women do heavy manual labour, drive trains, pilot aircraft, compete as engineers and scientists. The only apparent difference there between women and men is that the former *can* bear children.

Yet this is a momentous difference. It is the material instinct which is chiefly responsible for the gulf between the emotional make-up of the sexes. Nature has given them utterly different functions and endowed them with the means to carry them out.

What we regard as typically feminine qualities, intuition and the reliance on feeling rather than logic, fit women for their natural role as mothers of the race.

Even in England there is a tendency to rebel against the age-old pattern which recognized that there is a basic difference between male and female. Some women not only try to show that they are as competent as men in what used to be a masculine preserve, but that they are

identical except in a physical sense. They resent being told that their psychology is not the same. They think that this is a trick to keep them in subjection.

[This vicious circle is now found to be working havoc even in the so-called college educated Indian young women. —Editor, HEALTH].

Yet what bigger tribute could they pay to the idea of masculine superiority than by copying men? Feeling, not reason plays a far bigger part in a woman's life than in a man's.

Feminine instinct:—Listen in, for example, to a husband and wife considering whether to buy a new house. "I don't like it," she says, after the first quick look. It is in vain for her husband to bring out figures showing that it is a bargain, that the value will go up, that the surveyor finds no fault in it. In the middle of the argument she will fly off at a tangent.

Despairingly her husband tries to stop her from wandering from the point. She suddenly talks about other things. "Tell me one thing that's wrong with the house," he beseeches miserably.

She looks at him in amazement. It seems a silly question. It is like asking her why she isn't in love with some one else. She wants to buy a house she has fallen in love with. It is as simple as that. She goes by feeling. To put it in another way, she is reacting on the unconscious level, whereas masculine logic belongs completely to the conscious level.

Unless they force themselves to imitate masculine thinking,

most women take that inner voice as their guide. They are closer to the unconscious than men. It is necessary that they should be, to carry out the great task for which nature has designed their minds as well as their bodies. The relationship of mother and child calls into play a powerful instinct which is absent in men. Even if at first the child is not desired, once it is born it brings its own love. Instinct takes charge and all the worries of the conscious mind are swept away.

Thoughts and feelings deep down below the conscious threshold pervade the whole of a woman's life. They determine her choice of a partner and dominate her entire conduct. What seems at first mere caprice is in reality the outcome of unconscious thinking. To a man it may be delightful or infuriating. He has no weapons to use against it. In bygone times this intuitive gift, with its sudden flashes of insight, seemed uncanny.

Women have never ceased to appear baffling and unpredictable to men. Once they lose their mystery they renounce their power. An Eastern proverb runs. "*By day Man is the Lord of woman. By night he is her slave.*" The meaning is that day is the time for conscious, rational thinking, night, on the other hand, is the realm of instinct and the unconscious!

This intuitive mode of thinking is not completely absent in men, but it is usually much less developed. Hence men excel in

activities which do not require it. They are better scientists, mathematicians, engineers, architects, soldiers and explorers.

Let us face the fact that in some ways women are weaker. Apart from outstanding exceptions there are certain jobs that men will always do better. It is not just a question of opportunity. The innate difference between the sexes must result in a natural inequality in some respects.

The balance is restored by the superiority of women in other directions. Why should women worry because they have not made great contributions to science? It is more important to humanity to make a home and bring children into the world than to invent nuclear power. Although women have not been great statesmen they have been a power behind the scenes. They have made great queens. They are beating men today as novelists, because such creative writing requires intuition rather than logic.

They understand love better than war. In the art of love they are supreme because it calls forth the instinctive, non-intellectual side of a person's nature. This is the territory over which woman's sway is undisputed since it speaks the language of intuition.

Now two points must be noted. Non-intellectual does not mean non-intelligent. I do not imply women are less intelligent than men, but only that they make more use of intuition. Also, although a stroke of intuition may

appear to ignore the ordinary process of reasoning, it is in fact a kind of rapid, subconscious reasoning.

When a woman decides she does not like someone at sight what happens is that she notices a number of apparently trivial things which do not register in a man's mind. They are fed with lightning speed into her subconscious and outcomes the verdict. It is not a sixth sense, though for all practical purposes it might be regarded in that light.

In coping with the problems of life we need both *feminine intuition and masculine intellect*. They are complementary to each other. *In a successful marriage the woman remains completely feminine*. If she tries to ape man, to wear trousers, the natural balance is upset.

Any attempt to ignore that woman is psychologically different from man distorts their relationship. Unless she accepts her uniqueness she is in danger of unsexing herself. No man would regard this sort of imitation as a form of flattery. He dislikes a masculine woman as heartily as a feminine-man. Her unpredictability, her swift changes of mood, her blithe and utter disregard of his laborious reasoning, is maddening, though it may be the secret of her charm.

Her intuition takes her where logic cannot reach. Logic only touches the surface of life, but intuition belongs to the depths where feeling is all. It is on this level that lovers communicate

in the same wordless language nature has bestowed on her. that a mother uses to her child. Men, too, should heed its judgments. It is much more often right than wrong.—(*Family Doctor*, March, 1961).

If a woman is wise she will trust this strange gift which

ROUTINE CONTRACEPTION

(DANGER IN USE OF ENOVID TABLETS)

IN *Medical World News*, Aug. 26, 1960, is notice of a project of the Planned Parenthood Federation to use Enovid tablets as a "routinely" taken contraceptive. As former chief of the Municipal Premarital and Marital Guidance Clinic of Vienna (1921-1934), I take exception, not to the purpose, but, to this method of hormonal contraception. The persistent ingestion of progestin-like hormones works by suppression of ovulation. This might be harmless if used for a short while, but much caution should be taken if used for a long time.

Most females in German concentration camps lost their menstrual periods, sometimes for years; usually immediately after their detainment, as a reaction to the fear caused by the Nazi terror. After their release from these camps most of the younger inmates started ovulating and menstruating again, and later became pregnant; but there was a startling after-effect, as work by Dr. David Klebanow, himself a former camp inmate, proved. He checked thousands of victims of

these camps, and found that, in a high percentage, pregnancies ended in abortions or stillbirths or produced malformations, particularly mongolism. This experience with long lasting suppression of ovulation should caution against recommending a method on a mass basis which might produce similar consequences.

In some cases when Enovid or similar progestin-like hormones were taken during early pregnancy to prevent abortion, the female babies showed signs of *pseudohermaphroditismus masculinus externus*. The ensuing amenorrhoea following the use of such drugs might not be recognized as being due to pregnancy and the patient might continue taking full doses of Enovid with the serious consequences to her female offspring.

Much more research is needed before a method loaded with the danger of producing malformed children should be recommended on a mass basis.—(Dr. Karl Kautsky, M.D., of 440 West End Ave., New York 24, N.Y. in *J.A.M.A.*, for 25-2-'61).

Honey

A report in the *Lancet* by Dr. Thomas of Edinburgh says: honey has a marked effects in reviving heart action and keeping (heart) patients alive.

WORK OR RETIREMENT?

EIGHT YEARS ago a committee set up by the Ministry of Labour recommended that "All men and women employed in industry, commerce, the professions and elsewhere, who can give effective service should be given the opportunity, without regard to age, to continue at work, if they so wish." At that time, 1953, a good deal of public interest was focused on questions connected with the transition from work to retirement—retirement as an event. Since then attention seems to have shifted to the economic and social problems associated with the state of being retired—retirement as a phase of life. Two recent studies recall attention to the critical years before and after retirement, "the great transitional phase in the lives of most men," to quote Mr. Le Gros Clark, and to the inevitable problems associated with the natural course of senescence as it affects industrial workers.

The Acton Society Trust's study concentrated on "the administrative problems of designing a retirement policy which is efficient from the management point of view and satisfactory to the individual employee." With this object in view the authors attempted an analysis, based on a postal questionnaire followed up by visits and interviews, of the retirement policies of 55 manufacturing and building and contracting companies which

employ 10,000 or more workers. They divided them into categories according to the rigidity of their policy with regard to retirement age and set out the reasons given by the management for adopting a rigid or flexible policy as the case might be. An interesting supplementary study of the reasons given by employers for the earlier retirement of women concluded, after collecting evidence of sickness rates as the most objective data which could be obtained, that the evidence suggested that "there seemed to be little medical or even psychological evidence to support an earlier retirement age for women." In general, the authors conclude that rigid attitudes to the capacity of older workers cannot be justified by the evidence and that it is particularly important to explore every opportunity of fitting both jobs to workers and workers to jobs.

It is at this point that the conclusions of Mr. Le Gros Clark's detailed, realistic, knowledgeable, and forward-looking study are highly relevant, for the question he asks is, "What are and what could be the consequences of mechanization and automation for the older man?" For some years, he states, it has been Ministerial policy to encourage men to prolong their working lives. "The question we now have to ask is how far we have been wasting our time over the matter when we are dealing with industrial conditions that are becoming more and more intensively mechanized? To discover how suitable conditions of mechanized production really

are for older men, he examined the problem in eight manufacturing concerns, all in advanced stages of mechanization, and came to the conclusion that the effect of the accelerating progress of mechanization and automation was a tendency to measure a man's reliability by tests more rigorous than supervisors would have applied under less mechanized conditions and at the same time to limit the range of light jobs to which elderly workers could be transferred. It would thus seem inevitable that "for an indeterminate time ahead, we shall find large numbers of men 'retired' from manufacturing work while they are still in a fair state of health."

Retirement as an event is but the gateway into retirement as a phase of life, and both studies discuss the community's responsibility towards members facing this "inescapable third period of life." In this con-

nexion it is unfortunate that the report of the Acton Society Trust twice makes the generalization that "the old family and social network which used to absorb elderly people on retirement without much bother or emotional distress is fast breaking down." Recent investigations into the family life of old people, such as those made by the Institute of Community Studies, have revealed the unsuspected extent and strength of such family ties, the readiness of most families to recognize their obligations to their older members and the ways in which older people in turn help their younger relatives. The task of the social services as they affect the majority of elderly people is to supplement and make easier family services rather than provide substitutes for them, and their objective should be as far as possible to give the years of retired leisure a positive meaning.—(*Br. Med. Jour.*, 27-5-'61).

Water is not Fattening

Many people have the idea that milk is constipating. "Such a belief is not based on fact," says Dr. Doris Johnson in *Science Digest*. The only objection to milk is that people who drink it in large quantities are often less likely to eat other foods in sufficient amounts to give the essential bulk for milk is a satisfying meal in itself. So make sure you get enough crude fibre from other foods.

Another fallacy is that water is fattening. As it contains no calories it cannot itself be converted into body fat. Besides water is one of the body's primary requirements. Most people should drink about a pint and a half a day to keep the blood pure and the kidneys' functioning properly.—(*World Digest*).

Nose Bleed

A sudden nose bleed is certainly alarming and embarrassing but it is rarely anything to worry about.

The traditional "head back and flannel over the bridge of the nose" treatment is not the most effective. Far better is to sit the patient over a wash basin and sponge his face and the back of his neck with plenty of cold water. Often a cotton wool plug dipped in hydrogen peroxide will stop the bleeding.

If the bleeding still continues, place a pencil between his teeth, to prevent the patient from swallowing and so dislodging any clot that was forming in the nose. The clot is nature's way of stopping bleeding from a blood vessel.—(*Family Doctor*).

Boils and Styes Can Be A Great Nuisance

THE vast majority of boils are caused by a microbe called *staphylococcus aureus*, which might be translated as the golden-grape germ. A few thousand million grown together are a lovely golden colour. Under the microscope it gathers in clusters like bunches of grapes.

It can be found living comparatively harmlessly on most people's skins. It colonises in many noses. What it really likes is to get down into a hair follicle where, warm and cosy, with a good supply of the natural grease of the skin to feed on, it can be fruitful and multiply. Boils and styes always occur in the roots of hairs. You don't get them on the palms of your hands and the soles of your feet, where hair does not grow.

A staphylococcus building a boil in a hair root can be painful. But one in the blood stream can be disastrous. It can cause staphylococcal blood-poisoning, which, before penicillin was discovered, was almost invariably fatal. It can get into the bones and cause osteomyelitis, a crippling disease.

So the body reacts at once against this hair-root colony, in sheer self-defence. The blood pours out masses of white corpuscles, which have a disgusting but useful habit of eating these germs. With the surrounding

fibrous tissues, they unite to build a rampart to contain the enemy and localize his destructive effects. It is this wall that forms the tender bulbous lump of a boil. Within it, the white cells fight the staphylococci and the debris of battle accumulates. Sooner or later this debris forces its way to the surface, the boil bursts, the pus comes out, and then the thing heals up.

Squeezing a boil can cause it to burst, not harmlessly to the outer air, but into the depths of the skin. This can result in a boil going right through the skin thickness into the tissues underneath, building up to a sort of volcano in reverse with several craters that doctors call a *carbuncle*. Or, if the tissue reaction cannot check it in time, it can spread sideways under the skin, leading to a widespread inflammation called *cellulitis*.

Until penicillin was discovered, doctors had no drug that would slay this germ. It scorns the sulpha drugs. With the advent of penicillin, a few injections quickly cleared up boils, styes, and carbuncles. Alas, since then, the brute has become canny, and has bred out a new race resistant to penicillin. Fortunately this does not apply to every specimen encountered. It applies chiefly to what we call "hospital staphs." So much penicillin has been used in hospitals that staphs caught there laugh at the stuff. Happily, the breed met in doctors' surgeries is often less resistant, and penicillin still works, though big doses may be needed.

Severe cases only.—Since penicillin, many other staph-killing antibiotics have been discovered, but we have been warned. Doctors don't want staphs to get resistant to the lot, so are rather chary of using them in mild cases.

The really interesting point about boils and styes is how the *staphylococcus* gets into the hair root. It can neither walk nor swim, and it seems fairly harmless as long as it stays on the skin surface.

The answer is friction. The unpopular place for most boils is where the clothing rubs, on the seat, on the back of men's necks, on the outer side of the forearms. Boils on the scalp follow scratching the head. And the reason why people who need glasses get styes is simply that they keep on rubbing their eyes to try to see better. Those who wear glasses all the time very rarely get styes. They can't get their fingers near the lids to rub them.

The pus from a discharging boil is highly infectious. As the boil is painful, it attracts the fingers, and they transfer the infection elsewhere. So one boil usually means a crop of them. It is quite possible to catch boils from close contact with others who have them, or from using their towels. But it has been proved beyond doubt that the chief source of infection lies in the nose.

The little hairy pocket just inside the nostril is one of their favourable resorts. Conditions of warmth, moisture, and air-

supply seem ideal. Handkerchiefs and fingers easily transfer the infection elsewhere, and that is where most attacks of boils originate. It has nothing to do with being run-down. People in the pink of condition get boils.

You cannot prevent boils by trying to get rid of all the germs on your skin. Surgeons wear sterile gloves simply because trying to render skin absolutely sterile is hopeless. Scrubbing hard with a nailbrush often serves to push the germs well down into the hair-follicles.

In practice, a thorough washing with a soapy lather for a couple of minutes, followed by rubbing in skin-spirit does the most good, but still quite a lot of germs are left there. On the other hand, intact healthy skin, not scratched or rubbed, is remarkably impervious to infection. A daily bath, plenty of fresh air, occasional sunbathing which does not lead to peeling, and a good diet, give a resistant skin surface. Tight grubby collars and underclothes invite trouble.

Boil sufferers, having got their skins into as good condition as possible, and looked to the cleanliness of their finger-nails, should then attack that reservoir in their noses. There are plenty of good, non-irritating, antiseptics. You can sniff up some T.C.P. or Milton, use Cetavlex Cream, or Hibitane pushed into the nostrils with the little finger. There is no need for antibiotics, and it is better *not* to use them, unless you wish to breed your own resistant race of staphs.

Small boils in the ear are so painful that your doctor may well decide to inject penicillin, and this may be the right treatment for serious crops of the things, or for carbuncles. But the ordinary small boil is generally best left covered up with a sterile dressing till Nature cures it for you. When it bursts, wash away the discharge, wash

the skin round it, use a little antiseptic perhaps, and then another dressing. The whole object of keeping it covered is to prevent the infection spreading to other parts of your skin. With a little care and some luck, you will win the day and won't have any more boils.—(*Dr. Tavistock's Casebook, Family Doctor*, February, 1961).

Adolescent, Teenager, or Human Being?

“MEDICAL and social aspects of adolescence” was chosen as the first Subject of the Year to be discussed by the British Medical Association's divisions. During 1959-60 they met in small groups, and the report now compiled from their deliberations may be said to represent the views of about 2250 doctors.

One group defined adolescence as “the time when the growing individual becomes aware of adult problems, and lasts until he or she has come to terms with adult realities.” It was generally agreed that its difficulties were increased by the attitude of many adults—some well intentioned, others less so. Through over-emphasis “the awkward age” and the “difficult years” had assumed an artificial seriousness, and many of the doctors believed that the so-called “problems of adolescence” often arose from the normal rebelliousness of youth and that society had changed more than young people.

Changes in society's moral outlook are seen most clearly in

sexual matters, and, compared with their grand-parents, young people are reminded more often and more emphatically of the existence of sex. It is not surprising that among them there is *greater freedom of sexual activity, which is further encouraged by the ease with which contraceptives can be bought and the largely unjustified belief that venereal disease is less to be feared than formerly.* The recent alarming increase in the incidence of venereal diseases among adolescents shows that in fact many young people today are sexually promiscuous. (One general practitioner had been asked for his advice by the headmistress of a girls' school at which girls had approached their teachers to ask what were the most efficient kinds of contraceptive).

[The following note is illuminating in this context:—More than 221,000 of the 4,295,000 babies born in the United States in 1959 were illegitimate, the Public Health Service reported in Washington on July 28, 1961.—Ed. HEALTH].

Opinion was divided as to the best form of education about

sex. Some thought that the parents were the most appropriate people to provide it. Others thought it should be given in schools. It was, however, emphasized that sex education should not be given as a formal isolated lecture, inviting morbid attention by its conspicuousness.

The doctors agreed that on the whole the health of adolescents was good and that they were probably seen less by general practitioners and consultants than any other age-group, and certainly less than twenty or thirty years ago. They were, however, prone to certain physical disorders.

The general feeling seemed to be that psychological problems of adolescence tended to be exaggerated. Only about 10% of delinquents, one report pointed out, could be said to need psychiatric treatment. More concern was expressed about exposure to

materialism. Adolescents were wealthier than ever before and were recognized as "significant consumers." Their wants, fears, and tastes were studied with great care for commercial purposes. If only a small part of the ingenuity, inventiveness, and creativeness now directed to the sale of commercial goods to the teenage market were turned towards encouraging and popularising well-run youth organizations, much might be done to remedy the futility, boredom, and lethargic apathy in which so many people of today spent their leisure. Unfortunately, the pamphlet offers no precise suggestions as to how this might be achieved. It does, however, suggest that the B.M.A might well undertake training courses for parents and that family doctors should play a much greater part in helping adolescents with their personal problems.—(F.D., London).

Nothing New Under the Sun

Some "modern" discoveries would look old to certain ancient Greek scientists and philosophers who made these observations over two thousand years ago:

Hipparchus reckoned the solar year as 365½ days, minus 4 minutes and 48 seconds—an error of only 6 minutes. He worked out the lunar month as 20 days, 12 hours, 44 minutes and 3½ seconds—less than one second wrong! He estimated the distance to the moon as 250,000 miles, an error of less than five per cent.

Eratosthenes, with only the most primitive instruments, worked out the circumference of the earth at 24,662 miles and the diameter at 7,850. The correct figures are 24,902 and 7,926.

Leucippus believed that everything was composed of atoms, infinite in number, indestructible, always in motion, and between them empty space.

Democritus claimed that no matter was ever destroyed but merely changed its form. He also said that there was an uncountable number of worlds in the universe, many new ones constantly being born, many old ones dying. Some had no sun or moon, some had several. And he also asserted that life developed out of the primeval slime.—(Reader's Digest, Feb. 1961).

Safety First is Essential

(It must be reasonable care not obsessional precaution)

ROGER PILKINGTON, M.A., Ph.D.

WHO invented the phrase "Safety first" I don't know. But whoever he was, he launched a powerful idea. A way of looking at things which has done a lot to make life safe, but to rob it of half its possibilities, too.

Of course there's no sense in being just foolhardy, but how far should we be concerned with making things safe? Many of the laws of the land are directed to making things sensibly safer. Machines in factories have to be properly guarded. Electric points must be mounted out of reach of the bath. Fires must be protected if there are small children about. County councils cut dangerous corners off roads, and paint double white lines round sharp bends. Motor wind-screens are fitted with glass which will not splinter. All very reasonable, because these things are done to reduce special dangers, all of which come from our modern way of life.

But there is a limit. If we really think that safety comes first under all circumstances, we should go the whole hog and scrap the machines, cut out all electrical appliances, abolish road transport altogether. We might then get a very high degree of safety. But at what a price? We would be left with a life that was not worth the

living. It would be mere existing.

It is natural to want to take care of our children, but it is worth remembering that being alive will always involve risks. If we always harp on possible dangers we are not helping them to stand on their own feet. Bathing and boating are certainly dangerous if a child cannot swim, but rather than deprive him of these things for ever, we can teach him to swim, and allow him every freedom up to the limits of what he can do. Otherwise he will grow up to be afraid of the water all his life. Afraid of fun. Even afraid of life.

The same is true of illness. Fear of infection, fear of a headache in case it might be polio, fear of a cut lest it should go septic. All these are thoroughly bad things to cultivate. Fortunately there are plenty of people who have not been brought up in this way. If doctors and nurses were scared of infection and obsessed with their own safety they could never give, as they do, such splendid service to others.

Helpful people are always warning us to take care of the children. We mustn't let them throw fireworks on festival occasion, they might get a nasty burn. Nor let them blow up balloons, they might suck them in by mistake. We shouldn't put sixpenny pieces in the Christmas pudding in case somebody swallowed one.

This is all a lot of dangerous nonsense. If children are to grow up into competent people, worth knowing and worth loving, they

must not be too shielded. No toddler can appreciate that an electric socket may be a source of danger, and at first we have to prevent him from sticking his fingers in the holes or biting through a piece of flex. But what is important is to explain it to him as soon as he's old enough to understand, and encourage him to use his sense rather than regard electric plugs as a terrible danger.

When my own children were eight and eleven they sailed with me in a little boat from the Thames to Belgium and Holland. Some people were shocked. They said it was dangerous, and in the sense that perhaps it wasn't as safe as going on the packet-boat or staying at home: they were right. But neither I nor my family would ever regret having made that trip, for the thrill of discovering about the sea for ourselves was tremendous. More than that, the

adventure was a really first-class piece of education into the bargain.

Education is not something to be left to schools. What happens in the family is probably the most important of all. Any life worth living will involve a certain amount of danger, and if the home is antiseptic, sterilized, desperately safe and dull, children will never really live. Certainly they will not be fitted to face the unpleasantness and dangers which will always be part of the very stuff of living as grown-ups.

"Look before you leap," is fair enough, but "Look and don't leap at any price" is not the way to help children to grow up to be reliable and courageous. They should be able to take the rough with the smooth in all this boisterous adventure of living.—(*Family Doctor*, December, 1960).

Drug or Placebo—They Both "Cure"!

THE *Concise Oxford Dictionary* defines art as "human skill as opposed to nature"; applied to medicine, it implies the totality of the doctor's efforts, which includes the use of his personality as well as his remedies. Art, therefore, is immeasurable; unlike science which should be as precise as the clock and the rule. As art comes into the practice of medicine, the variables in the use of remedies simply outwit man's ability to measure them. For not only, as many medical authorities have

pointed out, dosage, weight, sex, and so on come into the reckoning, but the personality also. For that reason, the nature of the remedies is the least important factor, which explains also why they are so numerous.

Confirmation of these facts has been forthcoming, of late, as a result of experiments made with placebos in the place of the drugs that are commonly used. This research has shown that the placebos, usually composed of sugar or milk, are just about as effective as the thousands of

remedies which have been used down the centuries.

In an annotation on this subject in the *British Medical Journal*, January 7, 1961, quite a remarkable summing-up of the subject was made. It said: "The majority of medicines used from the earliest times have been placebos. Originally, these were nauseous biological by-products, but with increasing sophistication the chemical laboratory has produced, often at great expense, more palatable substitutes. As each is introduced, it is followed by a cluster of favourable reports (quaintly called "the literature"), and it is a wise physician who follows the advice variously attributed to Sydenham, Trousseau, and Osler that the physician should treat as many patients as possible with the new drugs while they still have the power to heal."

We hope the reader will read, re-read and ponder over that statement very carefully, for it confirms and justifies beyond the shadow of a doubt the teaching of Nature Cure that has gone on for a hundred years.

It shows that the remedy that was plucked in the hedgerow was just as effective and just as ineffective—as the elaborate and costly chemical product, and the cynical conclusion expressed at the end of the statement demonstrates that healing takes place in spite of the remedy and not because of it, and establishes the truth that only Nature heals.

Surprisingly enough, the writer of the annotation did not reach that conclusion, but seemed to be more concerned with the doctor's standing. "The placebo response", he went on, "has served doctors well. Because of it they have throughout the centuries been held in high esteem, despite the dearth of medicines with beneficial therapeutic effect." One may place on that statement any interpretation one likes, but clearly it is the doctor, and not the remedy, that gives the comfort. Then came this statement for the reader to ponder over: "At the present time many of the medicines commonly administered are placebos."—(*Health For All*, April, 1961).

Value in Disaster

The great Edison industries in New Jersey were practically destroyed by fire in December 1914. In one night Thomas Edison lost two million dollars' worth of equipment, and the record of much of his life's work went up in flames.

Edison's son Charles rushed about trying to find his father. Finally he came upon him, standing near the fire, his face ruddy in the glow, his white hair blown by the winter winds. "My heart ached for him," Charles Edison told me. "He was no longer young, and everything was being destroyed. He spotted me. 'Where's your mother?' he shouted. 'Find her. Bring her here. She'll never see anything like this again as long as she lives.'"

The next morning, walking about the charred embers of so many of his hopes and dreams, the 67-year-old Edison said, "There is great value in disaster. All our mistakes are burned up. Thank God we can start anew."—(Norman Vincent Peale in *Reader's Digest*).

PREMONITION ?

MARIANNE WILSON,
London, W.C. 2

“WHY, I can read him like a book!” my girl friend confided in me.

“The moment he comes in, I know whether he’s had a good, or bad day or if the journey down has been pleasant. I can almost tell what the news is in the evening paper, by just looking at his face!”

I didn’t spoil it for her by pointing out that most women can, of course, like her, “feel” the mood of a person they love almost before he comes into the room.

He’s amazed.—And when we do come out with some remark like “You wouldn’t have anything on your mind, would you?” he immediately looks amazed and starts to think he’s got a wife, or girl friend, with uncanny powers.

Always the explanation we give is: “It’s just feminine intuition.”

Now is there really such a thing or is it only an explanation for a lucky guess?

We listen...My personal opinion is: Yes! There certainly is real intuition and it’s mostly feminine.

It’s not a matter of white magic either, or of anything supernatural. If we women are more aware of intuition than men it is simply because we listen to our feelings. Men are

so much more likely to reason themselves out of any hunch they may get, unless it’s something to do with backing the right horse or dog!

That insight, or perceptiveness of ours is therefore, in fact, something which has been sharpened by love.

....And anticipate.—It’s no accident that we have a premonition about something before it happens, so that the men in our lives look at us askance.

Or that we anticipate the baby’s cry.

One of the most remarkable of the cases I’ve come across is, I think, that of the woman who brought her little girl in from a playground.

This mother was uneasy, quite without any reason, and as it was a warm, sunny day the child wailed her protest.

Later in the afternoon there was a terrible noise. An engine had plunged off the line, crashing through the sea wall by the playground right on to the rocks, where the child nearly always sat and had intended sitting that afternoon.

Another case is that of a wife who amazed her husband, when he returned home, by saying: “I can’t think what’s the matter with me I’ve been convinced you’ve had some kind of accident.”

“I have,” he said, shaken, “I’ve nearly killed a child through no fault of my own.”

Only by his driving skill, he added, had he missed the child who had suddenly dashed into the road.

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THE SANITARY ALPHABET

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What about this next true story?

A husband and wife went out for the evening to a show, having left their little boy sound asleep and a friend downstairs sitting-in.

Against her husband’s reasoning, the wife insisted on suddenly leaving.

Back home, they found their boy’s bed bloodstained, and his mouth was bleeding so badly from a tooth he had just had out, that the doctor, when he arrived, said: “A few minutes more would have been too late.”

“How can this gift of ours be explained?” I asked Mrs. Rosalind Heywood, who has written a book called “The Sixth Sense.”

But the very first thing she started off by saying was that it isn’t that women are more intuitive than men.

“It is,” she told me “because we women listen to our intuition.”

So you see this insight is a wonderful heritage which arises out of “feeling” for others.

If you have ever loved, you are certain to have this power. —(Tit-Bits, London, 1-4-1961).

THE SANITARY ALPHABET

[A leaflet issued by the Australian Health Society, Melbourne, 1881]

A s soon as you’re up, shake blankets and sheet;
B etter be without shoes than sit with wet feet;
C hildren, if healthy, are active not still;
D amp beds and damp clothes will both make you ill.
E at slowly, and always chew your food well;
F reshen the air in the house where you dwell.
G arments must never be made to be tight;
H omes will be healthy if airy and light.
I f you wish to be well, as you do I’ve no doubt,
J ust open the windows before you go out;
K eep your rooms always tidy and clean,
L et dust on the furniture never be seen.
M uch illness is caused by the want of pure air,
N ow to open your windows be ever your care;
O ld rags and old rubbish should never be kept,
P eople should see that their floors are well swept.
Q uick movements in children are healthy and right;
R emember the young cannot thrive without light.
S oap and rough towels are good for the skin;
T emperance favours the body within.
U se your nose to find out if there be a bad drain,
V ery sad are the fevers that come in its train.
W alk as much as you can without feeling fatigue,
X erxes could walk for full many a league.
Y our health is your wealth, which your wisdom must keep;
Z eal will help a good cause, and the good you will reap.

—(Med. Jour., Australia, Dec. 1960).

This May Help You To Save A Life!

G. M. COOPER, S.B.N., S.C.M.

A MAN recently dialled 999 from a telephone box and gasped: "I'm dying—come quickly!" When the ambulance arrived he was unconscious—bleeding from a severed artery.

Bleeding may be severe or mild. Arterial bleeding is severe and, if the injured artery is near the skin, the blood comes in spurts. First aid is to lie the patient down, as this lessens the force of escaping blood.

Next, raise the bleeding part, *except* in the case of fractured limbs, which should not be moved. Expose the wound carefully, but remove as little clothing as possible and be careful not to disturb any blood clot which may have formed.

Unless there is a fracture, glass or other foreign bodies in the wound, you can apply direct pressure to stop the bleeding by using preferably a sterile dressing, an inner fold of a clean towel or a clean handkerchief.

Keep the patient warm and reassured and send for a doctor or an ambulance at once. Less severe cuts on fingers etc. should be treated in much the same way, keeping the part raised and covered with sterile dressings and bandage.

Treat for shock.—Fires should be well guarded, and boiling kettles and saucepans kept out

of children's reach. But if a burn or scald does occur, this is what you can do:

Cover the part—including any burned clothing—with a sterile dressing or the inside of a clean towel—to keep out the air. Then treat the patient for shock by keeping him flat and warmly covered.

Do not give anything to eat or drink until the doctor arrives, as severe burns need an anaesthetic at hospital and four hours must elapse without food or drink before this.

Do not try to remove any clothes. Never apply butter or ointment to a burn. If blisters form, do not prick them—just cover with sterile dressings, and apply the bandage *lightly*.

If someone's clothing catches fire, approach him with an outspread rug or blanket to protect yourself. Wrap the person in this and roll him on the floor to smother the flames.

Fractures are best treated on the spot if possible, by immobilizing the part. Do not help anyone to stand after a bad fall until you are sure no bones are broken. Leave the patient where he is, with a pillow for his head. Keep him warm, covered with a rug, and send for a doctor or an ambulance at once.

When giving first aid *it is better to do too little than too much!* Treatment is best left for the doctor. If you keep the patient at rest, warm, but not too hot, and as comfortable and reassured as possible that is probably the best first aid you can do.—(*Tit-Bits*, London, 15-4-'61).

OVULATION

OVULATION in the human commonly occurs about fourteen days before the onset of menstruation. One method is claimed to recognise ovulation immediately it happens. When active ions (chiefly sodium) transfer across a mucous membrane, minute electro-potentials are produced; and such changes in the vagina can be recorded by means of electrovaginography, in which the apparatus consists of two calomel half-cells connected to pubic and vaginal electrodes. Parsons *et al* took daily basal recordings from different patients during menstrual cycles, and found that the patterns were specific and constant for each patient.

From the resultant charts, Parsons claims to identify the timing of ovulation from a + 12 to + 22 millivolt plateau which is maintained for 24-48 hours. Charts completed for a full menstrual cycle show changing electro-potentials during the menstrual, preovulatory, ovulatory, post-ovulatory, and premenstrual phases. The ovarian hormones produced in differing concentrations during the various stages of the cycle are believed to be the main influences on the potentials produced across the vaginal mucosa. No cyclical patterns were found in patients after a natural menopause, though the flat curve might appear in the negative or positive potential ranges. After wedge resection of polycystic ovaries, the flat curves were

replaced by typical cyclical variations in 25 out of 27 patients.

Investigating 50 infertile patients, Parsons showed that 35 ovulated 4-7 days earlier than they had been led to expect. (Unfortunately, he does not state by what method the ovulation had been erroneously determined). 3 patients were found to ovulate on the 10th day of a normal 28-day menstrual cycle; and, although all had been infertile for a long time, these 3 patients conceived shortly after beginning to practise coitus on the 10th day. Overall, of 123 patients complaining of infertility, 40% became pregnant, 30% did not become pregnant, and 30% had proven pelvic inflammatory disease or partners with oligospermia.

Estimation of ovulation-time by means of basal temperature charts was introduced by van de Velde as early as 1904. Each morning soon after waking the patient takes her temperature and records it on a simple graph. Benjamin has studied 2000 charts from 900 patients, and has shown that 98% had no difficulty in completing the graphs. *A slight fall in temperature about the time of ovulation is followed by a 0.2-0.4°F rise which persists during the remainder of the cycle.* Thus over the whole of a cycle the chart is typically biphasic. But some dispute that the temperature drop coincides with ovulation. Whitelaw, who performed laparotomies on the day the temperature changes were noted, showed that the graafian follicle might have ruptured up

to 72 hours previously. Possibly the temperature change corresponds in time with the death of the unfertilised ovum. Jeffcoate and Benjamin have emphasised the value of basal temperature recordings in the *diagnosis of endometriosis*—a disorder commonly associated with infertility. Often patients with this disorder have low-grade pyrexia during the menses.

In the latter part of the menstrual cycle endometrial biopsy, cervical-mucus patterns, genital-

tract cell smears, and urinary-hormone estimations provide evidence on whether ovulation has occurred in that particular cycle.

Unfortunately for the patient complaining of infertility, the unfertilised ovum lives no longer than 72 hours, and many post-ovulatory tests become positive much too late in the menstrual cycle to be of immediate value. Parsons' or other methods immediately indicating ovulation seem likely to prove valuable.

Temper, Temper!

Some people have the gift of making friends, others have the gift of making enemies. The latter is an unhappy asset, for it always seems to me to be so much better not to have people against you. Hostility can do a lot of harm.

One is apt to assume at times, especially when one is angry, that the cause of our annoyance is a person of no importance. "I'm going to give him a piece of my mind," we say, and, without weighing the consequences, we let fly. It might be a weighter, a bus conductor, or a man serving in a shop.

These people, because they address us as "Sir" or "Madam," appear to be easy prey. One thing they cannot do—or don't as a rule—is answer us back. What we don't take into account is that, in the first place it may not be entirely their fault, and in the second place their hostility may prove to be of immense disservice to us in the future.

What good does it do?—The shopkeeper, for example, although you may decide never to use him again, is likely to give you a bad name with the other tradesmen who, though glad of your custom, may keep a wary eye on you; but more than this he is likely to talk about you to his other customers, who are obviously your neighbours. This would be far worse in a village than in a town, but even in a town the consequences are not very pleasant.

It is therefore important that, before you fly off the handle, you should ask yourself two questions. The first is—what good is it going to do if I lose my temper? You will find that it is going to do no good at all. The next question to ask yourself is—what are the consequences likely to be?

I know that life is full of irritations and that tempers cannot always be held in check. But mostly they are minor irritations—things we are likely to forget and completely get over in a day or two.—(Franklin Dwyer, *Tit Bits*, 8-4-1961).

Truth in Writing

A writer's job is to tell the truth. His standard of fidelity to the truth should be so high that his invention, out of his experience, should produce a truer account than anything factual can be.—(Ernest Hemingway: in *Men at War*).

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for the Proprietor & Publisher at 323-24, Thambu Chetty Street, Madras-1.

d. 1923

PRICE OF THE REGISTRAR
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U. VASUDEVA RAU
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What's New in the News?

Britain's Attack on Cancer

Doctors at St Thomas's Hospital, London, have met with "encouraging" results in treating apparently hopeless cancer patients with a new form of combined therapy. Treatment consists of attacking the tumour with radiation while the patient lies asleep in a pressure chamber breathing oxygen at three to four times the atmospheric pressure.

This treatment is based on the fact that living cells with a normal oxygen supply are about three times more sensitive to X rays and related radiations than are cells lacking oxygen. Moreover, in nearly all malignant growths there are likely to be cells suffering from a shortage of oxygen. These are thus rendered radiosensitive by almost pumping oxygen into the patient.

The new form of combined therapy has been developed by a team at the hospital's department of radiotherapy led by Dr. Ian Churchill-Davidson.

Initial results, reported at the 38th annual report of the British Empire Cancer Campaign, are described as "encouraging." In 15 to 20% of cases the St. Thomas doctors admit that they were "really dramatic," such as they had never seen from conventional radiotherapy.

During 1960 the annual research expenditure of the British Empire Cancer Campaign passed the £ 1,000,000 mark.

It's a Killer Disease

A new killer "disease" has been discovered in America. It occurs mainly on sunny days in May and June, tends to strike on a Monday or Tuesday and is more frequent in times of prosperity. It claims the lives of more than 20,000 people in America each year.

The "disease" is suicide. Psychiatrists in the United States have launched a nationwide campaign to recognize the desire to take one's own life as a disease. If they are successful they will merely be agreeing with a bill now going through the Commons that will make suicide in this country no longer a crime.

Ashtangasareeram

By
P. S. VARIER.

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

MANAGER,

ARYAVAIDYASALA,

Kottakal,

S. Malabar.

"Suicide is not a sign of cowardice," says an eminent psychiatrist, "it is a sickness, like chronic alcoholism.—(Tit Bits).

12th Wife for 102-year-old

Who is the most-married man in the United States? I suggest a strong contender must be 102-year-old Mr. Joseph B. H. Abraham, of Newark, New Jersey, who recently wed a 43-year-old widow in New York. She is his twelfth wife.

This is believed to be a world record—for a centenarian. The greatest number of marriages contracted by a man is sixteen, I find. This frequent bridegroom is Mr. James Williams, of Cedar Rapids, Iowa, who was born in 1883. His last divorce was in 1947. He has married one wife four times.

One of the world's most-married women was a Madame Jacqueline Montgasté, of Paris, who had fourteen different husbands. She was the mother of seventeen children.

What woman has had the greatest number of husbands? As far as I can discover, this was one referred to by John Evelyn, the English diarist. She had, he recorded, "been married to her twenty-fifth husband and, being now a widow, was prohibited to marry in future." (Tit-Bits, 15-7-1961).

Recipe for Ailing Hearts

Exercise is good medicine in all forms of heart conditions, says Dr. Louis F. Bishop, New York City cardiologist. But the exact prescription of exercise must be carefully suited to the individual patient. Best, he adds, are activities which involve an element of "play" rather than dull calisthenics.

Strange but True

Wants the money:—An out-of-work Negro of Los Angeles found £ 86,000 in the road. But he rejected the offer of employment with the firm to which the money belonged. He has accepted £ 3,750 in cash.

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THE ANTISEPTIC

323-24, THAMBU CHETTY MADRAS-1



Founded by the late Dr. U. Rama Rau in 1923
Continued by the late Dr. U. Krishna Rau

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

Annual Subscription: Rs. 2-50 nP. Foreign Sh 5. Post Paid.
Editorial and Publishing Office: 323-24, Thambu Chetty St., Madras-1

Vol. 39

SEPTEMBER, 1961

No. 9

WELFARE SCHEMES, PROPOSED AND IN ACTION

WE here in India have yet a long way to go to achieve the Welfare State ideal, that guarantees to all the people social security from the cradle to the grave. But after Independence, there has been an enthusiastic awakening amongst the people to this imperative need.

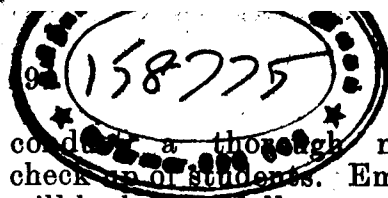
Ante-natal, neo-natal and post-natal care for children is now increasingly in evidence in our country and children's welfare centres have come into existence on a country-wide scale and welfare schemes are continuously being expanded.

The villager has now been released from isolation, thanks to the Community Development Programme and the politician who has extended his activities vigorously into the rural areas. It is our earnest wish and hope

that by more careful planning, convincing arguments and personal contacts, the village-folk can be made to realize the true benefits they have been deriving during recent years.

The latest schemes that are being planned by the Madras State Government—two admirable ones if they succeed—are:—(1) an effective system of medical inspection of high school students and (2) an old-age pension for the very old indigent people past 70, who are in dire need of sustenance and support. Grant of such pensions, it is hoped, will have the support of all parties in the State.

Under the proposed scheme of medical inspection medical officers will be posted at important centres all over the State to visit periodically high schools within their jurisdiction and



conduct a thorough medical check-up of students. Emphasis will be laid on follow-up work.

At present, unlike in the case of college students, medical examination of students in secondary and elementary schools is not compulsory, and is therefore, not being done in a systematic manner.

Managements of private and aided schools are allowed to collect medical fees from students and to have their own medical officers to examine the students. Still medical inspection of students is being done only in a very few schools.

There are about 1,500 high schools in the State. The position today is that the bulk of the students in these schools are seldom examined by a doctor unless they fall sick and go to a doctor.

The case of the high school students is really more important. These boys and girls are the rising generation, and their health should be of primary interest to the country. Often the parents are too ignorant or too poor to attend to their children's needs, and proper medical aid is not available at that stage when ailments could be checked or cured expeditiously. Medical inspection of students in high schools should be made compulsory; an expert panel of doctors should undertake this job, special care being devoted to students in large towns and a half-yearly report submitted to parents and guardians who will thus be in a position to take remedial mea-

sures at the appropriate time. There is increasing evidence to show that the health of our students, together with their discipline and teaching standards, is progressively on the decline, and it is the Government's duty to check this deterioration. No expense should be considered too high to improve the health of our children.

The health aspect of children studying in the elementary schools is not *altogether* neglected. According to a rough estimate about 25% of the school-going children are mainly suffering from under-nourishment. The question of improving their health standards has been engaging the attention of the Government for some years now, and the provision of midday meals consisting of a balanced diet is a first step in that direction.

The recent generous offer of aid from Co-operative for American Remittances Everywhere (CARE) to the mid-day meal scheme in the schools of Madras State is a mark of recognition of the good work done in the State for thousands of our children. Funds for these mid-day meal and improvement schemes are thus available from State and Central Government grants, voluntary contributions and assistance from abroad. The possible leaks and loopholes in the proper distribution of the material like milk, and in the accounting procedures to be adopted in husbanding the monetary resources must be promptly detected and effectively plugged.

HARDENING OF THE ARTERIES

TILL recent times, people died fairly young of some infectious disease. Cholera, typhoid, tuberculosis, and pneumonia were the main causes of death. Anyone over fifty was rather a miracle of survival. But we've put a stop to all that, and the modern killers, in later life, are things like strokes and heart attacks. All these tragedies are due to some disease affecting the arteries, so that either a small artery becomes brittle and breaks or else the lining of an artery becomes roughened, and allows a clot to form, blocking it up.

What causes most casualties, affecting people often in their fifties or sixties, is the roughened arterial lining, called *atheroma*. All arteries are somewhat elastic, and all have a muscular coat, so that the pulse-beat travels along them and keeps the blood-stream moving. But some are much more elastic than others, so that they are subject to a terrific lot of bouncing strain.

These vital arteries tend to get atheroma. Unfortunately it is also these arteries which are among the most vital: the large aorta, the coronary arteries supplying the heart, and some of the cerebral arteries supplying the brain. The more muscular arteries, such as those going to the limbs, tend to get the general hardening which we call arterio-sclerosis, from an

accumulation of lime salts in their walls, but as they are not so vital this is not so dangerous. Of course, some unlucky people do get both.

There is a good deal of recent evidence that atheroma is linked in some way with the presence in the blood of some of the products of fat-breakdown, especially one called *cholesterol*. But it is by no means a simple cause and effect. The actual concentration of cholesterol is less important than having very large particles of it, which possibly bombard the lining with each pulse beat. Atheroma can be produced experimentally in rabbits by feeding them food with a lot of cholesterol in it, but if you try it on dogs, you have to give an anti-thyroid as well, which suggests that an active thyroid gland protects us in some way.

There is evidence that shortage of various trace minerals, such as iodine and magnesium, helps to produce these large particles. So it is not just a matter of cutting down the fat in people's diets. At the same time, it is known that certain vegetable fats, such as maize oil and sunflower seed oil, tend to keep cholesterol low, while animal and meat fats send it up.

Probably most people over thirty have a small patch of atheroma here and there. The doctor's trouble is that there is no way of finding out. When the disease is well advanced and deposits of lime salts have taken place in the rough patches, a special X-ray may just show them up. But we'd like to know about it long before that if we

could! That is the reason why attacks of coronary thrombosis so often come out of the blue in a person who has seemed quite healthy up till then.

Arterio-sclerosis, the general hardening of the arteries, is rather different. Again there are different opinions about its cause. Probably a high blood-pressure contributes to it, increased pressure on the walls of the artery gradually causing slight damage. It is practically universal in very old people, though the age at which it starts varies enormously, some people in their sixties having nice soft arteries, while others are already hardening.

In most cases, the hardening is not equally distributed through the body. One patient may have trouble in the arteries of the kidneys, leading to all the signs of kidney failure, swollen feet, shortness of breath, headaches, baggy eyes. Another may be more afflicted in the legs, so that his circulation is poor and he cannot walk more than a hundred yards without getting cramp in his calves. A brittle artery in the brain, combined with a high blood-pressure, may lead to a hæmorrhage and a stroke, though most strokes are in fact due to thrombosis, that is to a clot forming on a patch of atheroma in a cerebral artery.

We don't really know what causes arterio-sclerosis. It isn't anything to do with fat in the diet as far as is known. Possibly it is inevitable with advancing years.

Usually the blood-pressure is raised to some extent in both these diseases, and high blood-pressure probably plays a part in the causation of both. There are, however, compensations. People with raised blood-pressures are often vigorous both bodily and mentally, whereas those with low ones tend to be tired easily and get less out of life even if they have a longer one.

There is no known treatment which will repair damaged arteries, but if the trouble is discovered, it may be possible to slow down its progress. A more placid existence is important, living in second gear as it were, never being hustled or stamped. Such patients nearly always have a great urge to get sixty-five minutes work out of every hour, and a feeling of guilt if they take time off. They should not give up working, but should stop overtime, do a four or five day week, not more. And, if at all possible, have a day in bed every week. Sudden strains are bad, but regular effort, within the patient's capabilities is good, and pleasurable exercise, such as golf, riding or bowls, is excellent and suitable.

Until we know more about this cholesterol business it is doubtful if very faddy diets are worth while. In fact, some of the worst faddy diets are likely to lead to anæmia and exhaustion, which doesn't help at all. But it is important not to eat too much. An overloaded stomach places a strain on the heart, and so does an excess of

fat, giving the heart more work to do in carrying this load about all day. *Always get up from a meal feeling you could do with a bit more.*

Water retention.—So long as the kidneys are working properly there is no need to restrict meat or salt, but it may be necessary if kidney trouble causes swollen ankles or other signs of water retention. You should take

your doctor's advice about this.

Heavy smoking and heavy drinking are both harmful.

One useful tip to those who get cramps in the legs is that this can sometimes be relieved by increasing the carbon dioxide in the blood. You can do it by blowing a paper bag and inhaling the contents, or even by just holding your breath. Try it and see.—(*Dr. Tavistock's Casebook*, June, 1961).

HELPING HAND

You can't buy time.—From the many lessons to be drawn from the garden of Eden one fact emerges clearly: that we were not put into this world solely to create a private paradise for ourselves. We cannot dictate our own terms, for there are certain rules which must be kept and conditions which must be accepted.

"If ye be willing and obedient, ye shall eat the good of the land" was one of the great promises of the prophet Isaiah to the children of God.

Adam was put in possession of a beautiful garden, but was not provided with a staff of gardeners. If he was to enjoy the pleasant and congenial life in which God had placed him he had to work to maintain it.

"And the Lord God took the man, and put him into the garden of Eden to dress it and to keep it." Life in Eden was not to be a life of idleness and self-indulgence.

Life carries obligations. If you have been fortunate in finding happiness and contentment, you must not wall yourself up mentally in a little Eden of your own making. There must always be a gate open to the outside world through which others can come in to you and through which you can go out to others.

You never have to go very far from your own front gate before you meet someone in some sort of trouble. Even if you are an invalid and never go out at all you can still be of use to other people. For every blessing that comes your way, pass on a blessing to somebody else.

Everything must be paid for in one form or another. Do not defer payment, for a day may come when you would give anything to be able to walk out into the world and do somebody a good turn, and then it may be too late. You can't buy time.—(*Tit Bits*, 1-7-1961).

Sixteen Truths About the Male Homo-Sapiens

MARIANNE WILSON

A man's weight is eighty-seven per cent strength. A woman's is only fifty-four per cent strength. The rest is fat and other bulk. Men don't tire as easily. During World War II it was found that women who worked side by side with men in factories needed more rest periods than men. A man can lift a load twice as heavy as a woman, approximately his own body-weight.

Physically, men are less hardy than women. This is so despite their greater strength. Biologists tell us that at least a hundred and twenty males are conceived to every hundred females, yet the sex-ratio at birth is reduced because more females than males conceived survive to be born. And women live longer than men do. Their life-expectancy, according to insurance company statistics, is six years longer.

The vocal cords of men are twice as long as those of women! Yet girls use more words than boys and start talking at an earlier age. They are also better able to sing.

Men are more likely to become mental patients. In general, women make better use than men of built-in shock absorbers—they express their feelings by tears or talk, or even by breaking a few dishes occasionally. They know when to control and

when to "let go," and so are not as likely to worry themselves into stomach ulcers or escape into mental illness.

Men don't have as good a chance for recovery in an accident as do women. This is because females can renew their blood more easily.

They are more sensitive to poison-fumes than women. Because they breathe deeper and need more oxygen than women, men pull poison fumes into their lungs much more readily. When ether was first invented the mortality rate from it was twice as high for men as for women.

A man's heart beats ten times less every minute than a woman's. Even the unborn boy has a slower heartbeat than the girl. Looks like the songs telling of two hearts beating as one just "aint so."

Men are more easily embarrassed than women. In many situations where a woman can remain composed, a man's face will most likely turn red.

Marriage does NOT dull a man's susceptibility to other women's charms. His responses are the same, but he may be more inclined to suppress his impulses really necessary for peace at home.

They dream less frequently than women. And are less often awakened by their dreams. Also, their dreams are somewhat different; they're more aggressive. In fighting dreams, men will use their fists, women their voices. Men's dream enemies are mostly other men, whereas women's dream enemies

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are both male and female. This, according to an expert, is because women are more likely to have mixed feelings about both sexes, whereas men's relations with other men are more unsettled than their relations with women. This is not to say that all men's dreams of other men are fighting dreams! Often they concern pleasant comradeship too.

Men enjoy competitions—but only with other men. The woman who tries to compete with her man ends up losing him. It hurts his masculine vanity to be challenged by a girl. The wise woman lets him think he is cleverer than she is.

Men are possessive—but they hate to be possessed. A girl in love is eager to tell her man what she did last night, whom she met to-day what she plans to-morrow. But let her ask him what he did, whom he saw, what he plans, and she's up against his resentment. The wise girl will refrain from asking too many questions.

Men resent women's domination. In childhood a man is bossed by his mother; in adolescence by his teachers; often early in his career he must take orders from a woman superior.

All this hurts his masculine pride and he resents it, if domination comes from his wife as well.

A man rarely knows what he wants in a woman. Not until he finds it. He may think he's looking for a "modern" girl or an "old fashioned" one, or a girl who is "just like" his mother. But what the mind wants and what the emotions want are two different things, and the emotions generally win out. So it's a mistake for a girl to try to change her basic personality to an artificial copy of something a man thinks he wants.

Men like to marry girls less intelligent than themselves. It makes a man feel inferior to have a wife who is cleverer than he is. Perhaps that is why so many teachers and librarians remain spinsters!

More men than women regard sex as the most important thing in marriage. Over three times as many. Evidence all up and down the line reveals that women are much less preoccupied with sex than men are. Most women tend to think of it as an addition to love and affection, whereas men are concerned with sex for itself.

—(Tit Bits, London).

The Bright Generation

Today's children probably are brighter than children ever have been, and "know so much they often leave their parents' and sometimes their teachers behind," observes Elizabeth M. Drews, Ph.D., of Michigan State University. She believes intellectual talent in children can be encouraged by giving them an atmosphere free of threat, by recognizing their need for "unstructured time" for daydreaming and doodling, and by providing human models for them to follow.—(Today's Health).

WHO MAKE THE BEST HUSBANDS

SEVERAL leading New York psychologists were asked, without names being mentioned, if it were true that women cannot find happiness in a marriage which is altogether placid, with no arguments ever taking place, with the husband so excessively fond of and submissive to his wife that he lets her have her way, however capricious she might be.

"In the first place," said Dr. Harold Greenwald, "there is something odd about a person, man or woman, who is so meek that he will never disagree in a husband-wife relationship. Even in a friendship there will be arguments—a good thing, too."

"In normal human behaviour, there are bound to be not only differences of opinion which lead to discussions and arguments, but also misunderstandings brought about by a lack of communication between two people, or by a faulty one."

"Language, even for the most articulate people, does not always convey the precise, the real meaning or intent which is in the person's mind. That's how most fights start. A husband will think he's expressing exactly what is on his mind, without any possibility of being misunderstood, and the wife will read an altogether different meaning into his words."

"Sometimes, the meaning of spoken words, in the mind of the hearer, will be misinterpreted

because of the tone of voice, perhaps the facial expression, or some other provoking little mannerism. And the battle is on!"

Arguments, if they do not deteriorate into abuse, either verbal or physical, are a healthy thing, something which family doctors as well as psychiatrists and psychologists recognize. The air is cleared, tensions are relieved in a harmless way (when it is harmless) and when the argument is between a husband and wife, especially, the marriage is helped because there is nothing sweeter than reconciliation.

"Of course," said one psychologist, "there is a type of person who needs, and seeks out strife and upheaval. And sometimes these even seek out physical abuse in the marital relationship. Generally these masochists seem to sense instinctively when a man has a strong sadistic—or cruel—streak. When two such people get married, they can find happiness in their own way."

Many marriages, it has been said often by marriage counselors and psychologists, are doomed to failure if the husband does not play the role of the head of the family in every way.

"When women won equality," said a psychologist we talked with, "they didn't stop just there. In too many cases they have assumed more and more of the prerogatives and functions of their men. Or the men have surrendered their role to them, sometimes because of inertia, sometimes because their work keeps them so busy that they are perfectly happy to let their wives carry out the male role about the home."—(*World Digest*, June, 1961).

CONTROL OF FILARIASIS

RECENT developments in the fight against filariasis in various parts of the world were reviewed by WHO's First Expert Committee on Filariasis which met in Geneva from 25 July to 1 August, 1961. Dr. John F. Kessel, Director, Pacific Tropic Diseases Project, Los Angeles, was Chairman of the Committee and Dr. N. G. S. Raghavan, Deputy Director, Malaria Institute of India, was the Vice-Chairman.

The world's filaria victims are estimated to be 200 million in number and are found in endemic areas of Central and South America, Africa, India, Central China and the islands of the Pacific.

Patients infected with filariasis do not, in the beginning, show obvious symptoms of the disease. Later on, signs and symptoms appear, characterized by acute fever and blockage of the lymph glands that causes the characteristic swelling of the extremities known as elephantiasis. This chronic stage reached after a number of years is incurable, though an operation may relieve suffering to some extent.

Filariasis is spread by many species of blood-sucking mosquitoes which carry the disease parasites from man to man. The most common and widespread of them is *Culex fatigans*; there are however, many others, and it is not finally known which, among

the many species, are active in a given area nor are we yet in a position to know the exact role played by the mosquito in the transmission of different forms of the disease.

The ideal drug for treatment has also not been found. There is one however, (Diethylcarbamazine—Hetrazan) which has given good results in some circumstances, causing the larvæ of the parasite to disappear from the patient's blood. But it does not always kill the female worm; for, in a few months another generation of larvæ often appears if treatment is not renewed. Other drugs act on the parent worm but not on the progeny!

Various methods of treatment are, however, being tried. A very promising trial was carried out by a Franco-American team in Tahiti, which indicates that diethylcarbamazine given in monthly doses, along with mosquito control, is the most rapid and practical way of dealing with and eventually controlling the disease.

The expert Committee considered other important questions like 'filariasis in animals.' Filarial worms affecting only animals have been known for some time but recently in Malaya monkeys, dogs, cats and one tiger were found to be infected with human filariasis! This would appear to show that hitherto undetected reservoirs of infection exist which would present grave problems in eliminating the disease.

The Committee considered the use of different insecticides for

the control of mosquito vectors because it is known that *Culex fatigans* rapidly develops resistance to DDT and similar insecticides. They also discussed the problems (1) of the biological control of mosquitoes by control-

ling the plants and animals necessary for their development and (2) the adaptation of control measures to suit particular environmental conditions.—(From a W.H.O., Press Release dated 2-8-1961).

EXTERNAL CARDIAC MASSAGE

ALFRED BLALOCK, M.D., of the Johns Hopkins Hospital

THE discovery by Kouwenhoven, Knickerbacker, and Jude of the value of external cardiac massage in the treatment of cardiac arrest is an important one. Although some slight pulmonary ventilation is usually caused by properly performed external massage, it is not sufficient; and the procedure should be supplemented by positive pressure ventilation, such as mouth-to-mouth or other available means. Furthermore, if ventricular fibrillation is present, equipment should be available for performing external defibrillation. Fortunately, defibrillation may be accomplished many minutes after its onset, provided that external massage and positive-pressure ventilation have been used during the interval. It has been found that upon application of the defibrillating shock, the heart will usually resume normal rhythm.

The underlying principle of external cardiac massage is that the heart is more or less anchored between the sternum and the vertebral column, and its lateral motion is limited by the pericardium. Therefore, the heart may be effectively compressed

by pressure on the lower sternum. The thoracic cage in children is quite mobile and in the unconscious adult is more mobile than would be anticipated. Quick forcible pressure on the sternum, at the rate of about 60 per minute, results in forcing blood out of the heart into the arteries; the heart refills when the pressure is relaxed. The results are best when the patient is resting on a firm surface such as the floor, a bed board, or a stretcher. The operator places himself at right angles to the patient's trunk and puts the heel of one hand (with the other hand on top of it) on the sternum just above the xiphoid. Firm rhythmic pressure is applied vertically. The pressure is released at the end of each stroke in order to permit the expansion of the chest and the refilling of the heart. The pressure should be on the sternum with the heel of the hand. No pressure should be put on the ribs with the fingers. The sternum may be depressed, even in adults, as much as 1½ or 2 inches without fracturing the ribs. In children only one hand is needed, but in adults considerably more pres-

sure and the use of both hands is required. In patients on whom cardiac resuscitation is successfully accomplished, but in whom there is evidence of early damage to the central nervous system, the employment of hypothermia to about 32°C. (80.6°F.) and the intravenous injection of urea may reduce cerebral edema and the resulting damage to the brain.

In most patients spontaneous cardiac activity and respiration return within 20 minutes. In one case, massage and ventilation were continued for two hours, with a successful resuscitation. If, however, the electrocardiogram indicates progressive myocardial deterioration or if there is evidence of severe brain damage, the attempt to resuscitate the patient should cease.

The value of external cardiac

massage lies in its simplicity and safety. When combined with mouth-to-mouth ventilation, no special equipment is required unless it is necessary to use an external defibrillator. Even so, it would seem to be advisable at present to restrict the performance of external massage to the medical profession, to nurses who have had special training in its use, to those who render first aid in connection with ambulance services, and to those who render first aid in the electrical industry. It is obvious that hospitals should have the necessary equipment available. External cardiac massage, in combination with positive pressure pulmonary ventilation and external defibrillation, when indicated, will result in the saving of many lives.—(Editorial, *Jour. Am. Med. Assoc.* of 20-5-1961).

Plump Child Grows Faster

A plump child generally grows faster and matures earlier than a slender child. This conclusion was drawn from a study of 259 Ohio-born boys and girls. The youngsters studied ranged from 1½ to 17½ years of age and were not selected on the basis of fatness. Though body-size in childhood is obviously determined by many variables, among them parental stature, accumulated fat is clearly related to size superiority during the growing period. It is not unreasonable to conclude, therefore, that an excess of calories is growth-accelerating, with the degree of acceleration related to the energy surplus.

Between the ages of 1½ and 12½, children above the average in fat were taller by approximately half a year's growth. The relationship between fatness and body-size was more marked among girls, perhaps because of a wider range of fatness found in the female.

The developmental acceleration of chubby children carried them to earlier puberty and to earlier cessation of linear growth.

Increased fat-storage is associated with advanced body development during prepuberty and early puberty.—(Stanley M. Garn, Ph.D., and Joan A. Haskell, B.A., A.M.A., *Diseases of Children*, June, 1960).

Contact lenses are contraindicated in patients with acute eye-inflammations like conjunctivitis, angle-closure glaucoma; iritis or keratitis etc.

WHAT MAKES A WOMAN A WOMAN

PETER BISHOP, D.M., F.R.C.P.

[Glands are responsible for making a woman's body function the way it does, and they also have a direct influence upon her moods and upon her emotions].

THOUGH you can distinguish a male from a female from birth into old age, the sex glands function only from puberty to the change of life. In women, this change is when menstrual periods cease and it is easily recognized, possibly by such common symptoms as hot flushes. Between puberty and the menopause, a woman's menstrual periods normally happen regularly, except of course during pregnancy.

Let us see how the ovaries function. Each of the two ovaries has a cortex or rind which contains a vast number of follicles. These follicles are hollow and they are lined with a membrane composed of cells. Normally during each menstrual cycle one of these reaches full maturity and it becomes distended with fluid. Into this it pours the ovarian hormone called oestrogen. And it contains an egg or ovum.

If the woman's menstrual periods occur every twenty-eight days, as is normal, then about fourteen days after the onset of each period the egg is shed from the follicle and enters the Fallopian tube. This is *ovulation*.

Then the follicle which once

contained this egg becomes a solid structure of cells called the *corpus luteum* or yellow body, because its cells contain a yellow pigment. And the corpus luteum produces a second hormone, *progesterone*.

Then its activity tapers off. The waning activity means that there is no more oestrogen and no more progesterone. Eventually it stops functioning. The lining of the womb breaks down and is shed. And another menstrual period begins. This series of events is known as an ovarian cycle.

If the egg is fertilized in the Fallopian tube by a sperm, conception takes place. In due course the egg is implanted in the womb lining where it develops into the embryo of a new baby. Soon after the egg has been embedded into the womb lining, that particular area develops into what is called the placenta, or afterbirth. The placenta then becomes an exceedingly active endocrine gland. It takes over the functions of the ovaries and it produces oestrogen and progesterone in rapidly increasing amounts.

As the placenta enlarges, it pours forth more oestrogen and this causes the muscular structure of the womb to get bigger, to make room for the growing baby. And the placenta produces more progesterone to ensure that this muscle does not contract before the proper time. For in that case a miscarriage might result.

During pregnancy, the hormones oestrogen and progesterone have caused the breasts to get bigger. In fact, ducts and

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glands have been preparing to produce milk. But it is another hormone, prolactin, from the pituitary gland, that stimulates milk production or lactation. Obviously, the milk is not needed until the baby is born. This is where the hormones come into play. Milk cannot be secreted when there is progesterone or a lot of oestrogen in the blood. With the removal of the (placenta) after-birth, the mother's body is deprived of its source of progesterone and only small amounts of oestrogen are produced by the re-awakening ovaries. This means that prolactin can get to work, so that milk is produced in the breasts, and the infant can be fed.

To go back to the menstrual cycle, the average age at which menstrual periods begin is thirteen. But it does vary immensely and some girls see their first period when they are eleven or even younger, others when they are well into their teens.

Very rarely, the breasts develop or pubic hair appears, or even the periods themselves start at a very early age. This is seldom worrying though, and usually the child develops perfectly normally.

The menstrual periods usually cease between the age of forty and fifty-five without causing any trouble. Sometimes they first become irregular over a few months or a couple of years and then eventually stop. Just occasionally the *menopause*, as the cessation of periods is called, is accompanied by hot flushes and night sweats. But few wo-

men are unduly upset by them although they can sometimes be troublesome.

Most women in their forties lead a responsible life, whether it is looking after their family, going out to work or carrying out important social engagement. But there are women who have a more difficult time at the menopause, and who need medical attention rather than sympathy.

Nothing ever runs smoothly for everybody and so it is with menstruation. There may sometimes be no menstrual bleeding at all. There are many possible causes and it may be difficult to discover why the periods have stopped, or have never started. Perhaps the lining of the womb refused to be influenced by the ovarian hormones. Perhaps the pituitary gland is not successful in controlling ovarian function, or perhaps the pituitary is not releasing its stimulating hormones. Perhaps some unusual nerve impulses are coming from the brain, resulting from emotional disturbances, changes of environment, shock, sudden alteration in weight and so on, which are upsetting the normal chain of events.

A course of oestrogen tablets will usually bring about an artificial period but it seldom restores or initiates a normal spontaneous menstrual cycle. So treatment by means of hormones tends to be disappointing.

Most women whose periods have stopped consult their doctors simply because they think it wrong that they should

not be having periods. These people are usually perfectly healthy and there is no need to treat the condition.

Then there are the women whose periods occur quite infrequently. A daily record of the temperature taken first thing in the morning will show whether ovulation is taking place and therefore if pregnancy is possible. If it is, the temperature rises significantly about a fortnight before the period commences. There is no need to regulate the menstrual cycle in such a case by giving hormones.

A third disorder is excessive bleeding. There are two main types. In the first, the menstrual cycle may be fairly regular but the period itself prolonged and heavy. As a rule ovulation is taking place normally but there is a deficiency of progesterone production, and a doctor may prescribe tablets of a progesterone derivative to supplement the inadequate progesterone secretion with the object of inducing a normal instead of a heavy period.

Or else the excessive bleeding is associated with a failure to ovulate. This means that the lining of the womb is being influenced by oestrogen alone and not by progesterone too. So there is too much proliferation and eventually there will be a breakdown and the lining will be shed piecemeal. Bleeding will then vary from day to day. Sometimes flooding, sometimes a mere trickle, but tending to go on for much longer than is normal.

Severe pain on the first day of the period is another problem. Ovulation always occurs in such cases and, in fact, the pain is due to the progesterone. So that if ovulation is prevented, a painless period will follow.

The doctor may achieve this by prescribing oestrogen for the first fortnight of the cycle, starting at least five days after the period begins. Correct dosage and timing is essential for success or there may be irregular and excessive bleeding.

Provided the doctor's instructions are rigidly adhered to, there is no harm in continuing such a course of treatment indefinitely. It is a good means of relieving an adolescent girl or young woman of a troublesome symptom. But in any case, this particular trouble is usually eventually outgrown, or ceases for ever after the birth of her first baby.

Some women experience discomfort before period time. There may be a change of mood during the ten days or fortnight before the periods with extreme irritability and depression. It may even interfere with domestic responsibilities. Or there may be headaches, allergic reactions and tenderness of the breasts. In some cases there is a tendency to retain fluid and salt in the body, so that there may be an increase in weight during this time. Skirts or dresses which fit comfortably at other times, become tight and uncomfortable. The feet may swell, and rings may be difficult to remove from fingers.

This condition, known as *premenstrual tension*, is associated with a lack of balanced ovarian function soon after ovulation has occurred; and is due to inadequate production of progesterone. So if progesterone is given during the fortnight before a period it may prevent the symptoms developing. If fluid is retained in the body, the doctor may advise that salt be restricted and he may prescribe diuretics that will increase the activity of the kidneys.

Then some women experience "lumpiness" of the breasts with pain and tenderness which gets worse before the period

starts. It may mean that the oestrogen is playing too strong a part in the cycle, and then courses of treatment with a progesterone derivative will often be successful. Again, dosage and timing are of great importance and strict medical supervision is essential.

All these conditions which are associated with menstruation or the menopause, can only be diagnosed by a family doctor. If a woman feels something is not quite right with her monthly cycle, she should consult her family doctor.—(*Family Doctor*, March, 1961).

Modern (Exposure) Treatment for Severe Burns

MARTIN CHISHOLM

A BRITISH engineer working in Nigeria recently met with a serious accident. He came into contact with a high-tension electric cable and was terribly burned. He was flown to England and taken to the Burns Unit at Queen Mary's Hospital, Roehampton, in Surrey, where he was treated in the most modern unit for the treatment of burns in the world. Now he is making good recovery. A number of cases from overseas have been treated at Roehampton in this way. The Roehampton-unit was opened two years ago as an important centre for post-graduate teaching on all aspects of burns treatment.

The techniques practised at Roehampton are developments of methods pioneered by the late Sir Harold Gillies at the

famous plastic surgery unit at Basingstoke, Hampshire, England, where many terribly burned airmen and other servicemen were treated and rehabilitated during World War II.

One of the most striking features of the work done in this unit, relates to the method of treatment by exposure, which has been developed during the past 10 years. From the moment of admission a patient, however severe and extensive his burn, is treated without the use of closed dressings, because it has been realized that the conditions of warmth, darkness and moisture created by the dressing produce an ideal atmosphere for the breeding of pathogenic bacteria.

Instead, the patient is laid on a mattress made of a net-

work of plastic threads. Between this "exposure frame" and the burned areas, layers of plastic foam "blanket" are placed and warm, dry air is circulated over the burns by electric blowers. The result is that moisture from the burn is made to evaporate through the plastic foam and its supporting netting; this stage of treatment lowers enormously the danger of infection, and results in a great improvement in the patient's general condition.

Dangerous phases:—Unlike many other injuries, burns are not at their worst at the time when they happen and the specialists at Roehampton expect a severely burned patient to get worse, rather than better, shortly after admission. There are three well-marked danger phases:—The first is the period of shock, which may last from the first to the third day after injury. Secondly, about a week after the actual burn, there are four critical days when various stress symptoms known as "burns-illness" manifest themselves. "Burns-illness" is a severe and extremely complex disturbance of the whole body in which its chemical processes are totally upset. In fact a badly burned patient is in some severe cases, extremely resistant to treatment.

The third dangerous phase comes in the second to third week when toxæmia may set in.

It is against this background that treatment at Roehampton has been planned. On admission a patient is taken at once to the "shock room" and placed on

the "exposure frame." Immediate shock treatment consists of transfusion of blood-plasma to replace the tremendous losses of fluid from the blood which a burn always causes. Through these losses the blood gets highly concentrated, and is not able to keep up the circulation.

DIET forms an important part of the treatment because the proper functioning of the body's chemistry depends on a high intake of protein and adequate calories.

To make the exposure treatment safe, and to avoid cross-infection between patients, stringent measures are taken to check the presence of bacteria, not only in the burns of individual patients, but in the throats of doctor's and nurses, and even in the air. A patient, for instance, who shows a high count of streptococcus will be moved from a ward to an isolation room to prevent him cross-infecting another patient. The wards are small and planned so that if a bacteria count of the air in any one of them is dangerously high, the ward is evacuated, sterilized and disinfected before re-use. About the 14th day after admission the patient suffering from deep burns is usually ready for the operation—a wonderfully organized piece of team work in plastic surgery—in which the dead tissues are cut from the burned area and skin grafts, taken from undamaged parts of the patient's body are put in place. Then, for the first time since admission, a normal covered dressing is used.—(via Med. Reporter).

WHY DO WE DREAM?

F. R. C. CASSON, M.B., B.S., D.P.M.

[It is at last being recognised that dreaming fulfils a basic need, helping to unburden the mind and ease tensions and the various problems of workaday life].

NEARLY everybody remembers his dreams. Dreams are such a universal experience, that they have always attracted great interest.

In Greek and Roman times and in all the ages of known history, there have been plenty of intelligent and educated people who have believed that dreams can foretell the future. In Homer's *Odyssey* we constantly find the gods appearing to men in dreams to forewarn them of future events or to exhort them to some action. Before a battle, in Roman times, the general would pay serious attention to sooth-sayers who interpreted any dream he'd had.

The idea that it is lucky to dream of certain things, still to be found in popular "dream books", is linked with the belief in the power of the dream to foretell forthcoming events.

Undoubtedly, there have been instances of people dreaming beforehand of future events, even of the winning horse in a big race. The trouble is that nobody has ever been able to have such dreams to order.

Some evidence that dreams concern themselves with future events as well as with the past was put forward by the late

philosopher and mathematician, J. W. Dunne, in his book *An Experiment with Time*, published in 1927. By keeping careful records of their dreams over lengthy periods, Dunne and his disciples found that various incidents and objects dreamed of might be encountered in their waking life some days, weeks or months later. However, there was no way of knowing how long any dream item would take to turn up in real life, if indeed it ever did. So, apart from its philosophical interest, Dunne's theory that the subconscious mind is not governed by the waking concepts of time, has not attracted widespread interest.

Telepathic dreams.—The occurrence of so-called telepathic dreams, in which somebody may dream of the death of someone dear to him, suggests that our minds during sleep may be more sensitive to messages received otherwise than through our five senses.

Freud, who discovered psychoanalysis, devoted much attention to his own and other people's dreams. In his view, our minds during sleep are occupied by the impulses and ideas which are normally kept in abeyance during our waking life. He believed that the dream is a disguised form of some wish or impulse normally unacceptable to our moral or ethical self, a disguised form of wish-fulfilment.

The object of the dream, according to Freud, is to prevent the sleeper having to awaken in order to check the forbidden impulse from emerging into full

consciousness. So in that sense the dream enables us to remain sleeping. He explained the type of dream from which we awake feeling anxious or disturbed as one in which the disguise fails, so that we feel we are on the verge of something dangerous, and have to wake up to cope with whatever threatens our peace of mind.

Jung, another great psychologist, emphasises the moral aspect of the dream, which represents what one might call our conscience. Thus, a dream may be concerned with some situation about which we have, during the daytime, suppressed our sense of guilt. Or a dream may represent our striving to become more worthy of the affection and esteem of our loved ones, or even our employer.

According to Jung and his followers, a series of dreams may show how the dreamer is gradually becoming aware of hidden parts of his personality, all of which are necessary for achieving full integration. The study of the patient's dreams in Jungian psychotherapy helps the dreamer to use his existing, though undeveloped, resources, and to *become a more balanced individual*.

Another theory about the purpose of dreams is that of Dr. J. A. Hadfield. According to him, dreams may concern themselves with the dreamer's current problems and provide clues to their solution. Dreams may also show how the neurotic patient is making progress during analytic treatment. Hadfield gives a

good example of this. A man dreamt at first of trying to catch trains and always missing them, which signified his difficulty in keeping up with life. Later, he dreamt that he just caught the train, which implied that he was making progress. Finally, he dreamt that he was the engine-driver of the train. In other words he was now managing his life successfully.

The helpful nature of a dream is also seen in the instances where some problem has been exercising the dreamer's mind before sleep without his arriving at a solution. During sleep, the answer is somehow supplied by the subconscious mind continuing to mull over the problem. Hence we speak of "sleeping on it" when we have some rather knotty problem, or a rather important decision to take.

The theory that our dreams do serve some important purpose in our mental life, first advanced by Freud, has received striking confirmation in recent years as a result of intensive observation and experiment on sleeping human volunteers. Most of this work has been carried out in America, by Professor Nathaniel Kleitman at Chicago University and by Dr. W. Dement in New York.

By making a continuous record of the electrical discharge from the brain-cells, also recording eye movements, heart-beat and blood-pressure in their sleeping subjects, Kleitman and his fellow-workers found that the level of sleep varies throughout the night. Most people, when

they fall asleep, are at first easily roused, then they go over the brink into the deepest sleep of the night. After about one-and-a-half hours, they rise towards consciousness, and in this phase of shallow sleep the first dreaming period of the night occurs.

The dreamer then gradually sinks again into deep sleep, devoid of dreaming, only to rise again to the dreaming level after another hour-and-a-half. This process goes on, each period of deep sleep being a little less deep than the one before, until there may be a final dreaming stage just before waking up.

During the dreaming stages, there are well-marked eye movements, thought to be due to the dreamer watching the dream events as on a cinema screen. Also, the electrical brain-record shows changes from the stage of deep sleep. The occurrence of dreams at the shallower periods of sleep has been verified by awakening the sleepers at different stages. Awakened during a stage marked by eye movements, they can recall their dreams, even recording them on a tape-recorder. Awakened at deeper stages of sleep, they report that they were not then dreaming. This experimental proof that dreaming, or at least the dreaming which we can recall, occurs during the shallower periods of sleep, is in agreement with Freud's concept of the dream as something that helps us to remain asleep.

Dr. Dement has recently reported experiments that seem to

show that dreaming is an important factor in the restorative function of sleep. With eight healthy young men as his guinea-pigs, he found that a typical night's sleep included four or five periods of dreaming. To study the effects of dream deprivation, the subjects were for five successive nights firmly aroused as soon as the eye-movements and brain recordings showed that a dream cycle had begun. As it was not possible to be sure that every dream cycle was immediately nipped in the bud, Dement estimated that dream deprivation amounted to about seventy-five per cent loss.

Dream deprivation.—During the dream deprivation days, the subjects became anxious and irritable and could not concentrate. One became panicky and refused to undergo further tests. Five started over-eating and gained weight. All these changes disappeared when they were allowed to sleep and dream normally. As a control experiment, the same volunteers were roused on another five nights during the spells of deep sleep, so that they lost sleep but were not in fact deprived of their dreaming. They showed no changes in mood or temper during this experimental control period.

A final interesting observation on those who completed the dream deprivation ordeal was that, in the first nights after the experiment they dreamt in excess of their normal dream quota. It seems, therefore, that *dreams serve some function of*

unburdening our minds and our heart's desire. It looks as easing our tensions. Poets and though modern science is also song-writers have always attached much importance to coming to recognize dreams as fulfilling a basic need.—(Family Doctor, June, 1961).

THRUST AND PARRY

FRANKLIN DWYER

WE have all had to face it at some time or another. If one is trying to find out something, concerning a daughter or a son, or relating to someone above you in your place of work, we have often to face the decision. "Is it better to ask a direct question, or should we approach it gently, feeling our way towards it?"

A direct question has its advantages. You are likely to get a direct answer. It may not, however, tell you what you want to know. It may be evasive. It may be brief and false—a denial in order to avoid being entangled in an explanation. You get something from the manner in which it is answered—the look on the face, the pause, the hesitancy in the eyes. With the gradual and gentle approach I feel there are greater advantages. If the person questioned is unsuspecting, you will almost certainly get a true answer to the opening questions at any rate, especially if they seem unimportant. In this way

you will have something on which to build. By putting two and two together, you will have gone part of the way, and your deduction of the rest may not be all that far out.

Harmless or helpful?—But whether your question is direct or not, one often learns far more from what is not said, than from the actual answer given you. You have to be alert and attentive. Even if emphasis is used in denial, as it would be by someone who is anxious for you not even to suspect what the position is, you will have to examine the emphasis. Was it overdone? Was it not definite enough? Or did it appear to be quite natural and acceptable?

We are all faced with having to play a game of this kind sometimes. It is quite harmless really and can often be helpful. Certainly it is more personal and exciting than poring over a crossword puzzle in the evening paper and trying to work out the answers to the clues.—(Tit Bits, London, 1-7-1961).

Cancer Risks

A recent survey shows that women are more likely than men to develop cancers in younger years, but women have a better chance of surviving their cancers for five years or more. Among women, almost one-third of cancers were diagnosed at ages 30 to 49, compared with 16 per cent of cancers among men of that age group.

NOSE-BLEED

(Simple home treatment is usually all that is necessary)

NORMAN JORY, F.R.C.S.

Nose-bleeding can be alarming, but it is much less worrying and bothersome if you have some idea of how to keep it under control. Prompt action will make it much less frightening.

The first-aid treatment is simple enough. You sit the patient with his head over a wash-basin, and sponge his face and the back of his neck with plenty of cold water. If the bleeding comes, as it usually does, from one little blood vessel in the middle line of the nose near the tip and low down, the thing to do is to press the outer wall of the nose firmly against the centre wall on that side. Often cotton wool wrung out in hydrogen peroxide helps to stop the bleeding, if you put it in the nose on that side before you apply pressure.

Only if the patient has lost a lot of blood and feels faint should you make him lie down on his side, and go on with the firm pressure and the cold-water treatment.

Sometimes these simple measures do not seem to stop the bleeding. So then you call your own doctor. When I am called to a case of nose-bleeding that has not stopped with ordinary home treatment, I make the patient sit forward over a basin and then I put a wooden

prop between his teeth to stop him swallowing. A pencil will do.

The point here is that if you swallow, you tend to dislodge any clot that may be forming in the nose. The clot is Nature's way of stopping bleeding from a blood vessel. You will find that if you hold something between your teeth it is impossible to swallow. I sometimes give an injection of morphia too, because a nose-bleed can be upsetting and the more people worry, the worse it becomes.

If the bleeding still doesn't stop, I pack the nose on the affected side with long strips soaked in adrenalin. I always remove this within twenty-four hours because a pack of this nature just asks for infection if it is left in for too long.

In some few cases, bleeding is extremely difficult to stop at home. Hospital treatment is necessary. What happens when the patient gets to hospital is this:—The adrenalin pack is removed and the doctor looks for the bleeding point in the nose, not always an easy thing to find. When he does find it, he seals it off with an electro-cautery, applied carefully under local anaesthesia.

Very rarely, the vessel supplying the region of the bleeding may have to be tied in the course of a small operation. And if a lot of blood has been lost through the nose-bleeding, then in hospital a blood transfusion is always at hand. But fortunately this is seldom necessary.

In old people, the bleeding area is usually out of sight, and hospital treatment consists of repacking the nose with gauze

impregnated with an antiseptic paste. In my opinion, this can be kept in the nose for up to seven days. By this time the leak will have been firmly sealed.

What sort of people get nose-bleeds? Practically everyone, I should say, at some time or other.

In the nose there are many blood vessels covered by only a thin layer of delicate membrane. Congestion of these blood vessels or injury to them, and sometimes disease of the blood vessels themselves, or of the blood, may predispose to nose-bleeds. In young women a nose-bleed may occur during the menstrual period.

In small children congestion of the blood vessels in the nose may be due to adenoids or sinusitis. Picking the nose can cause nose-bleeding, and so can putting foreign bodies up it, a favourite childish trick.

Children sometimes get nose-

bleeds at the onset of infectious diseases such as measles. Every medical student knows that a nose-bleed may sometimes occur at the beginning of typhoid fever.

Bumps and bangs.—In older children, especially boys, nose-bleeds are usually due to knocks on the nose at games, quite apart from all the accidents to which young people are prone. You cannot avoid such a nuisance completely, but luckily most bleeding is very rarely serious except in cases of the rare blood-disease hæmophilia. Sufferers from hæmophilia really do have to lead something of a cotton-wool existence.

In old people, the usual cause of nose-bleeding is the degeneration of blood vessels that is often associated with a very high blood-pressure. Growths, innocent or malignant, are a rare cause of nose-bleeding.—(*Family Doctor*, June, 1960).

Spare the Rod and Spoil the Child. Discipline Wanted

The main cause of the increase in juvenile crime has been the Government's action in taking away the means of correction from parents, teachers and the law (caning and birching) and in their place passing laws that make it impossible to maintain discipline.

Advice by psychologists to let children do as they like is just *stupid*, as any parent knows. Children will scream or throw tantrums to get what they want and if they do get it try the same thing again. As they get older, tantrums turn to violence and crime.

As for those people who advocate giving Borstal inmates £500 a year to prevent them turning criminals, I think they want their brains tested.—(E.P., Sheffield in *Tit Bits*, 1-7-1961).

Bicycling to School

Many youngsters don't know the basic rules of highway safety and this leads to accidents, safety authorities agree. All cyclists should obey all traffic laws and know the following rules:

Cyclists should yield the right-of-way to pedestrians.

The bicycle should be kept in good condition—there should be no faulty brakes, worn-out reflectors, or defective handle bars.

Cyclists should never drive at night without lights.

They should approach intersections slowly and cautiously. Hand signals should be used.

THE VALUE OF ENGLISH LANGUAGE

ENGLISH is the language that has enjoyed by far the fastest growth within recent times; four centuries ago, it was outstripped by French, German, Spanish and Italian; today, it has almost as many speakers as the four put together. After Chinese, English has the world's largest speaking population—some 250 million; or, to put it another way, one person out of every ten in the world. In addition, it gives access to colonial or semi-colonial populations numbering 500 million more. It is the native or official language of countries covering one-fifth of the earth's land surface, outstripping its nearest competitor for area, Russian, by several thousands of square miles, and having the further advantage of being widely distributed over the globe, instead of being con-

centrated in one land mass.

English is at present the most widely studied language in countries where it is not native, being a compulsory part of the higher educational curriculum of such widely scattered nations as Russia, Japan and Turkey. It is conspicuously the language of trade and business transactions, and bids fair to become a tongue of common inter-course in many parts of the world. Three-fourths of the world's mail is written in English. Over half of the world's newspaper are printed in English. English is the language of over three-fifths of the world's radio stations. It has a literature as flourishing as any, and has recently become one of the leading tongues of international scholarship and scientific research. More than half of the world's scientific and technical periodicals are printed entirely or partly in English.—(Pei. M.: *The Story of Language*, Philadelphia: J. B. Lippincott Company, 1949, p. 290, via J.A.M.A., 20-5-1961).

Grandpa, Be Careful

We take good care of grandpa now,
He's *elderly* you know.
He's not as spry as once he was—
With him it's touch and go. 1
But still he risks his brittle bones
And trusts his failing sight,
And when we try to help him out
He's mad enough to fight. 2
Each kindly word, all for *his good*,
As you've already guessed
Still leaves our senior citizen
Profoundly unimpressed. 3
"I wouldn't be surprised," he said.
"It's natural, I guess
To find that, after eighty years,
Expectancy is less." 4
We read a tale the other night
On page one, local press.
An old man tried to cross the street
And goodness, what a mess! 5
They found his coat tail on a car,
His glasses in a tree.

They picked him up in sections, marked
Exhibits one, two, three. 6
"Had he no yen to cross the street
He might have lived some more,"
Said grandpa, squinting at the sheet,
"The question is, what for?" 7
Then added as an after thought—
"He may have hurt his sight
On fine print at the headstones
Of them who did things right. 8
"If I'm so careless of my hide"
Said grandpa, waxing bold,
"I'd like to have you tell me this,
How come I got so old? 9
"I've made it round a lot of curves
Where many others failed,
And helped unwind them from the poles
Too late to have them jailed. 10
"I took a chance when I was born
And you can darned well bet,
While I still have a zest for life
I'll take some chances yet." 11

—(J.A.M.A.).

How Well Do You Organize Your Daily Routine?

MARIANNE WILSON, London

SOME of us whirl around, and never seem to get anything done, while others placidly go on their way accomplishing miracles.

The secret seems to lie in the ability to arrange efficiently the twenty-four hours in each day, and sixty minutes in each hour.

So that you can weigh up your own approach to the daily time-table, I've thought up some key questions for you to answer.

It's grand fun having a time-table, as it does help you beat the clock. And this is so important, because today's wife and mother is not only a proficient "housewife," she's a true companion to her husband. This means she must plan her life at home, so that she can be cool, calm, collected, and rested (yes, if only for a few seconds) when the man in her life comes home.

Put your feet up for a moment now, and start checking on yourself by answering this questionnaire. Then, when you're through, try making out a plan for your day!

- | | YES | NO |
|---|-----|----|
| 1. Do you live by a fairly well-set schedule for rising, eating, going to bed and so on? | | |
| 2. Do you have a place for your clothing and other possessions and keep them there? | | |
| 3. If someone drops in on you unexpectedly are you upset and/or angry? | | |
| 4. Do you agree with the adage: "All work and no play makes Jack a dull boy?" | | |
| 5. Do you tackle your work in the order of importance? | | |
| 6. Do you generally work with the radio or television on? | | |
| 7. Do you make lists of things to do, purchases to make, etc.? | | |
| 8. Are you often overcome by a feeling of panic because you think you have more to do than time to do it? | | |
| 9. Just before you go to sleep, do you calmly plan your next day's activities? | | |
| 10. When an unexpected invitation comes your way, do you usually drop everything and go? | | |
| 11. Are you punctual for appointments, work, and meeting your friends? | | |
| 12. Do tasks often take longer than you anticipate? | | |
| 13. Do you rely heavily on having a watch or clock nearby? | | |
| 14. Can you estimate the time correctly (within 15 minutes) without looking at a clock or watch? | | |
| 15. Do you often dream? | | |

ANSWERS

You should have answered all questions YES, except 3, 6, 8, 10 and 15 which should be NO.

SCORING

Give yourself 2 points for each correct answer.

0 to 10 points

Time means nothing to you. You squander it carelessly and have very little to show for your waking hours. You may be a likeable personality, but you could drive many of your friends to distraction with the random way you live and work!

12 to 20 points

You try to plan your time efficiently but you often fail. This leaves you with a feeling of panic and frustration. Use this quiz to give you some hints of ways you can improve.

22 to 28 points

You make the hours work for you by your own good planning. If you correct your very few shortcomings, we'll rate you TOPS.

30 points

Father Time is at your command! Not only do you get your own work done on time and efficiently, but you also help others with their tasks. You exemplify the statement: "If you want something done, ask a busy person."

—(Tit-Bits, London, 15-4-1961).

Tonics and Appetizers

How to Understand Women

Group of noted physicians successfully sized women chemically. Here is the gist of their historic analysis:

Refractor: Wo.

Accepted weight: 120.

Duration: Wherever man is found.

Physical properties: Great attraction to gold, silver, platinum, and precious stones. Violent reaction if left alone. Able to absorb great amounts of expensive food matter. Turns green when placed beside better looking specimens.

Uses: Highly ornamental tonic for acceleration of low spirits. An equalizer in the redistribution of wealth.

NOTE: Probably the most effective income-reducing agent known.

CAUTION: Highly explosive in unexperienced hands. Very complex and result in many unexplainable actions. Highly unpredictable: should be watched always. (Courtesy J.A.M.A., 27-5-1961).

Won Case, Lost Friend

A. S. Trude, the famed trial lawyer, and the distinguished Dr. Frank Billings lived next door to each other in Chicago. One day Billings testified as a medical expert against Trude. Trude's cross-examination of his Trinit neighbor was brief. "Was Marshall one of your patients?" he began.

Figures.

Trude asked, "Where is Mr. Field now?" The doctor, "Dead." Trude named other patients of Billings—Mr. Armour, Mr. Pull-Pain, Mr. Cudahy, all of whom had died natural deaths. Each time Trude asked: "Where is he now?" and each time Dr. Billings had to answer: "Dead."

"That's all, thank you," the lawyer concluded, and won his case. (J.A.M.A., 27-5-61).

Her yearning capacity is greater than his earning capacity.

There is no place like home—after all the other places are closed.

No man has a good enough memory to make a successful liar.

A person who has not a leg to stand on is usually the one who does the most kicking.

The last thing to become civilized by man will be woman.

Worry is interest paid on trouble before it is due.

The Quick Retort

The young man went up to the perfume counter in a very exclusive store to buy a present for his girl friend. The salesgirl recommended a perfume. "It's called 'Perhaps,'" she said, "It's \$35 an ounce." The young man said, "\$35! For \$35 I don't want 'Perhaps,' I want 'Sure!'"

Poetry Corner

Let not the atom bomb

Be the final sequel—

In which all men

Are cremated equal.

Charity, wife of Gideon Bligh,

Underneath this stone doth lie,

Nought was she e'er known to do,

That her husband told her to.

When a party of tourists climbed to the top of a famous echoing mountain, they saw an old man sitting on a rock, an enormous telescope in his hands. Every few moments he let out a series of shouts.

The puzzled tourists watched him for some time. Then one of them went up to the old man and asked him: "Why do you keep on looking through that thing and then calling out as if you were in pain?"

The old man answered impatiently: "Don't talk to me. You'll distract my attention and I'll lose my job. I'm the echo for this hill."

The wife was going to a party and just before leaving she asked her husband: "George, what will I do if they ask me to sing?"

George: "Do? Why, sing of course it'll be their fault."

A lecturer descended from the platform at the end of his speech, and many people pressed forward to shake him by the hand. He accepted their congratulations with a smiling face, but his eyes were on a certain man who lingered in his seat. The lecturer pressed through the throng and extended his hand to the waiting man.

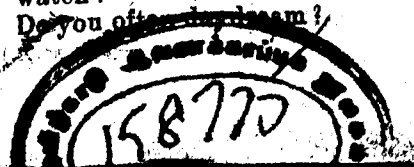
"I want to thank you," he said, "for the close attention you gave to my remarks. Your upturned face was an inspiration to me. I am sure you never changed your earnest attitude during my lecture."

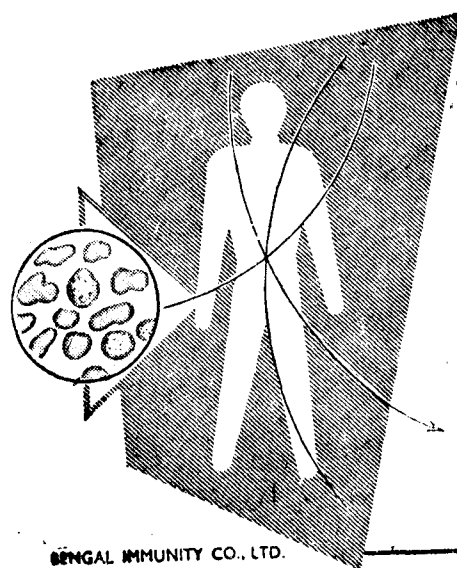
"No," said the man: "but don't flatter yourself on that account. I've got a stiff neck!"

Librarian: "What book would you like?"

Fair Subscriber: "Where do you keep 'Romance'?"

Librarian: "You will find 'Romance' in the little dark corner, miss."





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