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What's New in the News?

Antidote to Fly Menace

A mite small enough to hide under a pin-head is the big figure in a project now under way at the University of Wyoming. Scientists expect it may provide a new concept in the control of flies. The tiny insect—native to some parts of the U.S. East—feeds on flies and their eggs.

A Wyoming entomologist discovered the predatory mites by accident. Breeding flies in manure samples for a fly control study, he found he was not obtaining many adult insects. He discovered that mites living in the manure were eating his flies and their eggs.

Insect control researchers are now working to develop methods of seeding the mites in the favourite breeding places of flies to kill most of them before they mature to become pests.

[Note:—But what about the mites becoming a nuisance? Ed. HEALTH.]

Versatile Chemical

The development of a new chemical which marks one of the most important research breakthroughs in recent years was revealed by a commercial enterprise in the United States.

Called Baymal, colloidal alumina, the new chemical is said to make cutting tools almost as hard as diamonds and to make synthetic fibres stain resistant. When added to oil and water, it will cause the two liquids to mix. When used as a coating on fibrous glass, it makes the glass six times more heat resistant. In addition foam rubber can be treated with Baymal to reinforce it.

Shatterproof Bulb

A shatterproof electric light bulb has been developed by an American company. Called "Flamescant," the bulb can be dropped onto a hard surface without breaking.

The light consists of a bulb wound with Fiberglass yarn. The glass and yarn are bonded into a single unit with a rubbery silicone adhesive. The Flamescant casts a

warm, flame-like glow, and yet its luminous power output is higher than that of any other processed bulb. It gives a glareless light and lasts at least three times longer than conventional light bulbs.

Cause of Skin Diseases (New Concept)

Most skin diseases in tropical countries are due to perspiration, according to a leading American skin specialist, Dr. A. W. Grace, Professor Emeritus of Skin Diseases at the State University of New York, who was recently on a lecture tour of India. Perspiration due to hard muscular work made human skin susceptible to infection. A remedy was to do less hard muscular work and the work should be done in cool atmospheric conditions. Antibiotics like penicillin controlled skin diseases (like eczema) to a large extent.

Preference for Cremation in England

A total of 204,000 cremations took place in Britain last year as compared with 16,300 in 1938, the Cremation Society announced recently. Last year's figure was 34.7% of all deaths against between 2 and 1% 23 years ago. Preference for cremation is increasing by about 2% a year.

Shake the Bottle

A new gadget has been devised by a University of Michigan graduate student that may eventually take "shake well" labels off medicine bottles. The gadget, called a Rising Sphere Rheometer, is made of platinum wire and a 3/4 inch ball bearing. The secret of the gadget is "strain," which is the force that medicinal particles exert on a liquid suspension. Too much strain makes the particles settle to the bottom of the bottle, too little strain makes them float. When drawn slowly through a liquid, the device is capable of measuring strain 1 million times finer than much more expensive instruments now in use. The process is slow, taking about 2 1/2 hours. When perfected, it will assure uniformity of particle distribution in a suspension, which, in turn, should assure uniform prescribed dosages.—(U.S. Mich. News).

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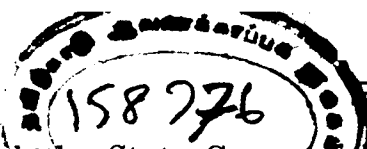
No. 10

PROTECTED WATER SUPPLIES ESSENTIAL FOR HEALTH PROMOTION

THE continual and seasonal outbreaks of waterborne epidemics in our midst is a measure of the unsatisfactory and poor progress made in the provision of protected water supplies and efficient drainage systems even in the large towns of India. The Environmental Hygiene Committee estimated in 1949 that only 16 per cent of Indian towns had the amenity of a protected piped supply of drinking water though not in adequate quantities in many cases. The report of the Committee on Plan Projects which was released early in August 1961, says that there has not been any significant change in that picture during the decade that has since passed. The problem is thus still sufficiently acute to warrant more concerted

and active steps being taken without further delay.

The National Water Supply and Sanitation Programme initiated by the Centre in 1954, is, we believe, the first organized attempt to speed up matters, but we note with regret that the execution of Second Plan schemes scheduled under this head has not been progressing satisfactorily; part of the delay is reported to be procedural, part of it due to lack of equipment and personnel and to a large extent to the financial inability of the local authorities in whom vests the responsibility to shoulder the burden. While the National Scheme provided a 50 per cent grant for rural water supply schemes, the aid to the urban counterpart is limited to a loan of half the cost.



Though the State Governments in many cases come to the rescue with grants-in-aid, even the residual responsibility seems to be beyond the limited resources of most municipalities, with the result that gross insanitation all around and the consumption of polluted water continue to prevail all over the land fostering the prevalence of several communicable diseases that have long since been effectively stamped out in other countries.

While the Third Plan has provided for Rs. 154 crores under this head, the Experts' Committee on Plan Projects estimates on a conservative basis that Rs. 900 crores may be needed for the urban sector alone and another Rs. 600 crores for the rural sector, if the entire population is to be covered. At the present pace of allotments and actual implementations, we are afraid, it will take 50 or 60 years or even more before the country is effectively protected from the periodic waves of preventable water-borne epidemics.

The Third Public Health Engineers' Conference which met recently recommended the compressing of the entire programme within a period of 25 years. This is quite a sound proposition and if it is to be implemented, the pace has to be accelerated sharply and changes in the major policy may also become necessary.

Even as it stands, the present allocation may have to be pro-

perly husbanded and utilized promptly after careful planning. Budgeting on a three or five-year basis instead of the year-to-year allocations in vogue, will greatly help. We gather that this has been the practice in the most advanced countries and has worked very well. It will obviate, if followed here also, our present difficulties which are due to delays in obtaining materials, pumps, etc., during the year and in having to rebudget for them and await sanction (!) in the next and subsequent years; also the delays in land acquisition and other preliminary procedures are there to reckon with.

Water-supply and sewage schemes are financed in western countries by loans floated by the local bodies concerned. To what extent this may be permissible or/and feasible in India under the present set-up will have to be very carefully studied and assessed by Government before sanction is accorded for such loan-raising. It may first be tried in a few of the larger municipalities and Corporations which have been able to balance their budgets in all other respects and still manage to have a marginal reserve for contingencies.

The system of grants-in-aid and State loans will however have to continue for a long time to come, if local bodies in India are to be persuaded to speed up such projects.

Psychological Stresses of Child-Bearing

I

“DETAILED knowledge of the psychological changes and stresses of child-bearing is scanty, and prophylaxis and prognosis suffer accordingly.” This statement is from an editorial in the *British Medical Journal* (1958).

B. H. Peterson, M.C., D.P.M., a leading Psychiatrist of Sydney Hospital, in a very instructive article in the *Medical Journal of Australia* for December 1960, says that in twenty years' time, it will not be necessary to make such a statement as this.

He is of the opinion that the shortage of accurate information is due to the fact that modern society tends to stress sexual rather than maternal roles. National statesmen exhort us to have more children to maintain the population, and churchmen remind us of the responsibility of reproduction and parenthood; but western society as a whole is preoccupied with the enjoyment of sex rather than with the responsibility of child-bearing. Kinsey and Chesser do not refer to reproduction in their large volumes on the varied expressions of our sexual drive. We are more concerned about contraception than conception, and our rationalizations become more convincing when world statesmen and sociologists warn us of the dangers of over-population and food shortages. Perhaps all this is unconsciously

reflected in psychological and psychiatric thought and research. It is also of interest that the women who do like bearing children seldom have the time to write about it. Most verbalization on this subject comes from men, or from women who have rejected their biological role in busy professional lives.

Professor Mayes in his “Text-book of Obstetrics” (1959) devotes a chapter to the management of normal pregnancy which commences with a section on the psychology of the pregnant woman; he suggests that the mental association of child-birth with hospitals and doctors, which may encourage the notion of pregnancy as a sickness, and the lurid gossip of some well-meaning relatives and friends, may be counteracted by a positive, enduring, reassuring doctor-patient relationship, which stresses the normality of child-bearing and reduces fear and pain with understanding, faith, relaxation and training. The general atmosphere of calm and confidence should be reinforced by all who come into professional contact with the pregnant woman, including nurses and social workers and the hospital secretarial staff; true this ideal is not easy to attain.

Child-bearing arises out of sexual, reproductive and maternal drives. As Edward Griffith (1957) reminds us:

The sexual impulse has three complementary and mutually inclusive functions: the transference of sex energy into other creative channels, mating, and reproduction. The first is the channel through which sexual

energy can be released in activities of social value.....The second is one of the chief ways in which the emotional needs of man and woman can be fulfilled and is the more personal and intimate. The third, by creating children, is the fulfilment of the individual's biological and social needs and the way in which he perpetuates himself. All three must find expression both separately and together in the marriage relationship. There are times when sexual activity must be curtailed or foregone; there are times when the achievement of an emotional rhythm and orgasm is essential; and there are times when children must be brought into the world. Each function has its own proper uses and provides its own rewards.

We see, then, that sexual intercourse has both relational and reproductive aspects, and the former may exist without the latter; that is, there are times when intercourse may be primarily an expression of love and desire. At other times, its primary conscious purpose may be reproduction, the relational aspect being minimal or even absent. Even frigid women may reduce contraceptive efficiency purposely without telling their husbands in order to conceive. It is believed that when both relational and reproductive aspects are maximal at the same time, conception is more likely. I mention these things because a woman's attitude to child-bearing, though primary and basic *per se*, is closely associated with and greatly influenced by her attitudes to sex and to her husband. A happy marriage is more likely to be associated with positive attitudes to child-bearing. Some related observations by Dr. Miss Newton of

New York are of great interest. She finds that women who fear child-birth are less likely to have good sexual adjustment. Uninhibited, undrugged child-birth resembles sexual excitement and orgasm with regard to respiration, facial expression, uterine contractions, contractions of the abdominal muscles and position of the body. In both, the woman becomes uninhibited emotionally as orgasm or expulsion of the baby approaches, and there is reduction of perception of the environment and sometimes partial amnesia. Afterwards there is a sudden return of sensory acuity, with relaxation and a feeling of well-being and *even of ecstasy*. It is tempting to postulate that emotional and sexual maturity, and capacity for orgasm, are correlated with capacity for normal parturition. This well-informed experienced lady doctor also points out that breast feeding, as well as sexual excitement, are associated with uterine contractions, and that when they are absent, the mother is likely to have an inadequate milk supply. The breast is a sensitive erotic area that gets extensive stimulation during breast feeding.

Child-bearing is woman's unique role and one of her deepest emotional experiences. Her physical and psychological development, from the very beginning, is directed toward the goal of motherhood. Van de Velde, a specialist in sexology, stresses the power of the maternal drive, and insists that the sexual impulse is fundamentally

an impulse to reproduce, even though in recent times the two impulses have become increasingly distinct because of the modern emphasis on sex rather than on reproduction. Griffith, a renowned London psychologist, following Freud and Havelock Ellis, differs however from this view, and feels that the sexual drive has nothing to do with reproduction, except that it may, under appropriate circumstances, lead to it. On the other hand, the maternal drive, which is so strong in woman, may be aroused in her whilst the sexual drive remains relatively dormant.

Whatever view we take, most of us will agree with Van de Velde's aphorism: "Work is to the man what maternity is to the woman." The little girl cares for her dolls and, under favourable circumstances, loves to nurse her baby sister or brother. One of the author's woman patients, in the course of psychotherapy, traced her fear of harming her children and her hostility to her husband partly to the fact that her father used to punish her by depriving her of her favourite dolls. In the teens the maternal drive recedes somewhat because of the primacy of sexual drives in finding a mate; but once her man

is captured, the young woman's impulse to motherhood reasserts itself. Its power can be witnessed in the anguish of those who find themselves temporarily or permanently sterile, and of those who cannot find a mate.

William McDougall, the psychologist, in picturesque phrase, stated in 1947 that the parental instinct is "Nature's brightest and most beautiful invention." He went so far as to suggest that this instinct is "the Mother of both Intellect and Morality;" of intellect, because intelligence is needed to find ways of nourishing and protecting the human young, who are dependent on the parents for so long; of morality, because the parental impulse is altruistic and unselfish. Perhaps it is time modern psychologists rediscovered some of the old truths in McDougall's flowery speculations and observations.

Van de Velde (1956) describes an interesting group of women, who, though feminine and sexually mature and adequate, possess diminished maternal drive. However, if they do become pregnant, they regard the birth of the child as a wrong done to the child itself, and compensate by caring for it conscientiously rather than maternally. (*To be continued*).

Byron or Scott?

Lord Byron and Sir Walter Scott were both lame. Byron was embittered by his lameness, brooded on it, till he loathed it, never entered a public place but his mind reverted to it so that much of the colour and zest of existence were lost to him. Scott, on the other hand, never complained or spoke one bitter word about his disability, not even to his dearest friend. In the circumstances it is not so very surprising that Sir Walter should have received a letter from Byron with this sentence in it: "Ah, Scott, I would give my fame to have your happiness."—(*Robert McCracker*).

THE CALCULATED RISKS OF PRAYER

FRANK HALLIDAY FERRIS,
London

*Have you ever considered the
danger of having your prayer
answered?*

IN this tumultuous world, teachers of religion encourage people to seek comfort and assurance in prayer. They give practical suggestions about how to pray; point out the essential elements of thanksgiving, confession, petition. Yet there is one aspect about which they seldom speak: the serious risks to which prayer exposes us.

The first is the risk of *seeing ourselves as we are*. "Know thyself" was graven over the entrance of the temple of Delphi. But it is not easy to know ourselves, nor is it entirely pleasant. What we think of ourselves is often what he want to be, not what we are. The dodges of self-deception and the devices that we use to escape admitting the truth about ourselves are legion.

We tend to repress anything which conflicts with our self-esteem. We give ourselves plausible excuses for doing what we have already done or made up our minds to do. We see virtues in ourselves which are not there. If anything strips us of our illusions, forcing us to face the truth about ourselves, it is likely to make us very unhappy.

That is why prayer is a healthful, if humbling, practice. In prayer we voluntarily face the truth about ourselves. The man who prays must ask himself:—What are my motives, my dominant desires? What is my attitude towards others? What are my weaknesses? Am I trying to overcome them? Do I judge myself by the standard of those about me, and am I content if I am doing no worse than they, or do I judge myself by an ideal standard?

In our dealings with God we have to be honest. All our subterfuges, the flimsy excuses we contrive to hide our inner poverty from ourselves, must come down. We face the truth about ourselves when we ask God to take us as we are and make us as we ought to be. This is the pre-requisite to moral progress—but it is hard on our pride.

The second risk of prayer is the danger of *becoming more like God* in a world which worships the deity—'Success.'

There is nothing reprehensible about success. The fact that a man is successful doesn't prove him a rogue any more than the fact he is a failure proves him a saint. The qualities that produce success are often admirable ones. But there come times in the life of every man when he has to choose between doing the advantageous thing or the right thing and, if he chooses the right thing, taking the consequences.

Christ was faced by this choice at the outset of His Career. The tempter came to him with three temptations which had this in common: All were temptations

to use His unique personal power in such a way as to win worldly success. We do not know how severe the struggle was, for we have never been subjected to temptation on the same scale. We do know that He saw it as a temptation, conquered it, chose not to be clever but to be right. His integrity brought Him not fame and fortune but loneliness and a felon's death.

He foresaw his impending fate, and He shrank from it as any normal, healthy man in his early 30's would. He prayed in agony to be delivered from it; He had to screw his courage to the sticking place to go through with it. But when it came to a choice between going back on His ideals and winning what the world calls success, or being true to His ideals and taking the consequence in ignominious failure, His choice was made. The second risk of prayer, then, is the danger of becoming more like Christ in a world which crucified Him.

A third risk is the danger of *having our prayers answered*. I believe that God answers prayer; sometimes that belief comforts me and sometimes it frightens me. Beware, then, for what you pray; your prayer may be answered.

We pray for the brotherhood of man, not insincerely. All of us have an amiable wish that men would treat one another better. But suppose God should answer that prayer? It would mean that I should have to treat all men—including people whom I find it hard to like—not with condescending polite-

ness but as I treat my own brother whom I love and for whom I would do anything under heaven. Do I really want God to answer my prayer for the brotherhood of man?

We pray to God to make us honest. Most of us are honest up to a point. We pay our bills. We seldom tell a lie unnecessarily. Yet all of us who try to face the truth about ourselves are aware of how much insincerity and deceit there is in our natures. We say things we do not mean, express emotions we do not feel, praise when we secretly condemn, try to make people think we are other than what we are!

"God, make me honest." But wait a minute—do I really want to give up my pet pretensions? Do I really want to do what an honest man must do, be what an honest man must be?

"Create in me a clean heart, O God." But think what it means giving up! Do I really want to get rid of the unclean images and imaginings with which I tease myself, the secret lusts I hanker for? Or am I like St. Augustine, who says in his *Confessions* that he prayed, "God make me pure but not yet?"

"Calculated risk," an expression we learnt during war, is an element in effective living. Anyone who has ever become sufficiently dissatisfied with his moral status to want to do something about it, anyone who has seriously tried to improve his character, change his habit

pattern, knows that it is no kid-glove undertaking. One has to take hold of it with the rough hand of a man who is in earnest, who is undeterred by the prospect of blood, sweat and tears.

God gives us courage to run the calculated risks of prayer; of seeing ourselves as we are, of having to become more like Him and of having our prayers answered.—(*Reader's Digest*).

Smoking as a Problem Seriously Affecting Health

KLAUS A. J. JARVINEN, M.D., *Lecturer in Medicine, Helsinki University*

SAFEGUARDING the health of mankind is the duty of the medical profession of the world. Gratifying victories have indeed been won in this work. Many infectious diseases have been held in effective check, several diseases are now successfully controlled, it is even possible to prevent the genesis of certain diseases by prophylactic measures, etc. No one would gainsay that much remains to be done. We have made but brief progress towards the goal of the best possible well-being of mankind as far as health is concerned. An important problem which is still largely unsolved is associated with the world-wide use of stimulants and narcotics detrimental to health. It differs essentially from ordinary health problems in that those who are primarily involved generally adopt a negative attitude to the public health work possibly done for their benefit. The addict sets greater value on personal gratification than on health and long life. Societies throughout the world have generally reacted sharply to the use of stimulants and narcotics that rapidly undermine the user's health. But when the damage to health occurs

only after several years, the situation changes: the use of the stimulant or narcotic in question is generally allowed to spread unhindered. People often become alive to the danger only after the use of the stimulant or narcotic has become a really common disease. This is what has happened with smoking.

Chronic smoking has been shown to increase the frequency of pulmonary cancer, its detrimental effect on the circulatory system is definite. The most notable detrimental effect on health of chronic smoking is, however, the chronic bronchitis and bronchiolitis caused by it. When a chronic bronchiolar process has led to the obstruction of the bronchiolar lumen, the person concerned inevitably develops obstructive pulmonary emphysema. The process is so slow, often taking 20 to 30 years, that the layman can easily fail to discern the causal relationship between smoking and the emphysema. An investigation has recently been conducted in Finland on the relationship of chronic smoking to obstructive pulmonary emphysema in a larger population group than ever before. It was made possible by

a new, simple device developed for the demonstration of bronchiolar obstruction. The results of this study covering 3,375 persons aged over 15 (75 per cent of the population of over 15 in the rural commune studies) were as follows:—Of 137 men with pulmonary emphysema, 56 per cent were heavy smokers (had smoked 10 g. or more of tobacco per day for a minimum of 10 years). In the group of men with healthy lungs, the corresponding percentage was only 33.4. The frequency of pulmonary emphysema among males was 0.5 per cent for non-smokers and 1.8 per cent for heavy smokers in the 15 to 39 year old group. The difference was thus fairly small. On the other hand, in the group of men aged 40 to 60, the difference was great; 4.9 per cent of the non-smoker and 16.7 per cent of the heavy smoker group had emphysema. The difference was highly significant. The difference was equally clear in the group of men over 60, the corresponding percentages being 23 in the non-smoker and 40 in the heavy smoker group. As far as women are concerned, a statistical analysis of the relationship between heavy smoking and pulmonary emphysema was impossible since only 0.6 per cent of them belonged to the heavy smoker group. It is notable that the pulmonary emphysema frequency of non-smoker men and women was practically the same in the different age-groups. It would thus seem that pulmonary

emphysema has become a male disease only because smoking is commoner among men. Although chronic smoking ostensibly causes no other direct inconvenience than smoker's cough, which the smoker usually ignores completely, every chain smoker must consider that when middle-aged the certainty that he will have an invalidating pulmonary emphysema is twice as great for him as for his non-smoking neighbour.

There is increasingly definite evidence that chronic smoking is a factor detrimental to health. Physicians all over the world should therefore, take a more explicit and pronounced stand against smoking than they have hitherto. The Finnish Medical Association has in fact adopted the subject of combating smoking, on its agenda in 1960. This strong and definite stand is called for when the tobacco industry engages persistently in vigorous propaganda for smoking. It is difficult to silence the tobacco industry's drum of publicity, for every new recruit it wins is a sure stream of money for the duration of the victim's life into the coffers of the industrial plant in question. The Finnish Medical Association has concentrated its anti-smoking campaign on the youth of school-age. This is a wise policy. Prophylaxis against the tobacco-disease is surely more effective than the treatment of the disease in the already chronic stage.—(*World Medical Journal*, Sep. 1960).

Food-Poisoning and How to Guard Against It

G. M. DACK, M.D., *Director of the
Food Research Institute, Chicago*

Knowing causes helps to prevent food-poisoning.—The causes of food-poisoning—a particular hazard in warm weather—were outlined in the February 27, *Jourual of the American Medical Association*. An understanding of the causes is helpful in preventing the illness.

The main cause of food-poisoning is bacteria which contaminate the food by multiplying and/or forming a poisonous substance. When eaten, such food produces acute illness of short-duration. Food-poisoning caused by *Staphylococci* is the most common type encountered in all countries.

When they are present, only time and the correct temperature are needed to cause an outbreak. At warm temperatures, food can become poisoned in five to seven hours in some cases. The foods usually involved in this type of poisoning are meat, poultry, cream-filled bakery goods, cheddar cheese, dry skim-milk, and potato salad and all puddings containing sugar.

The symptoms of staphylococcic food-poisoning are nausea, vomiting, diarrhoea, acute prostration, and abdominal cramps which appear within a few hours after such food is consumed.

Another group of bacteria that can cause food poisoning is *Salmonella*. *Salmonellæ* are

abundant in nature and are found most commonly in the intestines of poultry and swine. They are present on the shells of eggs, and when eggs are broken commercially, they find their way into frozen whole-eggs, yolks, whites, and in dried egg products. The foods usually involved in *Salmonella* poisoning are inadequately cooked egg-products, poultry, or other starchy and sugary foods. The symptoms produced are: abdominal pain, diarrhoea, chills, fever, frequent vomiting, and prostration. Typhoid and paratyphoid fevers are caused by a particular species of bacilli belonging to the *Salmonella* group, through contaminated food, milk and water.

Several other types of food-poisoning can be caused by starchy foods inadequately refrigerator and by meat products cooked and left un-refrigerated and exposed at a warm temperature for several hours.

A rare and often fatal type of food poisoning is *Botulism*. In the United States, the majority of outbreaks of *Botulism* are related to the consumption of inadequately processed home-canned vegetables of low-acid content such as string-beans, beets, and other vegetables. The symptoms are: difficulty in swallowing, double vision, difficulty in speech, and difficulty in respiration, followed by death from paralysis of the muscles of respiration.

G. M. Dack, M.D., Professor of microbiology and Director of Food Research Institute at the University of Chicago made the above report to the A.M.A. Council on drugs.

ADVICE TO CHILDLESS COUPLES

GERALD SWYER, M.D.,
*Head of the Fertility Clinic,
University College Hospital, London*

[Although the blame for childlessness is usually laid at the door of the woman partner, in no less than 50 per cent of cases it is the husband who is really responsible].

MANY men live through their lives unhappy and frustrated because of what they believe is a failure in the fundamental test of masculinity—the ability to father children.

It is estimated that one in every hundred British males is completely sterile, and that five times as many are what is termed sub-fertile—they fail to produce any children at all, or not as many as they would like.

There is nothing that can be done for most sterile men, but for the sub-fertile, medical research has proved that hope should not be abandoned just because children have failed to appear in the first years of marriage.

Surprisingly for such a common source of unhappiness, our approach to this affliction is not always very sensible. Some couples prefer to go on suffering alone, hoping against hope that fate will one day bring them a child. [This is very very common in India.—Ed. HEALTH].

And even among the growing number of childless couples who take their problem to a doctor,

there is often a common fallacy which prevents real help being given.

This is the fact that in most cases the wife is automatically given a complete examination, either by a doctor or a gynaecologist, and the man is either ignored or given a perfunctory examination.

The fact is that male sub-fertility is responsible for about fifty per cent of all cases of childlessness. In other words, it is just as likely that the husband is as responsible for childlessness as his wife.

In my clinic we insist on making tests on both husband and wife before we reach any conclusion about the reason for childlessness.

Now there is a very common misbelief which many, if not most, men seem to share about sub-fertility. They confuse the inability to father children with impotency, and are reluctant to bring outside attention on what they mistakenly believe is a shameful affliction.

The truth is that a man can be infertile and yet highly potent—i.e. can enjoy a normal sex life, but can't produce children. Yet most impotent men are usually fertile—they could produce children if only they were able to perform the sexual act.

It is reckoned that 90 per cent of impotent males suffer from a psychological, not a physical, disability. On the other hand, sub-fertility is caused by a variety of purely physical causes—some of which, regrettably, are incurable, and others which can be put right.

Any man whose life is being spoiled because he and his wife have failed to have children, should get two facts firmly into his head:—*firstly* that there is nothing to be ashamed about in being infertile, and *secondly* that expert examination might reveal the cause of his disability to be some fairly trivial, easily curable, physical condition:

As trivial as wearing the wrong kind of underwear. Underpants that are too tight and cause too much body-heat provide a definite cause of sub-fertility in this country.

Surprising causes.—Working continuously in very hot conditions—such as a bakehouse or furnace-room—can have the same adverse effect. There is also a germ of truth in the belief that over-hot baths can affect one's reproductive processes detrimentally. Yet it must be stressed that where overheating is the cause, the remedy is obvious—and once the cause of overheating has been removed there is every chance that a childless couple may find a baby on the way.

Few men, probably, would ever think that such simple things could be spoiling their lives—and yet there are other even more surprising causes of sub-fertility.

Otherwise healthy men who are sub-fertile, are often found to be *heavy smokers*. Too many cigarettes can interfere with the body and prevent children from being conceived.

But whenever I can find no other obvious reasons for infer-

tility, I advise the man to stop or cut down on his smoking temporarily, and sometimes an improvement in reproductive capacity is soon noticeable.

Drinking *excessively* can also lead to sub-fertility—and if it reaches the stage of complete alcoholism and cirrhosis of the liver it can have more serious effects.

To understand this we must realize that the male produces female (as well as male) hormones which are normally made inactive by the liver.

When cirrhosis damages the liver, these female hormones are allowed to circulate freely, causing harmful changes in the masculine body.

However, concentrating on temporary sub-fertility caused by outside factors, a simple disease like influenza can make a man infertile for as long as six weeks. Chickenpox is another illness which may have a similar effect.

It should be obvious from these examples that only a very foolish man will resign himself and his wife to childlessness before he has had a thorough check-up by his doctor, or at a hospital.

But whatever the cause, there is no need nowadays for anyone to sit back and accept childlessness as some inevitable piece of bad luck. So before any man and wife resign themselves, sadly to childlessness they should make the attempt to find out whether they are not being over pessimistic.—(*Men Only*, Sept. 1961).

DON'T FUSS. ALL THE TIME

(If you don't want
to be a prig)

ARNOLD BENNETT of Oxford

FEW of us have not met the gentleman who can only be described as "the complete fusser." This gentleman has slowly convinced himself that the proper fulfilment of his destiny depends absolutely upon about 10,000 different things. And he attaches a supreme and quite fatal importance to all the 10,000.

He begins to be fussy on waking up, and he stops being fussy only when he goes to sleep. He keeps a thermometer in his bath because he is convinced that there is a "right" temperature for the bath water, and that any other temperature would impair his efficiency. And he will probably have rigid ideas about the precise sort of woven stuff he must wear next to his skin. He may have pet aversions to healthy homely foods.

He may be almost any kind of character, and yet be fussy. He may be so tidy that he cannot exist in a room, either in his own house or in anybody else's, until he has made all the pictures exactly horizontal. He may be so untidy that if his wife privily tidies his desk he is put off work for the rest of the day. He may be so fond of fresh air that he can only sleep with his head out of a window, or so afraid of fresh air that a draught deranges all his activities for a fort-

night and he would therefore always sleep with all windows and doors closed. He may be so regular that he kisses his wife by the clock, or so irregular that he is never conscious of appetite until a meal has been going cold for half an hour.

But whatever he does and thinks, he does and thinks under the conviction that if he did and thought otherwise the consequences would be disastrous. Whereas the truth is that to change all his habits would result in great benefit to him. For he is the *victim of hundreds of delusions*, and especially of the grand delusion that the world is ready to come to an end at the most trifling provocation or slightest change in his routine.

You naturally scorn him. Yet you may unconsciously be on the way to becoming a complete fusser yourself. All of us have within us the insidious microbe of fussiness; only most of us take care not to let it get the better of us.

The real instinct to fuss can always be distinguished by this—it is progressive. Pride, if not conceit, is always pushing the fusser from one abnormality to the next. Thus a man discloses a dislike of black clothes. His aunt dies and leaves him some money. His wife asks him: "Shall you not wear black?" He answers with somewhat pained dignity: "Darling, you know I never wear black." He is now known to himself and to his wife as the man who will not wear black. Then his father dies; the objector to black will have to attend the funeral. After a little conversation with him

the wife says to friends: "You know Edward objects to black. He does really. He never wears it, and I'm afraid he will refuse to wear it even for his father's funeral."

Henceforth Edward is known not only to himself and his wife but to the whole town as "the man who won't wear black." It is a distinction! He is proud of it. His wife is rather impressed by the sturdiness of his resolution. He has suffered a little for his objection to black. His reputation is made. An anti-black clause inserts itself into his religion. Success encourages the instinct to fuss, and soon he has grown fussy about something else. And thus does he become a complete fusser.

There is no cure for the complete fusser, because he is unconscious of being fussy. What the world regards as fussiness he regards as wisdom essential to a reasonable existence! He sincerely looks down upon the rest of mankind. Spiritual pride puts him into the category of the hopeless case—along with the alcoholic, the

kleptomaniac, and other specimens whom he would chillingly and willingly despise.

Apparently the sole use of the complete fusser is to serve as a terrible warning to those who are on the way to becoming complete fussers themselves—a terrible warning to pull up!

That fussiness in its earlier stages can be cured is certain. But the cure is very drastic in nature. There are lucid moments in the life of the as-yet-incomplete fusser when he suspects his malady, when he guiltily says to himself: "I know I am peculiar, but....." Such a moment must be seized, and immediate action taken. (The "but" must be choked off. It is fatal). If the fusser is anti-black, let him proceed to the shopping quarter at once. Let him buy a ready-made black suit, put it on in the shop and have the other suit sent home. Let him then walk about the town in that black suit..... He is saved! No less thorough deed will save him.

And similarly for all other varieties of fussiness.—("Self and Self Control," via R. D.).

Patience Pays

That eternal problem for East and West alike—How to be happy though married: There was once, says a Chinese tale, a household so happy that for nine generations none of its members had left it, except the daughters that marriage perforce took away. The fame of such domestic bliss reached the ears even of the Celestial Emperor. He sent to enquire the secret. The old father of the house, taking paper and brush, painted many characters, then handed his answer to the imperial envoy. But when the Son of Heaven unrolled it, there was nothing there but the character for "Patience" repeated 100 times.

This little tale, once heard, sticks in the memory like a burr. One could do worse than give it as a wedding present to every bridal pair on earth.—(F. L. Lucas).

WHERE IS GOD?

ANNA TREGO HUNTER,

London

[He is all around us, in every living thing. We have only to believe].

MANY people are glad to concede that God exists, thereby safely putting themselves on the side of the angels. Yet they go spiritually hungry because they feel they have not yet met him personally. They are awaiting a happy day when someone or something will bring about a proper introduction; they hope, perhaps, that God will say, "Ah, here you are! I've been looking for you," and they will mumble, pleased, "I've heard so much about you!"

Yet every man Hindu, Muslim or Christian is teethered on the idea that God is within himself. "Is He? Where? Why is he not a little more manifest so that I am more aware of Him? If He is within me, why do I feel so dissatisfied with myself so often?"

The venture towards a religious experience is one of the most thrilling that the human spirit can undertake; in fact, the mature mind that does not succeed in having this experience is eventually a profoundly troubled and dissatisfied one, distressed by feelings of meaninglessness, the nonsense of spent time. Only the sad or the querulous can doubt that this thirst for meaning, for sheer interest in life, has its origins beyond

vanity, beyond a personal wish for "salvation." Its origin is in the very nature of being alive.

Each of us must come to his sense of worship by his own path, with such help as the doctrines of his parents, his religion and his society give him. But for us, here, now, if religion means anything at all it means that something good is not only in the purposes of the universe but is resident within ourselves.

What is this good? Must we be (for the moment) perfect in love of God and fellow men to find it? But these are ends, not beginnings. Surely we must go to our beginnings first, where the anxious and the frail, the unsuccessful and the striving start as equals, to the place where all great religions are wattered—to the very wellsprings of being. Surely we need only lay our hands on the central wonder that burns within each living thing: Life is precious, and I am alive.

This is indeed an immense wonder. Even the few sick souls who regard life as hateful are caught in the grip of this tenacious, self-regarding process of staying alive. Yet the curious thing is that our lives are so confused and compounded by things outside the self, by family and place, by duty and weather, that it is sometimes necessary to stand-still—stock-still—and turn the mind inward, to remember that we are in the act of living. Regard for this simple act, tenderness for it, joy in it should never be far below the surface of our consciousness, for it unfolds at the centre of our being, a green and holy place indeed.

If we plunge our consciousness below our outward circumstances and preoccupations, down past the place where we keep our special history and special dreams, down, down below the deepest trouble we know, we come at last to a place where nothing is left of "I—ego" nothing at all—only life. There

life leaps and is coloured silver. A hush fills our ears, but it soon interprets itself as a swelling chorus of sound.

This is the place where the power and the glory make themselves felt. This is the place where we come to believe that we not only want to live, but

are intended to live. Once this is believed, it is up to the individual what he makes of it, up to the temple of his faith how he celebrates it. But once this is believed, surely God waits in the next room.—(From *Ladies Home Journal*, via *Reader's Digest*, September 1961).

Proper Fitting Shoes Alone Give Comfort

H. BERIC WRIGHT, M.B., F.R.C.S., London

R Best Foot Forward

THE evolutionary change from ape to man was characterized not only by the assumption of the erect posture but also by walking with the sole of the foot flat on the ground.

Watch a monkey or an ape walking; you will notice that only the outer side of his foot is in use.

Watch a modern woman teeter, (move unsteadily on her high-heeled shoes) down a road pavement and you will see that even less of her foot (than the ape's) is weight-bearing. Doing a medical stint (careful survey work) in an undeveloped tropical country where shoes are seldom, if at all, worn by the vast majority of people, one noticed not only the paucity of foot problems, but also the quite different shape of their feet. Left alone and in contact with the ground, the human foot becomes nearly as wide as it is long.

Crammed into shoes which bear little relation to its anatomy, the foot becomes bunio-

nated, distorted and inefficient. As women torture their feet more than men, they have appreciably more foot problems.

I recently spent an after-noon at the research establishment supported by the shoe-trade. Not only are they working to base shoe sizes on proper anatomical studies, but they are also researching on materials and methods of manufacture.

The SATRA (Shoe and Allied Trades Research Association) last on which some shoes are made, is the best compromise between the shape and fashion, at present available. It is now worked out for children and women. Men, we were told, need it less, because until the recent out-break of *winkle-pickers* they showed no inclination to confine their feet.

But, particularly for children, it is now worth taking the trouble to see that the shoes you buy are properly designed. Looking to see that they are made to SATRA specifications is one way of doing this.

Shoe design is a fascinating complex of compromise. Not

only have the materials to be robust, but they must also be assembled economically. Leather being a natural product is difficult to control and standardize, and tends to be expensive.

The main problem of shoe design is to find materials which will keep cold and wet out, but at the same time let heat and vapour escape. Ideally one needs different types of shoe for different climates and activities. Increasingly plastic materials which "breathe" are being introduced and these are perfectly healthy. Similarly the so-called microcell material keeps the foot cool and dry in much the same way as does leather.

Another important point about shoes is repair. If a child walks about with a badly worn heel, this means that all his weight is being thrown crooked through ankle, knee and hip.

This may set up a vicious circle in which bad walking habits wear the sides of the heel. In these cases special wedging and wear-resisting edges should be worn.

Feet are important to comfort and efficiency. Take trouble over choosing shoes. Remember, too, that feet swell at the end of the day especially in hot weather. So be sure to get shoes that are big enough.—(Men Only, Sep. '61).

By Previous Appointment with the Doctor

JOHN T. BALDWIN, M.D., M.R.C.P., London

[The idea of making an appointment when visiting your general practitioner is a relatively new one]

TWENTY-FIVE years ago, except in a few very special cases, appointment systems were practically unknown in England. A large number of doctors because of the influence of the N.H.S. and of the new College of General Practitioners, have attempted to improve their standards of practice, and one way to do this is to run an appointment system.

So far as the patient is concerned there are several advantages: (i) it is convenient, in that there will be only a few moments to wait instead of perhaps an hour and a half, so that, for example, a housewife may go to the surgery knowing that

she will still have time to do the shopping before going home to make the lunch; or a workman, by giving due notice may make an appointment to enable him to see the doctor on his way from work and still be able to get home in time for food. The convenience of this kind of arrangement is much appreciated by mothers with restless young children, and by old people who can hardly face the prospect of a long wait in a crowded room. (ii) Another advantage is that a patient can make an appointment to see the doctor of his choice. In a busy group practice with two or three

Algæ to Feed Humans?

(A mere fad!)

WILL over-population outstrip the earth's ability to feed mankind? Is it possible that even America, long plagued by food surpluses and where over-eating is often called a national sickness, some day will not have enough to go round?

Many modern-day social scientists with one eye on food production statistics and the other on the unending "population explosion" think that the problem may become one of world-wide importance. Some, in fact, refer back to the gloomy 19th century philosopher, Thomas Malthus, who believed that while food production can only be increased on an arithmetic progression, population will bound along geometrically. His only solution: War to keep population in balance.

More recent alternatives include birth control (India's and Japan's widespread campaigns are examples) and research to find new and more efficient sources of food.

One likely food-source that the scientists are checking is algae, a simple plant, nearly microscopic in size, normally found in oceans and lakes. In particular, a type called Chlorella seems to offer particularly good prospects, containing up to 58% protein content, as well as an abundance of vitamins A and C. Chlorella, it is noted, however, is low in one of the essential amino-acids (the components of protein).

Striving to cope with a basically economic problem, the

nutritional scientists are impressed by the fact that one acre of water "sown" with Chlorella could produce about 40 tons of dried high-protein food per year. While, under present conditions, costs for quality control, processing and the maintenance of sanitation would be high, there is no evidence that Chlorella cultivation will not eventually be feasible.

Research indicates that Chlorella has the ability to undergo constant mutation in response to environmental manipulations. Thus, in one case, the scientists developed a Chlorella strain that was 86% fat. Special strains of algae might, then, in the distant future, become one of man's sources of fats and oils.

This line of investigation has had an obvious significance for Japan which has faced the problems of over-population for many years. In fact, Japanese and American research demonstrated long ago that palatable dried powders from Chlorella could be added to bread, ice cream, noodles, and other everyday foods to increase their content of protein, vitamin A, and ascorbic acid (vitamin C).

More recent work in Japan has not matched the early enthusiasm, however. In an experiment with human subjects, it is reported that the smell and taste of the Chlorella were intolerable and impaired the appetite. Another investigation showed that young rats grew poorly when fed dried Chlorella as compared to a group fed casein (a protein derived from milk).—(Nutrition Reviews, via New York State J. Med., 1-6-1961).

London

It all depends whether you like teen-agers or not. To those who do not like them the expression conjures up the idea of gawky, irresponsible problem-children, rude to their parents, extravagant in their habits, and interested largely in skiffle and sex. To those who admire teen-agers the expression suggests vigorous, fresh-minded, slim-bodied, active young people sweeping aside the rather stuffy prejudices of their elders.

Of course, neither of these opposing views is true, though each contains some truth.

The word teen-ager should carry no overtones of approval or disapproval. It is a sensible term clearly applying to anyone from thirteen to nineteen inclusive.

These seven years are of particular importance in every one's life, because they are years of change and gain. Change from childhood to manhood and womanhood, and gains in sex development, physical stature, and independence.

The independence is both financial and psychological. In other words, teen-agers learn not only to pay for themselves but to think for themselves. As a result of this, teen-agers come into conflict with their elders, whether employers or parents. The resulting trouble is called

It is the difference between their opinion and teen-ager-opinions that leads to trouble and to difficulties.

These seven years that end in teen are years of physical good health, and the teen-agers I see as patients in my practice, rarely have any serious bodily illness. Most of them have a minor illness or else some psychological problem.

Most of them are brought by their parents, and often the parents describe alarming symptoms, which their daughters and sons vigorously deny. So before trying to find out whether it exists at all, it is advisable to see the parents and the teen-ager separately.

Very often the teen-ager is said to be abnormally languid and indolent or else excessively quarrelsome and snappy. In either case, a mysterious aloofness on the part of the teen-ager adds to the worry of the parents.

"He doesn't tell me a thing," the anxious mother repeats. "I don't know if he's worrying over something or if he's feeling poorly."

An apparent floppiness and casualness is normal among teen-agers and it means nothing serious. It may be due to fatigue at work or school or else to boredom.

For those many teen-agers of both sexes who look forward to

doctors consulting at the same time he cannot easily do so, but with an appointment system it can be arranged without difficulty. (iii) Another most important way that an appointment system helps the patient is in the matter of infection. A crowded waiting room, with several people coughing or breathing germs into the atmosphere, must be a hot-bed of infection for all present, and this can be obviated or mitigated to a great extent, if there are only a few patients present at any one time.

For the *doctor*, the advantage in an appointment system is that he can arrange his work in a more orderly way. He can plan his surgery ahead to ensure that he has enough time to devote to each patient. If he wishes he can postpone the start of his surgery should he expect to be late for any reason, or he can advance the time of starting work, should he wish to leave early, perhaps to go out to dinner. Working an appointment system, does not, however, as it is sometimes said, reduce the amount of work a doctor does; it merely spreads it more evenly so that he can do it in a more leisurely way.

The *disadvantages* of the system are not many. As far as the *doctor* is concerned the only disadvantage is that in order to run such a system he has to provide additional staff for which he must pay out of his own pocket. I think that all doctors who do so, feel that the money is well-spent, but they may be forgiven

if they feel slightly aggrieved sometimes when they realize that secretaries and receptionists are provided for doctors at hospital by the hospital authorities.

Having decided to set up an appointment system how should the doctor go about it?

Practices throughout the country vary considerably. In each case the system will have to be designed to fit the practice, but I think that there are certain essential requirements for a successful appointment system:—*First*, it will work well only if there is no more than one place of consultation. *Secondly*, the doctor must be punctual in keeping his appointments; this is a good example to his patients and helps to facilitate the work of his receptionist. *Thirdly*, it is absolutely essential to have an efficient receptionist, who should know most of his patients, so that she can put off unnecessary appointments till a later date and also fit in the casual patient who has obviously a pressing need to see the doctor. In this regard it is a wise arrangement to leave one or two spaces free each hour in the appointment book. This allows for the unexpected patient to be fitted in or gives a few minutes to catch up, if the appointments fall a little behind. Double appointments can be reserved for cases which are expected to take longer than usual. Incidentally it has been argued against appointment systems that they will break down if the doctor is called away during the surgery. This is not so, because

patients appreciate that this may happen only occasionally and in my experience most of them make an appointment to come back another time, whilst those who wait till the doctor's return realize that under the old arrangements they would probably have had to wait much longer.

Appointments can only be made while the receptionist is on duty. This works well but means that there are several people attending without appointments, and that more free spaces have to be left in the appointment-books. I have heard of a group-practice in a coal-mining district in which the surgery hours are from 9 a.m. to 6 p.m. each day, and appointments may be made at any time, and two of the four partners are on duty at any one time.

[*Note*:—It is high time that our younger medical graduates in India, start group-practice, which would greatly benefit every member of the group evenly and without competition of an undesirable nature.—Ed. HEALTH].

It is quite evident that a single-handed doctor in a country area with a small list of patients may find it difficult to arrange for all his patients to be seen by appointment. However, there is much that can be done,

for example, he may arrange for one surgery a day to be by appointment and the rest open to all. He can arrange to have one or two surgeries each week, at which appointments can be made, set aside for special purposes, for instance, antenatal cases, inoculations, young children, and so on. This kind of arrangement is very acceptable to patients and at the same time, it eases the pressure on the ordinary surgery sessions so that the need for appointments there becomes less apparent.

After reading all that has been said above, many people will still ask—*Will it work?* I am quite satisfied that it will. The practice in which I work is the only one in the town and therefore, almost everyone is on our list, whether they approve of appointments or not. In spite of this only 1.2% of the people who attend at the surgery refuse to make use of the system.—*Health Horizon*, Winter, 1961).

[*Note*:—This system is now being followed by many specialists in India, but every one of the G.P.'s clinics is very much over-crowded and long queues have to wait for long and often some have to go disappointed. The appointment system will therefore, be of great help in such cases particular in cities.—Ed. HEALTH].

The Ideal Physician

It is the possession of the scientific outlook that distinguishes the ideal physician from any well-venered practitioner of the healing art. However, to study patients instead of diseases objectively requires of the observer a cultivated man capable of compassionate and perceptive responses. He must look at Nature for its own sake, as well as for the immediate value of the knowledge obtained. Fortunately, it is the actual training in observation that matures the observer emotionally at the same time as it develops intellect in the ways discussed above. Such a "trained observer" is more impartial in his judgements and more adequate to the task in general.

earning a good wage in factories at sixteen, the early teen years seem but a waste of time. School-work often seems useless and dull, and authority something that merely enforces ennui.

The alleged quarrelsomeness and irritability is also rarely due to bodily illness. It is more often the result of a clash between the increasing independence of the teen-ager and the growing solicitude of the parents.

Young people in their teens are just starting to have friends of their own, possessions of their own, and ideas of their own.

They do not want to share everything with their parents. And if their parents disapprove of their ideas, their friends, or their way of passing their time, it does not alter their own tastes. Indeed, it somewhat confirms them, and makes them more resolute.

The root of most discord between teen-agers and their parents is simple enough. Neither of them knows what it feels like to be the other. Adults, of course, have the advantage of having been teen-agers a good many years ago. They may be able to remember what it felt like. *But recollecting a sensation is a very different thing from feeling it or understanding it.*

It is very important for anyone concerned with teen-agers to remember, recollect, and, in imagination, re-live their own teen-age years over again.

The ordinary parent recollects the hardships of his teens more

readily than his youthful follies or foibles. Here is an important cause of misunderstanding between parents and children. If one person had to endure fairly rigorous conditions in childhood, it is no argument to justify similar conditions for his offspring.

There is nothing so galling to a teen-ager as the kind of remark that starts, "Why, when I was your age I had to be content with....." Or else, "You young fellows today don't seem to know what work means. Why, when I was a boy....."

The most certain way of producing sullen ingratitude is to point out how much you have done for somebody.

The middle-aged often think the teen-agers rude and ungrateful because they do not realize this. Try to look at it from the point of view of your son or your daughter and you'll see what I mean.

These teen-age years can be a frightening time for a mother. She sees the provocative curves of her daughter's bosom enhancing the contours of a tight jersey.

Naturally she wonders how much to warn, how much to inform, and how much to restrain. Will too much sex-talk give her ideas? Will too much lipstick make young men think of her as a loose young woman?

Sons, too, can be worrying at this time. They may discontent their parents by choosing elaborate hair styles, sporting fanciful out suits, and spending

hours at the cafe jukebox or wandering round the streets whistling at girls.

It would help parents' anxious minds to spend some time recollecting what they felt themselves at this age. Were they really in as much danger as their parents thought? Did they need much supervision to stop them getting into serious trouble?

One teen-age is very like another, and there seems little real evidence that teen-agers today are any wilder or more irres-

ponsible than their parents were at the same age.—[Query? Ed. HEALTH].

It is easy to get an idea that there is teen-age problem because teen-age clothes, hair, and manners are so strange to middle-aged people.

I do not think there is really a teen-age problem. But there is a middle-age problem. How to stop middle aged people from thinking that there is a teen-age problem?—(Family Doctor, London).

Ten Ways to Become A Good Conversationalist

JACK HARRISON POLLACK, New York

1. LISTEN ATTENTIVELY. Many of us concentrate so hard on what we plan to say next that we don't really hear what the other person is saying.

If you listen *actively* to other people, they will pay closer attention when you speak.

2. TALK ABOUT WHAT INTERESTS THE OTHER PERSON. "Charm in conversation consists less in displaying your own wit than in opening the way for the other fellow to display his." If you encourage the other fellow to talk about his pet subjects you'll never have to worry about an awkward silence, and you'll probably be so engrossed that you won't have time to be *self-conscious*—which is the greatest obstacle to relaxed conversation.

3. AVOID DULL DETAILS. The secret of being tiresome is in telling *everything*. All of us know the person who digresses and never omits an unnecessary fact: "Let's see, was it Friday or Saturday? Well it must have been about 10 or 10.30, because I had just left my brother's house opposite the park and I....."

You're worn out long before the speaker reaches his point.

4. SHUN TRITE EXPRESSIONS. Don't let yourself be described as "a person of few words who uses them over and over again!" Some women coo the word "wonderful" in nearly every sentence. Other trite talkers keep repeating "absolutely," "definitely," "I quite agree," "see, what I mean?" Avoid such rubberstamp phrases.

5. SPEAK PRECISELY. Pause a moment to marshal your words before speaking: don't plunge headlong into a sentence, hoping it will turn out all right.

Avoid jumping from topic to topic; conversation is more interesting when you linger over one subject long enough for give-and-take enjoyment of it.

Look a person in the face when talking to (not at) him, and don't put your hand in front of your mouth or mumble. You shouldn't have to be asked to repeat what you said.

6. ASK THE RIGHT QUESTION. It indicates a genuine interest in him and his opinions.

A token question, like "How are things going?" or "what's new?" is meaningless. But "How did you get started in your business?" or "If you were starting all over again, would you

live in this town?" indicates genuine interest. And discreet phrases like "Don't you think?" or "How do you feel about it?" will often keep the other person talking and keeping you from talking too much!

7. **LEARN HOW TO AGREE TO DISAGREE.** Often it isn't what but *how* you speak that makes all the difference. Benjamin Franklin used to remark diplomatically, "On this point, I agree. But on the other, if you don't mind, may I take exception?"

A friendly argument often enriches a conversation, but don't start an argument with a sweeping statement like, "I hate estate agents. They're all swindlers." Such an self-opinionated remark will cause all sides to line up too violently for polite conversation.

Most important, don't flatly contradict anybody—even when you're sure he is wrong. Say I am afraid I cannot subscribe to that view.

8. **AVOID INTERRUPTING.** If you sometimes feel obliged to break into a conversation, your interruption will appear less discourteous if you use a graceful phrase such as "Please may I add something to what you've just said Mr. Ramu."

Incidentally, the person you inter-

rupt will listen more attentively if you use his name.

If you yourself are interrupted, never insist on returning to the same subject afterwards. Get interested in the *new* conversation. If people want you to return to what you were discussing, they'll say so.

9. **TRY TO BE TOLERANT AND TACTFUL.** All of us have sometimes to converse with people who irritate or annoy us; you should then try to concentrate on the subject being discussed. "Facts, after all, are impersonal. If you honestly try to develop a generous, tolerant attitude you'll be a much better conversationalist.

10. **A LITTLE PRAISE SOMETIMES HELPS.** Your conversation will be richer if you learn how to compliment people intending to do so.

You can use praise, too, in voicing appreciation. Don't just tell your guest speaker, "I enjoyed your talk." Comment specifically on something he said or ask him to amplify one of his remarks, showing that you listened attentively.

If you follow these ten suggestions they may help to make your conversation more interesting, and to enlarge your circle of friendships.—(*Ten Ways to better conversation, via R.D.*)

Twins, Now 87, Have a Recipe

The veteran Victorian cyclist, Mr. Ernie Old, has just had a birth-day greeting from someone who knew exactly how it felt to be 87 and still active—his twin sister, Mrs. Ellen Cramer.

"All our lives Ernie's been cycling and I've been dancing, and that's how we keep growing younger every year," said Mrs. Cramer. They believe they are the oldest living twins in Victoria, Australia.

Earlier this year, Mr. Old had a heart attack while cycling from Melbourne to Portland 200 miles away. After a prolonged illness he was told he might never be able to cycle again. He disagreed.

"Ever since I've been up and about again I've been cycling eight miles a day regularly," he said.

Ernie and Ellen have a recipe for health and happiness which they pass on for what they describe as "the motor-car age of youth."

It is: No beer, no tobacco, plenty of physical exercise, and a hot cup of tea when you're tired.

For a birthday present Ernie handed Ellen a pound note, and she asked him what he would like in return. "I'd like my pound back," said Ernie and they both burst out laughing!—(*The Weekly Mail, 19-8-1961*).

Tonics and Appetizers

Bad to Worse

"Is there anything on earth more pathetic than a bachelor?" asks a woman writer. Yes, lady, a bachelor who stopped being a bachelor.

A Good Defence

Magistrate (severely): "Horse whipping is the only suitable punishment for you. The idea of a man of your size striking a weak woman like that!"

Prisoner: "But, your Worship, she keeps irritating me all the time."

Magistrate: "How does she irritate you?"

Prisoner: "Why, she keeps saying: 'Hit me! Beat me! Just hit me once, and I'll have you hauled before the bald-headed old reprobate of a magistrate and see what he'll do with you.'"

Magistrate: "Case dismissed."

A New One

Teacher (after instructing his class the past, present and future tenses): Now I will give you an example. Supposing I said 'I am a very handsome man,' what tense would that be?

Pupil: "That would be pretence, Sir."

Order in the Court

A burglar's wife was being vigorously cross examined by the country attorney.

"Madam, you are the wife of this prisoner?"

"Yes."

"You knew he was a burglar when you married him?"

"Yes."

"May I ask how you came to marry such an individual?"

"You may," snapped the witness. "You see, I was getting old and had to choose between a burglar and a lawyer."

March of Science

"The doctor tells you to play golf for your health."

"And if you already play golf, what then?"

"He tells you to stop."

Sheer Jealousy

"I say, Bill," asked an acquaintance, "why did the foreman sack you yesterday?"

"Well," was the reply, "a foreman is one who stands around and watches his gang work."

"I know, but what's that got to do with it?"

"Well, he got jealous of me. People thought I was the foreman."

No Questions Asked

The minister was loud in his praise of the fat and juicy bird his host provided for dinner, and finally he asked: "Where did you get such a fine goose as that?"

"Parson," replied his host, "when you preach a good sermon I don't ask where you got it. I hope you'll have the same consideration for me."

Musical Note

"The fact that I am a good musician," said a lady, "was the means of saving my life during the flood in our town a few years ago."

"How was that?" asked the young lady who sang.

"Well, when the water struck our home my husband got on the folding bed and floated down the stream till rescued."

"And what did you do?"

"Why, I accompanied him on the piano."

Friend (to lady grooming dog): "Doesn't your maid do that?"

Lady: "She's bathing children. Besides she is very unreliable."

Recognized

The Judge sat on the bench and the case was called for trial.

The two lawyers, who appeared as counsel for the litigants, began to quarrel.

"You are dirty scoundrel," snarled one of the lawyers, "and before this case is through I'll show you up for a crooked ape you are."

"Sez you," snapped the other. "You are a cheat and a liar."

"Come, come" broke in the judge. "Let the case proceed now that the learned counsels have identified each other."

He was dug out of the wrecked car and hurried to a doctor's surgery.

"I can't do much for you," said the doctor. "You see I'm a veterinary surgeon."

"I'm in the right place, doc," replied the patient weakly. "I was a donkey to think I could do 70 on those trees."—(*Iowa State Green Gander*).

Mrs. Knowall: "Is it true that your eldest daughter is going to sue Bertie Brown for breach of promise?"

Mrs. Gadd: "She was going to. But she got to know that it wouldn't be worth while."

Mrs. Knowall: "No letters, I suppose?"

Mrs. Gadd: "It wasn't that. No money. You see, she was on the point of filing a suit when she found out Bertie was pawing one of his."—(*Spotlight, S. Africa*)

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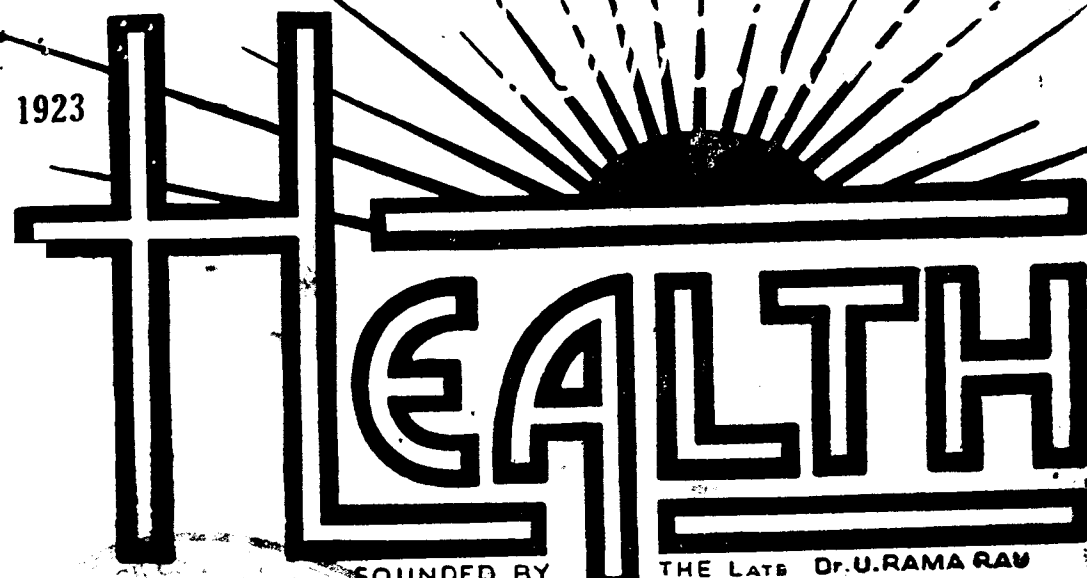
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U. KRISHNA RAU

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Editor :

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

News of Interest: From Far and Near

Vital Vine

The great vine at Hampton Court, the most famous vine in the world, is as vigorous as ever and is now bearing about 600 bunches of grapes a year.

It was planted 193 years ago and every year it begins to yield its luscious harvest of Black Hamburgh grapes towards the end of August.

They are sold to the public at the vinery as they ripen.

One reason for the vine's remarkable vitality is said to be that through the years the roots have penetrated to the bed of the Thames, sixty feet from where the vine is housed.

One of the branches is now 120 ft. long. The thinning of the bunches of grapes is a task carried out by expert gardeners.

For its own good the great vine is limited to bearing 600 bunches a year.

Records show that in the year 1896 it bore more than 1,200 large bunches.

"The grapes are good enough for the Royal table for which they are normally reserved," wrote a reporter that year, "but actually most of them are being presented by Queen Victoria to the London Hospital."

Who planted this wonderful vine?

It is believed to have been Lancelot ("capability") Brown, first of the English landscape gardeners.

It came from a slip taken from another famous vine at Wantage, Berks.

A Dutch cow fertilized by artificial insemination has given birth to quadruplets, three males and a female, on a farm at Rodez in southern France. All four young are in perfect health and weigh from 100 to 110 kilos all together. The same cow has already dropped twins in 1959 and again in 1960.

Old Hands: Old Age is no Bar

When do you hope to retire? One man is still working as a commercial traveller in the busy heart of London at the age of ninety-two.

The veteran is Mr. A. Luffman. Every morning at ten he turns up at the City warehouse of the firm which has employed him for more than seventy-seven years. And then off he goes to take orders for his company's goods from the West End stores.

In a Bedfordshire town not long ago a man of ninety-five, after a fourteen-day search for a job, took one as a book-keeper at a garage and started work at once.

In South Africa a man named Goyender, who retired at the age of 101, claimed to have worked longer than any other individual. He had been employed on the same farm since he was a boy of twelve.

In the thirties a Somerset man claimed to be the oldest minister of religion in the world when he celebrated his 101st birthday. (Tit. Bits, London, 2-9-1961).

Handwriting Expert - (a Criminal)

The forger's art is a precarious mode of earning a living - only the very good ones stand any chance of getting away with it. But few have exhibited the skill and audacity of a German handwriting "expert" who was recently sentenced to a year's imprisonment at Wiesbaden for forging his way into a well-paid police job!

He actually gained his appointment as a handwriting specialist on the strength of credentials which, it is now known, he had concocted by his own penmanship.

Since his trial and conviction, a number of people, jailed because of his testimony as an expert witness, are demanding a fresh trial. It's unjust, they say, for their sentences to be based on the evidence of a man convicted of forgery.

"Why" argues one prisoner. "he probably testified falsely against me just to improve his official position."

When the local court hears the prisoners' appeals, many are hoping to be set free because of the prosecution's use of a "corrupt witness."

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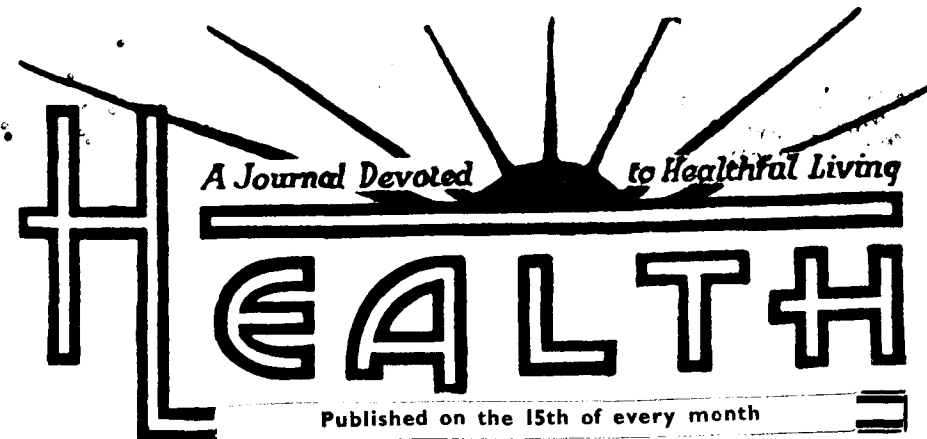
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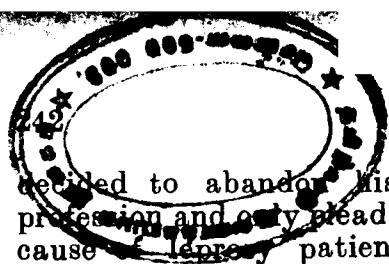
ERADICATION OF LEPROSY

(Medical and Social Aspects)

MR. RAOUL FOLLEREAU, a doughty champion in the cause of leprosy and its control, recently visited India on a crusading tour. While he was in Madras he accorded interviews to the press, during which he narrated how he became such an ardent crusader. As all of us know the problem of leprosy has two aspects:—*medical* and *social*. The medical aspect of the problem is to cure the patients of the disease and effectively to control its spread. The social aspect which is no less important lies in curing the society of the fear and stigma they have come to attach to this disease.

Narrating the incident which led to his leading the crusade against leprosy, Mr. FOLLEREAU said that at first he was a journalist and a lawyer. In 1932, he

was sent on an assignment by a South American newspaper to the Sahara. One day his car broke down at a place about three miles from a Nigerian village. Soon, a group of persons with disfigured faces collected round his car. He was told by the car driver that they were suffering from leprosy. When questioned further, the driver explained that they did not live in the village because they were "lepers" and that they would never return to the village. Then he asked the driver, "Who then is taking care of them?" To which the driver, throwing out both the hands as if to say nobody cared about them, said, "I do not know." This incident brought out clearly how leprosy patients were condemned for life as if they were criminals. From that moment onwards, he had



decided to abandon his legal profession and only bread for the cause of leprosy patients and deliver them from the bondage. Since then he has been travelling far and wide making known to the world the needs of the 15 million leprosy patients. For the last 20 years he has been giving lectures at a rate of about 200 a year.

Mr. FOLLEREAU is the founder of the Order of Charity, in Paris, and has helped innumerable organizations all over the world, including India, with substantial donations. He collects funds largely from the common man through his lectures. He described how, as a result of a talk he gave at an auditorium in Paris, appealing for contribution of an hour's earning, about 40,000 persons joined the Order of Charity, which was devoted solely to leprosy relief work. His mission does not stop with collecting funds and distributing them for leprosy relief work but is to wage a battle against the wide-spread ignorance among the public about the disease which has led to the neglect of leprosy patients. In order to focus public attention on this problem he has organized the observance of the World Leprosy Day, which is observed in 116 countries this year.

Regarding the problem in India he was glad that the

Government, voluntary agencies and missionaries were getting more and more interested in the problem and that the "battle against leprosy" is being waged with courage and determination; he paid a really well-deserved and glowing tribute to the work done by Hind Kusht Nivaran Sangh.

Mr. T.N. JAGADISAN, Secretary of the Hind Kusht Nivaran Sangh, who was also present at the interview, said that Mr. FOLLEREAU was a "great force" and with his "compelling personality," he has been able to initiate a movement for better understanding and better treatment of leprosy patients.

We are confident that his visit to India will certainly energize every organization and individual to take more interest in leprosy relief work and that through such persistent and strenuous efforts it will be possible to eradicate this loathsome disease from our midst in a few years. In this context we would like to suggest that influential leaders of thought organize in every District an Order of Charity such as what Mr. FOLLEREAU founded in Paris for enlisting public sympathy and cooperation from every member poor and rich, in the manner indicated by him viz., an hour's earning every month to be donated for this humanitarian cause.

Use of Antibiotics

Antibiotics have provided us with the ability to control and eradicate infectious diseases, provided they are used properly. Penicillin was the first antibiotic to be isolated, cultured and produced extensively. Following on the heels of penicillin, thousands of antibiotics were isolated but only about a dozen among them have been found to be clinically useful.

Psychological Stresses of Child-Bearing

II

Factors influencing the attitude to child-bearing.—There are many possible factors which can influence a woman's attitudes to child-bearing:—

(1) *Social factors*:—Financial stringency is not such a major factor in these prosperous days as it was a decade or so ago. More commonly we find inadequate housing as a factor which increases the stress of child-bearing. This may be accentuated if interfering in-laws share the same house, so that the young mother lacks the privacy she needs to develop her own confidence and independence in rearing her children. The pressure of several previously borne children and the difficulty of obtaining domestic assistance may be further stresses.

(2) *An inadequate or absent husband*:—The maternal drive, to function at its highest level, needs the emotional support of a secure relationship with a reasonably mature husband, who also wants to become a father. The stress of child-bearing in the wife is greatly increased if she cannot depend on her husband at all times, and particularly during pregnancy, labour and the puerperium; if he is neglectful or alcoholic; if he consciously or subconsciously regards the baby as a rival for his wife's affection; if he is emotionally immature and inadequate; or if he is absent for one

reason or another. This kind of situation is quite common, and I believe that it is insufficiently recognized as an ætiological factor in puerperal mental illness, in cases of which the husband should always be carefully interviewed in a search for obvious or subtle inadequacies, as well as for difficulties in the marital relationship. A woman's attitude to her pregnancy is coloured by her attitudes to her husband, who is the cause of the pregnancy. On the other hand, the expectant father needs to be taken into the doctor's confidence in all confinements almost as much as his wife. He needs to understand the whole situation so that he can be of maximum assistance and support to his wife. Kenneth Walker has an excellent chapter on the expectant father in his recent book "Love, Marriage and the Family," which includes an entertaining discussion of the *couvade*.

(3) *The attitudes of the patient's mother*:—The attitudes of the patient's own mother are of deep and basic importance. Mothers with negative attitudes to child-bearing tend to produce daughters with the same attitudes. Here we encounter the all-too-familiar patterns of deprivation of maternal affection, maternal rejection and compensatory over-protection, which tend to produce in the daughters distorted mother-identification, hostility to mothers and motherhood, and inadequacy in emotional and sexual relationships. Moreover, daughters who see their parents unhappily married tend to fear or reject marriage and parenthood.

A mother's silence, or voiced fears, about child-bearing, may produce deep fears of child-birth in her daughter, which may be partially or wholly repressed. Ernest Jones (1948) published a helpful though rather speculative paper on early childhood notions of child-birth. In it he stressed the deepest fear in the female heart—namely, that of being torn open and damaged internally. In the unconscious this fear may become associated with menstruation, rupture of the hymen at the first coitus and child-birth. He postulates that this and other fears, hatreds and resentments in the unconscious may be activated during labour, and may either inhibit the neuromuscular mechanisms concerned with expulsion, or exaggerate them in violent and ill-timed fashion.

Another unhealthy mother-daughter relationship is that of undue and prolonged dependence. The daughter may thus feel inadequate to cope with the stresses of child-bearing. Here is another fruitful cause of unconscious rejection of her unborn child, and such rejection may express itself in fears that she cannot survive labour or that she will produce a dead or deformed child.

(4) *Unwanted pregnancy*:—The pregnancy is unwanted, because it is either illegitimate or unplanned. This attitude, too, may result in feelings of rejection toward the unborn child, which may be conscious or repressed.

(5) *Constitution*:—Professor Trethowan (1959) reminds us

that there is often an association between a shy, immature, withdrawn personality, and a juvenile physique, dysmenorrhœa, a narrow pelvis, small breasts, an infantile uterus, frigidity and diminished capacity for adequate emotional relationships with husband or child.

(6) *Personality type*:—The hysteroid woman may unconsciously find in her pregnancy an excuse for clinging dependence and a theatrical display of emotion if her need for dependence is thwarted. She also tends to regress more than the average woman during labour.

The obsessional woman is often a model patient at first, following strictly and conscientiously all the routines and rules; but her rigidity prevents her from adapting herself smoothly to any variation from the norm, and her tendency to doubt, and her compulsion to be sure of everything, demand, more than average explanation and reassurance from her doctor.

The anxious woman is prone to all kinds of fears about child-birth, and lacks confidence in her ability to cope with a new baby.

Both the obsessional and the anxious woman tend to be tense and afraid during labour, and hence are pre-disposed to uterine inefficiency.

(7) *A predisposition to neurosis*:—As Professor Trethowan (1959) has stated, pregnancy often proceeds with surprising smoothness in the emotionally immature or even the frankly

neurotic. He suggests the following explanation:

This may be due to an increased feeling of contentment which pregnancy often brings, which may in itself have a physical basis. It may also be a result of withdrawal of interest from disturbing external affairs, or of the added attention paid by husband, friends or relatives which tends to feed the expectant mother's self-esteem. During labour, however, the influence of underlying neurotic conflicts may once again receive physical expression.

Neurotic factors tend to reassert themselves, then, during labour and the puerperium, when an adjustment must be made to the responsibilities of parenthood, and the relative protection of pregnancy is over.

(8) *A predisposition to psychosis*:—A predisposition to psychosis may exist because of inheritance or previous psychotic illness, or because the woman has a cycloid or schizoid temperament. We are faced at this point with a brief consideration of the aetiology of the psychoses of child-bearing. These, of course, whether they occur during pregnancy or the puerperium, are treated in much the same way as if they occurred at any other time, and the response, though it may take longer than in non-puerperal psychoses, is usually good. The ætiology of these psychoses has been in dispute for many years, and no conclusion can yet be reached. One view is that child-bearing is a significant and specific factor in causation, either because of physical factors such as infection, toxæmia, hæmorrhage or hormonal disturbances,

or because of psychological factors such as recent stress, unwanted pregnancy, an unhappy marriage or unconscious rejection of motherhood. Another view is that child-bearing is not in itself a true aetiological factor, but merely a precipitating stress in a background of predisposition to psychosis, the psychosis itself being indistinguishable from other psychoses not associated with child-bearing.

Vomiting of pregnancy.—Having covered in very sketchy fashion some of the factors involved in the psychological stresses of child-bearing the author mentions one further point of interest, which concerns excessive vomiting of pregnancy. The orthodox view is that, as far as psychological factors are concerned, the vomiting represents a symbolic attempt to get rid of something which is not wanted—namely, the baby. Newton (1955), however, points out that if this view was a complete explanation, one would expect to find a higher incidence of hyperemesis in single women. In fact, the incidence is no higher. She found that the experience of frequent undesired sexual intercourse, and undue dependence on the mother, were commoner accompaniments, but suggests no explanation of this. I wonder whether excessive nausea and vomiting in pregnancy may sometimes represent a desire to be rid of the husband as well as his unborn child.

Newton also found that it was the woman who disliked being

pregnant who are most likely to terminate their pregnancies with easy childbirth. Dislike of being pregnant, of course, is not necessarily associated with rejection of the baby.

Not all those who suckle
Can love the very young;
That love must needs be planted
Back in far-off time
With seed to grow and grow
In company over the years in the
rose garden.

DIARIES AND SECRETS

FRANKLIN DWYER, *London*

MOST of us have been through a phase of keeping a diary at some time or other, but few bother to enter into it more than a series of engagements, such as dances and parties, with added jottings in the way of thoughts and reflections and a note or two about our state of health. "Headache...slept badly...." That sort of thing.

But even this is kept intermittently; and after a time most people tire of it and page after page is left blank. Which is just as well, perhaps, for nothing can be more revealing and even incriminating than these random jottings, meant for no other eyes! How many of us ever bother to look at them again? And there they lie at the back of a drawer, together with letters, almost always romantic letters, linked with a snatched and furtive love affair. These are kept because of the tender memories they arouse. But if they fall into the wrong hands there is sure to be trouble.

I know a man who got letters of this kind from an elderly widow he once befriended, only because he was a friend of her late husband and was sorry for her. There was no romantic episode of any sort between them. But in her gratitude she let her thoughts run away with her, and into some of her phrases one could read much more than was intended: "I long to see you again... I am happy only when we are together..." His vanity made him preserve them, but he hid them in a drawer, hoping that nobody would see them. His wife did in time—during the spring cleaning. No protestations from him, nor from the widow whom she interviewed angrily, would set the matter at rest. The couple parted as a result of those letters, though they had been quite happily married for a number of years and I believe that her husband was always faithful to her.—(*Tit-Bits*, 2-9-1961).

A Natural Development

As an economist I think of automation as simply part of a process which has been going on through the centuries. It's a process whereby mankind learns to produce things while putting in less man-hours of work to do it. I wouldn't like to think of automation as something different from, say, the invention of the spinning jenny, or the introduction of railways as a means of transport in place of using horses.—(W. B. Reddaway, via *Weekly Mail*).

THE IDEAL WIFE

MARIANNE WILSON, *London*

LIKE everything else, marriage is what we make it. And that's not such a simple statement as you may think. Often it's just those obvious things which are so important in life, that are yet most likely to be overlooked.

This is the great "social institution" which keeps a man at his job, and turns his sweetheart, into a housewife. The romantic dream becomes reality, and pride in being part of the community takes its place. The couple are busy, interested, and happy with each other, the house, car, and the children.

If there have to be deliberate sacrifices on either's part, they take these in their stride. When a woman is properly loved and cherished, she is a glowing, attractive person always, no matter what irregular features she may have been born with. And if, in return, she studies her man, the world will be her oyster. A wise woman knows the ingredients he wants—mate (love, sex and togetherness) and "mother."

Her man is skilfully managed. She understands just when to coax, when to flatter, and when to suggest. He probably has his weaknesses, but she never betrays by the merest blink of her eyelids that she's aware of them! In fact, she's tactful.

She just looks for the best of his qualities, and praises them, never nags. If she encourages

him, and spurs him on to achievement, she never attempts to "drive" him.

A temporary set-back only brings out her quiet determination to help him carry on. Such set-backs are often a challenge, and it's characteristic of women that they are marvels at rallying round. It's often *their* grit that gets a family through the crisis, because a man, however brave, is sometimes terribly cast-down by something which has happened perhaps at work, or which affects him and his.

True strength of character always triumphs—there may be repeated struggles and failures but, in the end, it always wins. That's why no one should ever fear a sense of inadequacy. It is indeed wonderful what steadfast purpose can achieve—and a consolidated home-background of loyalty is a priceless heritage for any man. If he also has a wife who is frank, natural and essentially feminine, he is *thrice* blessed.

No one will be more proud of her than he, if besides creating a happy home and providing appetizing meals, she is always careful about her appearance and clothes. He'll be grateful, too, if she's content. No mature woman yearns for the moon. So much of the unhappiness we read about in the Press, is caused by false values.

It often occurs, particularly with young people, that they secretly have a contempt for their own home, possessions and way of life, and have wild and fantastic dreams of how they would like to be, or what they would like to have.

That's why a man with a woman at his side, who is deeply aware of what people tend to call "the older values of the world," has very great reason indeed to be thankful.—(*Tit Bits*, London, 2-9-1961).

Now how about picking up a pen, or pencil, and trying the following questions on yourself? Then check up on your score...

- 1 Do you plan well-balanced and attractive meals?
- 2 Do you encourage your husband to rest on week-ends and holidays?
- 3 Do you think it is important that he spends time with other men?
- 4 Do you show a sincere interest in his work?
- 5 Are you attractively and appropriately dressed most of the time?
- 6 Is your grooming as good (or better) than before you were married?
- 7 Do you avoid worrying him about money matters?
- 8 Do you often make sincere, complimentary remarks about him and his work?
- 9 Are you always nice to his friends and family, even if you don't particularly like them?
- 10 Do you avoid making any remarks about him, particularly sharp ones, in front of others, even if they're relatives and friends?
- 11 Do you leave time in your daily schedule for just the two of you to be together?
- 12 Do you try to solve your own minor problems completely by yourself?
- 13 Do you have other interests and hobbies outside your duties in the home?
- 14 Do you keep your husband's clothing clean, pressed and mended?
- 15 Are you alert to the state of his health and see that he remembers to have periodic medical and dental check-ups?
- 16 Do you avoid fault-finding—nagging?
- 17 Do you encourage him to bring his problems to you so that he doesn't worry in secret?
- 18 Do you always readily accept his gestures of affection?

Yes No

Answers

According to a survey of happy husbands, all answers should be YES. Give yourselves 2 points for each YES-answer.

Scoring

32 to 36 points: You are indeed an ideal wife, and we hope your husband realizes it. If he has ceased to notice that he is living blissfully in the clouds just leave this quiz around where he's bound to see it!

26 to 30 points: You are a very good, thoughtful and considerate wife. If things get too much at times, it proves that people, even wives, are human.

14 to 24 points: You have an average rating. But it's fun to strive for perfection, isn't it?

0 to 12 points: Could you be putting yourself, or the children before the man in your life? If you do score this low, why not talk things over with someone you respect—a good friend, a marriage counselor, or a member of the clergy. Don't miss out on happiness; life is just too short.

THE BIG BUZZ ABOUT HONEY

We're still discovering new amazing facts about the oldest food known to man

GEORGE J. ROSENBERG

It's very likely that you are no stranger to the use of honey as a medicinal food. For generations, the "nectar of the gods" has been a home remedy for a sore throat, burns, ulcers, cuts and bruises, frayed nerves and insomnia—a nostrum handed down from parent to child since recorded history.

The golden fluid is one of the most remarkable—and among the oldest—foods known to man.

Hippocrates, father of medicine, described it as a source of good complexion and urged its use in the treatment of sores, ulcers and carbuncles. The Bible speaks of the "land of milk and honey" and tells of King David's army living on "wheat and barley, beans and lentils, honey and butter."

Democritus, the Greek philosopher and scholar, sought a long life through proper foods and apparently found it. He lived 109 years on a diet rich in honey.

The Egyptians maintained bee hives on barges and roamed the Nile seeking honey-producing flowers to keep up their supplies of the "medicine." And the ancient Greeks used a mixture of honey, wine and pepper for all types of digestive ailments.

Honey's therapeutic value lies in its ability to produce heat and energy and to combat fatigue. Rich in minerals, vitamins and hormones, honey is the end product of a unique natural manufacturing process. Honey-bees, endowed by Nature with some sort of radar, suck up through a tube-like tongue the nectar of flowers. The nectar, as it enters the bees' honey-sacs, mixes with secretions of acid and is then spewed into the cells of honeycombs in the hive.

Here the fluid literally is brewed. In the 80-85 degree temperature maintained in the nest, water evaporates, leaving about one-quarter of the original nectar deposit. To this the bees add formic acid, produced in their glands. The result is honey.

Somewhere in the process, honey picks up a load of nutritive values. Among its elements are copper, manganese, calcium, potassium, iron, chlorine, phosphorus, sodium and magnesium. Some of these have a beneficial effect on the bloodstream.

Honey has also been found to contain varying amounts of Vitamin C, E and B.

As a source of energy, honey rates second only to dates.

It is six times richer than milk, producing 1,600 calories to the pound.

Honey is also a purifier. A series of tests, conducted at the Colorado Agriculture College, showed that bacteria cannot live in its presence. Dr. W. G. Sackett reported that typhoid germs placed in a pure honey medium died within 48 hours;

broncho-pneumonia germs were dead after four days; and dysentery bacteria lasted only ten hours.

Honey is assuming increasing importance in the field of heart disease. Reporting in "*Lancet*," the British medical journal, Dr. G. N. W. Thomas of Edinburgh, says the substance of honey has a "marked effect in reviving heart action and keeping (heart) patients alive."

And that isn't all. Physicians have found that honey can be used to prevent and treat anæmia, to relieve asthma, hay fever and arthritis. It sharpens eyesight, helps the function of the kidneys.

The General Hospital in Reading, impregnates bandages with honey for treating cuts and wounds.

As an added fillip, honey has been found to be an effective agent in counteracting a craving for alcohol.

No one claims that honey is the magical cure-all for the ills of mankind, but as time goes on, it looks as if the amber substance is increasing its health-giving powers. Certainly, for young and old alike, it is invaluable as a food and can do nothing but benefit our health. —(*New York Mirror Magazine*, via *World Digest*, July 1961).

Number of Young Fathers are Increasing

Young fathers in America are increasing rapidly in number, it is reported by statisticians of the Metropolitan Life Insurance Company.

The number of children born in families where the husband is under twenty years of age rose from 40,000 to 106,000, or 165 per cent, between the years 1940 and 1957. Although the relative increase in births diminishes with advance in age of the husband, it was 64 per cent for husbands aged thirty to thirty-four years, and as much as 45 per cent for those forty years of age. Only in families where the husband is fifty-five years or older, have births failed to rise.

The upsurge in births reflects, in part, the earlier age at which marriage now occurs, as well as the considerably increased number of young married couples. During the 1940 to 1957 period, the number of American husbands at ages under forty-five increased by almost one-third. Moreover, at the teen ages—where the sharpest rise in births has occurred—the number of married men has increased by about two-thirds.

In 1957, births occurred at a rate of 598 per 1,000 in families where the husband was under twenty years of age. In other words, 3 out of 5 families with a teen-age husband had a child during the year. The proportion was about 2 in 5 in families where the husband was twenty to twenty-four years old, and well over 1 in 4 where he was five years old.

Caning Pays

Reader, J., M.D., Belfast, annoys me when he states that men who left school at the age of fourteen can hardly read or write.

At one time, the three R's were thoroughly taught, and most of the "caning age" can read, write, and express themselves better than the moderns who leave school at a later age.—(*Tit-Bits*).

Doctor and Patient in Britain Today

J. B. WILSON, M.D., B.Sc., M.R.C.P.E.,
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LIKE *Punch*, nothing is ever as good as it used to be; and few things remain long unchanged in this changing age. The old family doctor, so often eulogised, is fast receding into medical history. With the advent of powerful drugs, which sometimes obviate the need for surgery, or enable serious diseases to be treated in the home, the modern general practitioner can do far more than his predecessors. This change, along with the coming of the National Health Service, has brought about many alterations in the doctor-patient relationship.

The N.H.S. has abolished the irksome necessity of obtaining payment from the patient; but, by increasing the amount of work, it has necessitated a fresh allocation of the time spent on different patients and groups. No longer is there so much time to spare for the more vocal sections of the community who wish to take up a disproportionate share, and who used to be willing to pay for it. The emphasis now is on rapid diagnosis and treatment, so that the patient can return to work.

In the past, when the doctor's income was derived largely from the well-to-do, it was the presence or absence of a good bedside manner that largely decided his success or failure.

How far does the need for this remain?

What constitutes bedside manner?—(1) *Confidence*:—Confidence, like so many other human qualities, is infectious. Everyone who has contact with children can see that this is true, even at the earliest age. The difficulties the young mother may have with her first baby, and the ease with which subsequent additions are usually reared, pin-point this truth. The later babies are not better babies, but they have better—or more experienced—mothers. Almost from birth the child can distinguish between the confident and the hesitant touch.

Patients recognize this, too, in our relationship with them; for lack of certainty and lack of knowledge are now less easily hidden from a more knowledgeable and less gullible public. For patients to have confidence in their medical attendant, he must have a reasonable confidence in himself—in his own knowledge and in his beliefs. The more firmly based these are, the more moral sustenance can he transmit to the patient. The bubble of superficial confidence which formerly hid the profession's general ignorance of disease processes would soon be pricked by the present generation of digest and medical-column readers.

No longer is the doctor's genial confidence—often only assumed—the main prop on which the patient has to lean: today, by careful history-taking and clinical examination leading to an accurate diagnosis, the doctor can often prescribe a

TEETH-GRINDING

CEDRIC C. HARVEY, M.D., F.R.C.S.,
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TEETH-GRINDING is a widespread human custom. Almost any conversational group will readily quote instances in the family circles. It is common among medical motorists in built-up areas. The American literature favours a word the Greeks had for it, *bruxism*, which includes the habit of tight clenching of the teeth and also rhythmic tapping as well as forceful grinding. Closely akin to it are the habits of biting the lips and sucking in the lips or cheek-pads. As an expression of involuntary, wasteful and exhausting physical tension it is matched by the tapping of feet, drumming of fingers upon desks, hunching of shoulders and setting of the face in strained expressions which etch personality-lines upon some countenances.

Teeth-grinding may be considered as it occurs asleep and awake, in childhood and at responsible ages, in illness and in what otherwise passes for health.

During sleep.—In children's sleep it attracts the attention of parents whenever the young are at an age to incur frequent inspection. Works of reference state gravely that it comes on in the second year of life, without stressing the correlation that it is at this age that the teeth come on too. The report-

ed age-incidence is perhaps no more than a pointer to the amount of time parents devote to watching their sleeping offspring. The habit of switching on the light to do so is itself a provocative stimulus, likely to spoil any dreams which the child is enjoying. Diagnostic doubt may occasionally arise if parents suspect that a noise they have half heard in the night was an epileptic fit. A glance at the child should set fears at rest, by the absence of signs of struggle, exhaustion, sweating, froth on the lips or commotion of the bedclothes. The noise of a nocturnal fit, if clearly heard, is one of gurgling or choking in the throat rather than merely grinding the teeth.

The grinding of adult teeth in sleep is a cause of complaint by room-mate or spouse, and rarely by the individual affected. The disturbance may be as vexatious as snoring, though seldom so prolonged. Teeth-grinding in coma is particularly intense in tuberculous meningitis, with the fierceness of prolonged subconscious pain. The restlessness of other infective illnesses, whether delirious or not, may excite it to a less notable degree. Charles Darwin reported a hippopotamus in labour pains clattering her teeth together. Gum discomfort in children during the eruption of later primary teeth has been blamed for some cases. And the older writers suggested avoiding heavy evening meals which might cause digestive discomfort by overloading of the stomach. Teeth-grinding is not in any specific sense a sign of intestinal parasite infestation.

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While awake.—Some normal children grind their teeth, as they may practise other rhythmic movements, from sheer boredom. It is a feature of the unprofitable restless repetitive activity of many severely subnormal children. Taking the child population as a whole, however, teeth-grinding is not a problem to the school dental surgeon, but only an occasional curiosity. It is almost equally negligible in general adult dental practice.

In older subjects teeth-grinding needs to be considered with all the other irritable tricks of clamping the jaws, sucking in cheeks and biting lips and tongue, grimacing, hunching the shoulders and tapping the fingers and feet. The 'occlusal neuroses' should not be separated in consideration from all the other gestures of irritability, aggression or insecurity, to which many of us would at times confess. Chronic headache may arise from persistent unrecognized spasm of masticatory muscles.

The effects of teeth-grinding.—Those who commit excessive *bruxism* may suffer in two ways:

attrition of their teeth or even of their dentures, and the more serious destructive damage to the periodontal tissues, which are not designed to resist continuous pressure or repeated impact out of meal-hours. Normally the mandible should be at physiological rest. If the periodontal breakdown is excessive the teeth may become loose as well as grooved or worn down. Excessive wear in any patient suggests a query as to whether the quality of tooth substance is defective or whether the mouth often contains abrasive substances, as in the case of a miner working in much dust, who ground his dentures to destruction.

TREATMENT:—(a) The underlying cause of irritable tension should, if possible, be elicited and relieved, so that the habit of grinding the teeth may be discontinued. (b) Dental appliances may, in severe cases, be designed, either to steady the wear of the teeth for the patient, or to enforce relaxation of masticatory muscles, or as night-guards to permit refreshing sleep for others sharing the bedroom.

Fun on the Sign-Board

Sign outside a Registrar's Office: "Out to lunch, think it over."

Two notices seen on rear of long articulated lorry. On the right: "This side for Overtaker." On the left: "This side for Undertaker."

Sign outside New York store: "If we don't have it, you don't need it."

Sign erected at U. S. convention near speaker's platform for benefit of Press photographers: "Do not photograph the speakers while they are addressing the audience. Shoot them as they approach the platform."

Notice inside public house: "The management reserves the right to exclude any ladies that it thinks proper."—(via *Weekly Mail*).

KIDNEY TROUBLE

KENNETH C. HUTCHIN, M.D.

[Anybody who suspects he has kidney trouble should seek the advice of his own doctor. Modern methods of treatment will produce a complete cure in most cases].

THE majority of people with backache are not suffering from any form of kidney trouble. You may have backache, but it is not at all likely that you have anything wrong with your kidneys unless you also have some symptom connected with your urine. There may be other symptoms as well, but it is highly probable that any upset of the kidneys will result in some alteration in the liquid they produce.

The body's water-works start with the two kidneys, which are situated at the back of the abdomen in the loins. Each consists of a remarkably efficient collection of tiny filters called glomeruli. A minute blood-vessel carries blood to every one of them. The glomeruli filter off from the blood, poisons and waste materials that have been collected by it in all the other tissues of the body. These waste substances have to be dissolved in water. The resultant fluid, urine, is drained away from the filters along tiny tubes, which carry it to a funnel-shaped structure arising from the concave side of the kidney. This is known as the pelvis of the kidney and from it runs a narrow tube, the ureter, to carry the urine to the bladder. The blad-

der is a collecting bag to hold urine until it is convenient to pass it out from the body by way of the urethra.

Vital organs.—Nature has dished out a generous helping of vital organs to all of us. Even organs like the liver, of which we have only one, contain a great deal of reserve tissue. We have a pair of kidneys but we can get on very well with one. In fact, one in every eight hundred people is born with only one kidney. Another person in every eight hundred has one very small kidney and one large one. But these people are hale and hearty and usually do not know that they have a bit missing. It is possible to lead a healthy life with only about a third of the kidney tissue that the majority of people have been given.

Where a person has only one kidney, it is usually larger than normal. For this reason it is more easily injured. Even quite normal-sized kidneys can be slightly injured in very rough games. Injuries to the kidneys are much more common in boys than girls. Most of these injuries settle down with rest and do not require an operation. These youngsters have pain in the loin and they pass a little blood in the urine on one or two occasions, but the whole thing soon clears up without treatment. They should, of course, be made to rest completely until all risk of internal bleeding is over.

Great strides have been made in our knowledge of kidney disease since Dr. Richard Bright first described the condition, later named after him.

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(Bright's Disease). The final word has not yet been said on nephritis, but a great deal of research and thought have been given to the subject in recent years. The name, nephritis, suggests that it is a condition of inflammation of the kidney, but it is now known that it is not due to a direct infection. But most people who develop nephritis have recently suffered from a streptococcal infection, like tonsillitis, from which they appear to have recovered completely.

Bright's disease, or nephritis, is not common. It usually affects children or young people who have had an attack of tonsillitis or perhaps scarlet fever about ten days or so previously. The young patient is ill and pale and the face appears puffy. The amount of urine passed is considerably reduced, and it either contains obvious blood or it has a dark, smoky appearance.

The result of this reduction in the quantity of urine is that fluid collects in the body and causes swelling of the various parts like the face, the legs or the lower back. The patient complains of severe headache and feels, and may be, sick. There is sometimes pain in the back or abdomen.

It is probable that this condition is an allergic reaction to the streptococcal germ that caused tonsillitis or scarlet fever. Although the patient is severely ill, the majority of these cases recover completely in a few weeks. Only about one in five

of them has kidney trouble again later in life.

Nephritis is a serious illness and all treatment must be under the direction of the family doctor if the patient is at home, or of the physician-in-charge if in hospital. The kidneys have become inefficient temporarily and they must be given every possible chance to rest and recover.

One method of allowing them to rest is by reducing the amount of fluid the patient drinks. This is especially necessary as fluid is being retained in the body. Salt and nitrogen are other substances the kidneys cannot excrete properly in nephritis, so salt and proteins are not allowed in the acute stages. One pint of sweetened orange juice daily as long as blood is present in the urine is all that the patient is allowed.

Making progress:—Later he will be allowed small quantities of starchy foods, such as biscuits or bread and butter, and very little more until the kidneys show signs of recovering. Some doctors allow small amounts of citrated milk as well. But when an increased flow of urine shows that the kidneys are recovering the patient is promoted to a light diet containing small amounts, say two ounces, of fish or meat, with fruits, vegetables, cereals, bread and butter, and half or three-quarters of a pint of milk.

Throughout the acute stage of the illness the patient has to be kept strictly in bed, because any form of exertion places a greater

infection is commoner in women than men. Germs gain access to the bladder *via* the urethra. Later the infection spreads up the ureters from the bladder to the kidneys.

Pyelitis, or inflammation of the pelvis of the kidney, is the commonest of these kidney infections. It is more likely to occur in kidneys which already have something else wrong. It sometimes occurs at about the fifth month of pregnancy.

Pyelitis may cause severe pain on one side. This pain may be in front, and resemble appendicitis if it is on the right, or it may be definitely in the loin. The temperature is often very high in children with pyelitis. A violent shivering attack may occur at the beginning of the illness. It is not always easy to decide where the trouble is in pyelitis, but urinary symptoms often give a clue to the diagnosis. Small quantities of urine are passed with great frequency. In some cases passing urine may cause a burning pain.

Patients are often horrified when they hear how much they have to drink in the treatment of urinary infections. Six pints a day is a bare minimum. Many cases are given potassium citrate to make the urine alkaline as the first step in the treatment. If the patient does not respond to this a sulphonamide or an antibiotic may be used to control the infection. With one type of sulphonamide, the amount the patient drinks has to be restricted to two pints daily.

A stone in the kidney is often quite painless. It is only when it tries to get down the ureter that it causes pain. This type of pain is known as renal colic, and occurs in spasms of intensely severe pain followed by periods of relief. It is due to the frantic efforts of the muscles in the wall of the ureter as they try to push a stone along it. As the stone is often larger than the tube it is trying to travel along; it is not surprising that it is a painful process. Blood often appears in the urine as a result of the damage that is done by the stone.

No medicine will dissolve such stones. However, drugs which relieve spasm are often helpful in reducing pain and colic. Stones often find their way to the bladder *via* the ureter. As long as they remain small they stand a chance of being voided along the urethra. Some stones remain in the bladder until they are too large to travel along the urethra. Surgical treatment is necessary in many cases of stone. After the operation the patient has to take care to avoid crystals forming in the urine, for it is from these that a stone may grow.

Like other forms of tuberculosis, tuberculosis of the kidney is now a curable disease. There is nothing quick about the treatment, but in the end it is successful in the majority of cases. Chemotherapy in the form of injections of streptomycin, with special tablets taken by mouth at the same time usually has to be continued for two years.

Every story paints a picture. The picture of kidney disease is not that of a man with back-ache. It is a pale, puffy, moon-faced individual with swollen ankles. He may or may not have pain in his back, but he will certainly have headaches. He will have a birdcage-mouth and may have failing eye-sight. He may be passing less and less highly concentrated urine, or at times he may pass large quantities of pale urine.

Red is the universal danger signal. Everyone who passes blood in the urine knows he has something wrong. There are over thirty possible causes. Anyone who notices blood in the urine should see a doctor without delay. If the story is written in red urine there is no time to mess about with patent medicines. You need, and you need urgently, the right diagnosis and the right treatment.—(*Family Doctor*, November 1960).

SAFETY FOR CHILDREN

WE could well take a leaf out of Tasmania's book regarding the teaching of road safety to school children, says Mrs. Armstrong of Liverpool.

Increasing road accidents gave the Tasmanian government such cause for concern that, in 1947, a road-safety officer was appointed for the schools to encourage the youngsters to become more conversant with the traffic rules.

Not only does he examine bicycles and drill the riders, but he shows instructional films and questions all the scholars on local conditions.

Senior children are appointed as road safety patrol officers and it is their duty to see that the younger ones obey the rules.

As a result, in Tasmania, road accidents through child carelessness are now almost negligible.

The Editor of the *Tit-Bits*, London, says: "The Ministry of Education says that road safety in schools is much at the discretion of local authorities, who work in conjunction with the police. Headmasters, too, have certain freedom. The L.C.C. Press Officer says that London boroughs have road-safety officers who look after schools where, in conjunction with the police, demonstrations on road-safety are given. Some employ various ways of making lectures attractive, such as using ventriloquists' dummies. Many boroughs have road-safety competitions between schools; there are also such competitions between boroughs. Police visit schools and give talks and demonstrations. In some areas police examine children in bicycles riding and issue certificates.

One trouble with the world is that so many people who stand up vigorously for their rights fall down miserably on their duties.—(G.T.).

BE YOUR AGE— WITH EXERCISE

Whether it's tennis, golf, swimming or just plain walking, most authorities agree that steady daily exercise is a vital ingredient for healthy living.

MEDICAL men are of varied opinion about exercise. Dr. Theodore Klumpp, a specialist in ageing, says, "The activity should be something a person likes, such as golf, swimming, hiking, gardening or tennis."

Dr. Howard Sprague, a heart specialist, specifies regular exercise and "lots of it." Another health expert says, "Every muscle and joint that has the power to wiggle must be made to wiggle more."

Whatever form the prescription takes, it emphasizes *body movement and regularity*. They agree that exercise is the master conditioner for the healthy and a major therapy for the ill.

As for the right sports, doctors are reluctant to be specific because so much depends on individual physical make-up. But the medical consensus affords some guide to the average man or woman.

From age 20 to age 30 :—Tennis, squash, golf, swimming, ski-ing and badminton are ideal. Any of them played hard will dissipate surplus energy and damp down tensions. Estimates made at the Harvard Fatigue Laboratory show that tennis uses energy at a rate of 4,000 calories per hour when you are jockeying

for a smash at the net, and 9,000 per hour when sprinting to make a "save." For comparison, slow ski-ing, moderate swimming and brisk walking up a slight hill use 5 to 600 calories per hour.

31 to 40 :—Add handball, riding or skating to your skills. These are excellent "two-sided" sports—exercising both sides of the body, as opposed to tennis. During these years, added pressures are inescapable. Golf, though it does have opponents, is widely recommended because it has two prime benefits: *First*, it performs that most useful of functions—sending the blood circulating throughout the system. *Second*, it is helpful in taking the mind off tensions built up in the workaday world.

41 to 50 :—Authorities advise keeping up whatever sports you enjoyed in early life: swimming, ski-ing, tennis, golf. They stress the danger during these years of becoming a week-end athlete. Midweek play should be maintained if you expect to be active on Saturdays.

Tapering off is usually recommended in this decade; play fewer sets of tennis, more doubles, and play with partners of your own age. You might install a rowing or pedalling machine in the garage for mid-week use. It helps if one night each week is devoted to bowls or swimming.

More than ever, doctors who have studied the subject recommend a brief exercise period every day. Dr. Paul Dudley White prescribes stair-climbing as a tranquillizer and rarely misses a chance to use his legs.

Arriving at the National Press Club in Washington to make a speech a few years ago, he was greeted in the foyer by a press delegation assigned to escort him to the auditorium. "Where is it?" he asked. "Twelfth floor," they replied, ringing for the lift. "Let's walk," he said, and led his panting hosts up 12 flights of stairs *without drawing a single deep breath!*

51 to 65:—Dangerous years, these. Fatty foods *plus* inactivity have sealed off thousands of miles of blood-distributing capillaries in the average person. Doctors urge the average man to avoid strenuous or prolonged sport. Nor should he try to clear his drive of snow.

By all means, they say, keep swimming, keep walking. Do it daily. Dr. White recommends cycling. U. S. Supreme Court Justice William Douglas spends 20 minutes daily with weights and dumb-bells. On Sundays, he walks 10 to 20 miles, rain or shine. He is over 60. George Romney, President of American Motors, insists on daily golf. At Bloomfield he tees up two balls each sunrise, winter and summer, and drives them over hill and dale. Between holes, he lopes.

William Danforth, a manufacturer, was once the sickliest boy in his class. Calisthenics, he claimed, built up the strength that enabled him to establish industrial plants in 25 cities.

"Bend over until the tips of your fingers touch the floor. Do it 50 times," he commanded. "Do the liver-squeezer, twisting

round back and forth 50 times. Do you like it?" I don't. I hate exercise. But exercise is good for me, and I'm going to do it religiously every morning and night." When he died at the ripe age of 85, he had outlived every classmate. The 100-million-dollar Danforth Foundation of St. Louis, dedicated to human betterment, is his monument.

Over 65:—For fun, try croquet. Composer Richard Rodgers, still in his 50's, recommends it for any age and practises what he preaches.

Gardening lifts the spirit and supple the body. Add to it one hour of walking per day, and any grand-father will be conditioned to knock the tar out of his grandchildren.

Is any single exercise best for all the decades of life? Most authorities will say it is swimming. The virtue of swimming is that it exercises all the muscles, but the weight of the body is buoyed up by the water.

Walking is a close second, and as free as air. But walk as if you were going somewhere, authorities say; ambling along a country lane may please your soul but it strengthens your sinews *not one whit*.

If the experts are agreed on anything, it is that the human body can be salvaged as long as disease is not present.

They say that any exercise that makes a person move enough to push his blood into every nook and cranny is good. They say you can take strenuous exercise without fear if you

work up to it. Dr. Thomas Cureton, who has designed a regimen of daily exercises which is followed by thousands of middle-aged businessmen, states, "If hard exertion of this type could precipitate a coronary attack, we would have had a good many; but we have never had one. In testing over 50,000 men of all

ages since 1941 we know of not a single case."

The drive for physical fitness is worth while, according to the men and women who have pursued it and have rediscovered the pleasure of a conditioned, alert body.—(*The New York Times Magazine*, via *Reader's Digest*, September, 1961).

HEARING AIDS—THEIR SUCCESSFUL USE

[It is hardly possible to estimate the number of hearing aids now in use, but a solid guess would place the figure somewhere near the half million mark. This is indeed an encouraging development in less than twenty years because in 1943 only 110,000 hearing aids were purchased from the entire industry. This increased utilization of hearing aids is not surprising if one realizes that people now are hearing-loss conscious. Moreover, most hard of hearing persons have become familiar with the modern advances in hearing rehabilitation. The advantages of the hearing aid in particular for certain types of hearing loss are no longer secretive.

Progress in electronics is responsible for many favourable changes in hearing instruments. Although the perfect instrument would not be the sole answer to the hearing problem, nevertheless in its present state of development the device has proved to be a highly beneficial means of affording new hope to countless hearing invalids. The hearing aid problem now presents

many facets. Familiarity with some of them has become an urgent qualification of the modern otologist. He no longer can shed the responsibility and pass it off entirely to the hearing-aid-dealer. If an audiologic consultation is available, the task is simplified. Since, however, only the larger medical centres possess the service of specially trained personnel, the otologist himself must know the main criteria of the successful use of hearing aids.

Before a hearing instrument is recommended to a person with a hearing loss, the need must be definitely established. Hearing loss in itself is no indication that an aid will serve satisfactorily. Most people are unfamiliar with this fact, and strange as it may seem, many physicians likewise lack this information.

Too many hearing-aids are recommended for hearing loss without otologic and audiologic analyses. These should consist of more than audiometric studies, and, therefore, otologic diagnosis is highly essential. Even when the diagnosis and

analyses are made, judgement must be exercised in their interpretation. Only the otologist is capable of rendering the decision as to the therapeutic programme to be pursued. The decision must be based not only on the hearing loss but also on the psychologic make-up of the hard-of-hearing person and the desire to correct his hearing deficit.

The selection of a particular aid for the hard-of-hearing person whose need for an aid has been definitely determined sometimes becomes an irksome issue. One of the methods still employed is that of loan-trial for a brief period, with the final decision to be made by the hard-of-hearing person. This has merit, because in the end, the patient is the one who knows best whether the aid is proving beneficial. It is not, however, the most satisfactory means by which maximum successful use can be gauged. Mueller, writing on "fitting of hearing-aids," held that no single method seems to be universally applicable. For

testing the hearing of persons, he advocated, among other procedures, the use of live voice.

The decision in which ear the aid is to be worn sometimes provokes controversy. Audiologists must rely on their judgement on this aspect because there is no established rule to follow. We must consider the amount and quality of the residual hearing of either ear. "If the hearing loss is severe in both ears, it is usually necessary to use the aid in the better ear or in both simultaneously. If the hearing is the same in both ears, or nearly so, moulds should be made for both ears and the aid worn alternately on both sides. "Careful evaluation of the individual's potential as a hearing-aid-user and actual trial of instruments are critical to the successful use of the aid. But in the final analysis, an important part of the burden of successful hearing-aid use rests with the individual and his own acceptance and adjustment."—*E.E.N.T. Monthly*, March, 1961).

Silent World?

If I could, I'd make it illegal for anybody to talk about himself or herself, for longer than two minutes at a stretch. I would have a printed notice at the ready, and, after they'd been gassing away for a minute and a half, I would bring it out and stick it under their noses. "Your information is fascinating," it would read, "but all good things come to an end. You now have just twenty more seconds. Draw to a speedy conclusion, please. Thank you."—(via *Weekly Mail*).

Howlers

A bust is something a lady wears in front.
An omelet is a charm worn round the neck.
A myth is a female moth.
A cosmetic is something that makes you sick.
A job's comforter is a works relations officer.
A mother-in-law is a referee with an interest in one of the fighters.
A pickpocket is a man who believes that every crowd has a silver lining.
A grass widow is the wife of a dead vegetarian.
A hamlet is a little pig.—(via *Weekly Mail*).

Tonics and Appetizers

"Why is it that modern man is always striving to escape from himself?" asks a sociologist. Perhaps it's because he's learning what a dangerous fellow he is.

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Lift girl: "And this is your floor, son"

Boy: "Don't call me son; you are not my mother."

Lift girl: I may not be, but I brought you up."

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"A new atomic clock can measure time in units as small as one six-trillionth of a second," announces a scientist. Good, now we can time a woman changing her mind.—(Tit-Bits).

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Between you and me...

In many books and plays you come across women characters who do nothing but gossip. It just isn't true that all women have difficulty in keeping secrets.

Editor: You're quite right. Some have a poor memory.

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Question: "Why is a car always referred to as a 'she' or 'her'?"

Answer: "Because cars are improved by paint, the foreign ones are in demand, the newer models preferred, judged to a large extent by body style, expensive, undependable, temperamental, unpredictable, and hard to get along without."—(San Jose Spartan).

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The art of selling:—A beautiful young lady was hired by a vacuum cleaner company to demonstrate and sell a new model. In one month she made twice as many sales as any other salesman.

"How do you do this?" asked the manager. "It's easy," she said, "I just give my sales talk to the husband in such a low voice that the wife doesn't dare miss a single word."

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A young couple in Brooklyn have discovered a way of making money. They rent an apartment and fill it with furniture. Then they place ads in the papers saying: "We must move out West. All furniture sold far below cost."

Bargain hunters appear immediately and buy the furniture, paying just what they would in a retail store. As soon as their last chair has been sold, the couple start over again.

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Bargaining in Mexico is a fine art. One Mexican peddler approached two American ladies with some silver bracelets, all of which were priced at a thousand pesos. One of the women began to bargain and, after much

talk to and fro, brought the bracelet for two hundred pesos.

"That's a real bargain," said the second lady, "I'll take a bracelet too at that price."

"No, no, Senora," protested the peddler, "for you, we start over again."

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A young man, aware of a neighbour's million-dollar bank balance, began giving her the red-carpet treatment. He even took her six bad-tempered, untrained dogs for a walk every morning. However, as we hoped, when she died, she remembered him in her will. She left him the dogs.

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Not far from Bdyldw Voyskod nestles the picturesque hamlet of Llanfechpwllogerych, which is too much for even the native Welsh railroad guards to pronounce. Whenever a through train stops there, the guard simply calls out: If anybody's getting down here, this is it."

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Ben Franklin on Medicine

When you are sick, what you like best is to be chosen for a Medicine in the First Place; what Experience tells is best is to be chosen in the Second Place; what Reason (i.e., Theory) says is best is to be chosen in the Last Place. But if you can get Dr. Inclination, Dr. Experience and Dr. Reason to hold a consultation together, they will give you the best Advice that can be had. (The Papers of Benjamin Franklin, Yale University Press, 1960, p.48, via J.A.M.A., 20-5-'61).

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Professor One: "What time is it?"
Professor Two: "I don't know, I never carry a watch."

Professor One: "How do you judge the length of your lectures?"

Professor Two: "It's most simple. I am able to tell time by the students' eyelids. The lower the lids, the closer to the end of the hour."—(Miss Spectator).

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The Seven Ages of Woman

The infant, the little girl, the miss, the young woman, the young woman, the young woman, and the young woman.—(England Hospital Review).

o o o o

A teenage-girl hung around the desk of the librarian diffidently until the latter asked: "Is there any particular book you're trying to make up your mind to ask for?"

The young one blushed and whispered. "Do you think I could borrow 'Scouting for Boys'?"—(Tulsa Topics).

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HEALTH

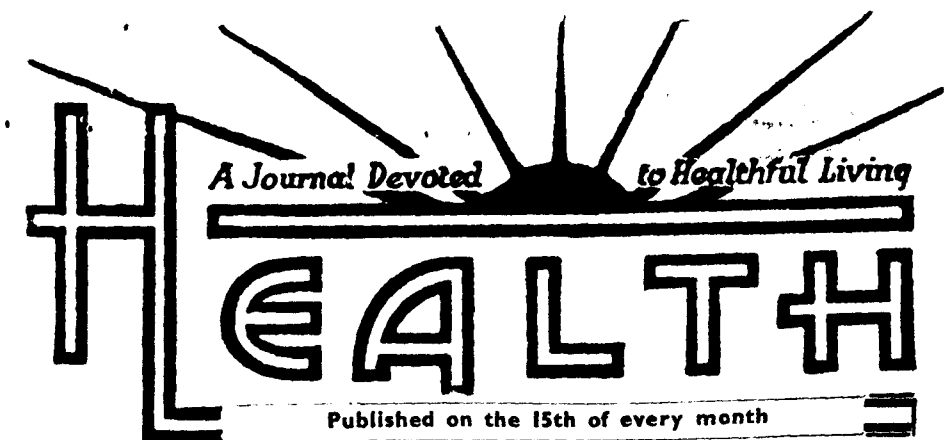
FOUNDED BY THE LATE DR. U. RAMA RAU

A JOURNAL DEVOTED TO HEALTHFUL LIVING

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FOOD SHORTAGE AND AGRICULTURAL PROBLEMS IN S. E. ASIA

CONSEQUENT on the enormous and steady increase in population in the advancing countries of the S.E. Asian region, there has been a shortage of food in these regions. It has been estimated that roughly two-thirds of the world's population is inadequately fed and nearly 75% of these live in the developing countries in the tropics. It is certainly not a matter of accident that some of these countries have not been able to reach the levels of economic advancement found in the highly developed countries of the world, for chronic under- and malnutrition has limited the capacity for work and increased the incidence of preventable diseases amongst the people living in these areas. Since the end of the war and latterly after attaining independence by India, prodigious efforts

have been made by the national Governments (with liberal aid from international agencies) to improve the standard of living by raising agriculture from a "subsistence economy to a commercial one."

Considerable progress has been made but further and larger increases in food production would be necessary to meet the needs of the growing population and this can be achieved only by the adoption of improved methods of cultivation and a wider application of modern knowledge gleaned from the experiences of other advanced countries.

Presiding over a symposium of the Nutrition Society on 13th October 1961 in London, Prof. R. G. BASKETT gave an illuminating account of the climatic

limitations in the crops and said that the outstanding problem there is the control of water, particularly in conservation in the arid regions. Professors Bunting, Lansbury and Lack who participated in the symposium, discussed about arable cropping, livestock improvement and fishery development respectively in these regions, in the light of their first-hand experience. Dr. J. C. SHAW detailed the elaborate plans drawn up by the Food and Agricultural Organization of S. E. Asia for increasing animal production.

Prof. BUNTING considered that the problem of arable cropping could be more easily tackled than those of improving and increasing livestock, and that during the past 10 years the world output of arable crops had increased by more than 50 per cent. This is indeed welcome news but we cannot on that account rest on our oars and sit quiet hoping for the best to happen in future years. Not all countries in this S.E. Asian region have benefited equally; China has reported a striking increase in its output, while in India the yields have been low. Wider and more comprehensive planting of improved crop varieties, the use of improved methods of production (including the use of suitable fertilizers) and the more widespread use of agricultural

chemicals to control pests, both in the growing and harvested crops, will alone serve to improve the food problem, *vis a vis* the deficiencies in nutrition and consequent low vitality and poor health.

Livestock improvement and fish culture are quite as important as crop-production, for they supply rich proteins for nourishment. The real need is for more research on the nutritional needs of cattle in tropical countries; the improvement of pasture lands; conservation and storage of fodder under proper conditions; and a proper recognition of the value of non-protein nitrogen supplements to the poor quality roughages the cattle ordinarily get. Veterinary science has greatly helped in the control of cattle diseases but much more work remains to be done in improving the general tone and health of the cattle, so as to make them yield more milk containing more fat and other nutritional factors. It is needless to add that the useful and practical application of modern scientific methods of increasing production must go hand in hand with higher educational standards and better technical training. The international organizations which have been actively helping in this direction, will, we hope continue to do so.

Longevity of Animals

The average longevity of the crocodile is 350 years; of the turtle 120 years. But the whale is the longest lived of all, its life being 500 years. Whales hold the world record; snakes live only for about 10 to 12 years.

THE SLUM PROBLEM IN BRITAIN

THE clearance of slums in large cities in India has been one of the burning questions of the day. In this context, the following account by Mr. Robin Corry in a leading London Weekly furnishes pathetic reading and shows how very similar, perhaps even worse, are the conditions obtaining in one of the most advanced countries of the world. British slums are as bad as any in Europe. They may be equalled in poverty-stricken Naples or undeveloped Sicily—but nowhere else on the Continent do men, women or children live under worse conditions than can be found here.

True, some rehousing is being done. But the pathetic army of millions who live in 750,000 homes declared "unfit for habitation" shows no sign of decreasing.

Why? Because nearly seven million homes in Britain were built before 1915. And every day more become "unfit." If animals were kept in conditions so insanitary and overcrowded there would be a public outcry!

The Housing Bill just steered through Parliament will solve nothing. Slum landlords are adept at slipping through legalities, and the new Bill incorporates a loophole as big as Marble Arch.

A slum landlord will be able to comply with the regulations—which have been ineffectively

practised by many local authorities for some years—simply by reducing the number of occupants in his building.

Take the case of a slum owner in the North of England. He rents a decaying seven-roomed house from British Railways for thirty shillings a week. In this crumbling ruin lived five families—paying a total rent of £8. 10s. a week.

They shared one dilapidated kitchen and one bathroom, in which the bath is worn out and unusable. Said the landlord: "I'm not putting a new bath in because no one in the house deserves one."

When this was brought to the attention of the local Officer of Health, he ordered the landlord to reduce the number of occupants.

So two families were evicted, leaving only twenty people. The owner's income was reduced to £6 a week, yet we need shed no tears for him. He owns other similar properties, and still can afford to run his luxury car.

But only by sweeping away slums shall we abolish slum landlords. The Government must bully laggard local authorities into speeding rehousing programmes. The new Bill merely offers subsidies to those who do. Some councils complain that if they build more houses, the subsidized rents will become a heavy burden on the rates.

Apathy.—But there is no need to subsidize new council property. Many families now living in slums could afford reasonable rents for clean, modern flats.

Britain's most disgusting slums are in Edinburgh. Every

year, thousands of visitors, many from overseas, flock to the city for its festival. But few find their way to Arthur Street.

It is lined with houses that were condemned before the last war. The roofs leak, and with the resulting dampness the plaster has crumbled away, exposing the laths. Most lavatories are shared by four families, some of them lack a door.

Some families have one sink and cold water tap each; most use communal ones on the landings. *In this prosperous, festival city there is nowhere else for them to live.*

Edinburgh councillor Patrick Rogan told a reporter recently: "We are not short of money. It is not unknown for us to spend less than our annual allocation (for housing). Nor are we short of labour...."

Of the land situation, he said: "We have not yet used up all the open sites available, and there are plenty of sites in the centre of the city where houses have, or should have been demolished. The answer is, in one word, "APATHY."

Conditions are little better at the other end of the Great North Road, in London.

Lord Jellicoe, the Government's housing spokesman in the House of Lords, recently described an area close to the Houses of Parliament where he found "squalor, hard to reconcile with our affluent, modern society.

"There were basement areas used as common refuse dumps;

roofs used for garbage disposal; entrance halls bearing the marks of the common lavatory; Dickensian staircases with plaster falling off the walls; broken window frames; exposed and dangerous electric fittings; bath-rooms of indescribable sordidness."

In Stepney, where live thousands of London's dockers, the slums are much worse. If they moved to better homes in other districts, and took other jobs, London's docks would be hit by a severe labour shortage.

The Government must launch a crash programme to bring living conditions up to a decent level. The new Housing Bill fails utterly to come to grips with the situation.

Our appalling slum record is caused, basically, by the artificially high price of land around our cities, by high rates of interest and by the large number of leasehold properties where leases are due to expire soon.

The Bill does not tackle any of these problems.

And the Government refused to treat this blot on the nation as an emergency. By 1970, say, Housing Minister Henry Brooke local authorities with the smallest problems will have everyone housed in decent homes. *Only then, he says, shall we be able to concentrate on total slum clearance.*

Total clearance must go ahead now, at full speed, until living conditions in our towns match the beauty of our countryside. —(Tit-Bits, London, 2-9-1961)

THAT WONDROUS GLAND—THE BREAST

J. D. RATCLIFF,
London

This perfect symbol of femininity grows and develops to perform only one function, that of providing the first food a baby needs.

THROUGHOUT history the female breast, as a symbol of femininity, has inspired poets, painters and sculptors. To medical research workers the breast is a remarkable, wonder-filled gland, a gland on which all higher forms of life depend.

It provides a near-perfect food at the moment of critical need, to bridge the gap between life in the womb, and independent life on earth. A measure of its importance is given by its very name. The word "Mamma", among the first uttered by the very young, is the Latin word for breast. The breast is essentially a modified, highly complex sweat gland, still imperfectly understood.

From birth until puberty the breast of the young girl lies dormant. Then a remarkable chain of events prepares the girl's body for motherhood.

The structure of the breast is mainly compounded of fat, ligaments, connective and glandular tissue. Each breast contains from fifteen to twenty milk-producing "systems." Each is much like an inverted rootless tree with a trunk emerging at the nipple. Just under the

nipple each of the 15 to 20 "trunks" widen to make milk "cisterns." The branches of the tree are ducts for transport and storage of milk, and in the leaves are the cells where the milk itself is produced.

Until puberty the milk tree is but a stunted and withered version of its later splendour. Then, as ovaries begin to function they produce two hormones which re-sculpture the breast to adult proportions. One hormone, oestrogen, prods development and growth of the duct system. The other, progesterone, stimulates growth and proliferation of the milk-producing cells.

The budding breast is at first a small projecting cone. Several years are required to prepare the organ for its ultimate destiny. As glandular tissue develops a protective fat cover is laid over the breast. Gradually, the nipple enlarges to fit the infant's mouth, and a pigmented zone, the areola, is laid down around it. The areola is richly equipped with sebaceous glands to prevent drying and cracking when a baby nurses. The fancifully complex structural job is now complete and the small cones of girlhood have been replaced by the hemispheres of young womanhood. When need arises the breast can be a functioning organ.

Pregnancy triggers another set of events timed with hair-line precision. For the tasks that lie ahead, the breast starts enlarging as early as the second month of pregnancy. The milk tree is coming into more luxuriant bloom. The areola starts to darken and this in itself is a

good indicator of pregnancy. The microscopic *acini*, the minute pouches where milk is formed, are normally hard, filled with cellular debris. As pregnancy progresses they begin to enlarge, and to become cleansed. At birth all is in readiness.

Working organs:—For two to four days after delivery the breasts secrete a yellowish, viscous, non-nutritive stuff called *colostrum*. This is mildly laxative and will clear mucus and other waste from the baby's digestive tract; it also contains antibodies which protect against diseases that might be fatal in the baby's first days.

At the end of the *colostrum* period the breasts are ready for the production of milk. For the first few days the newborn baby will lose weight and face a desperate situation. It must have nourishment or die; the mother's pituitary gland now starts secreting an all-important hormone, *prolactin*, the "mother love" hormone which triggers milk production.

In women, *prolactin* is thought to repress the sex urge and often suppresses menstruation. So long as *prolactin* is produced and nursing continues, the probability of conception decreases. This is nature's method of spacing out pregnancies.

The timing of the pituitary in producing *prolactin* is remarkable. Research men think that *prolactin* production is somehow held in check by female sex hormones produced by the placenta. Once birth takes place and the

placenta is discarded, its hormone production ceases. But this is guess-work. No one really knows.

The milk that breasts produce is a miraculous stuff. The most gifted chemists have been unable to duplicate mother's milk. It is exactly tailored to meet the needs of the infant. So, for that matter, are the milks produced by other species. Rapid growth poses dietary problems. To meet them cow's milk contains two times the protein, four times the calcium, five times the phosphorus as human milk. Elephants present a still more extreme case. Their milk contains three times the fat, five times the protein contained in human milk. The exact means by which the breast produces milk remains a mystery. There is but one raw material to draw on and that is blood. The conversion of blood into milk is a stupendous chemical achievement. Estimates show that about 400 oz. of blood must circulate through breasts to make a single ounce of milk. To meet such enormous raw-material requirements the blood vessel network in breasts expands during pregnancy, the veins near the surface becoming clearly visible in many cases.

Components of blood are totally unlike those of milk. Sugary glucose in blood, for example, is only distantly related to the lactose in milk. The amino acids in blood are far removed from the complex proteins in milk. And the same is true of fatty acids in blood and fats in milk.

From present evidence, milk-producing cells are much like assembly workers who take needed parts from a conveyor belt. Through the gossamer walls of capillaries the milk raw materials pass into the cells. There enzymes, convert glucose into lactose, amino acids into proteins, and milk is produced and fed into the duct system. Once the duct system is filled pressure within the breast rises. In time it reaches the level of blood pressure and no further transfer of milk-building materials can take place from the blood stream. Until the breast is emptied by the suckling baby, further milk-production ceases.

Breasts have the remarkable ability of stepping-up activity to meet needs of a growing infant. The few ounces of milk a day produced initially are quite sufficient for a seven-pound baby. But as the infant grows, so do his food requirements. Breasts keep step with these needs, finally producing a quart or more of milk a day.

Nature has contrived to make nursing a highly pleasurable experience for all animals and for most women. But for this, sense of pleasure many animals might abandon their young, extermination of the species resulting. What is called a neuro-humeral reflex is involved. Stimulation of the breast by suckling activates the nervous arc from breast to brain. This leads to the secretion of *oxytocin*, one of the hormones of the posterior lobe of the pituitary gland.

This causes the minute muscle cells of the milk ducts to contract. This is known as the "draught reflex", or "let-down." And at the same time the same hormone stimulates the womb to contract down till at length it gets back to its normal pear-size.

Feminine symbols.—If breasts are all-important during lactation they are scarcely less important during other periods of a woman's life. They are attractive evidences of femininity, strong psychic-props. Every psychiatrist can cite cases where grave personality disorders have resulted from breasts either too large, or too small. Often bizarre disproportion exists between the two, one large and pendulous, the other youthful, girlish; these conditions are often correctable. Most reputable surgeons shun such operations when vanity is the only consideration, but are willing to assist when disproportion presents psychological problems, or career-handicaps. Normally each breast of a young woman who has not borne children weighs 2½ oz. to 8 oz.

Once its period of usefulness ends, when a woman's child-bearing days are over and she passes through the menopause, glandular tissue degenerates and the breasts become smaller. But there is usually enough fat and tissue remaining for maintenance of form.

New information.—New knowledge that has accumulated about the strong hormonal influence on breast-function is

being put to work. In many cases, for example, it is desirable to suppress lactation, particularly in women with tuberculosis, cancer, or heart disease. A few doses of oestrogen, or of the male sex hormone testosterone, will achieve this effect rapidly. Prolactin, on the other hand, has proved to be a strong milk-producing stimulant in women who want, but are un-

able, to nurse their babies.

Curiously enough, primitive people have come closer to a true appreciation of these wondrous, freely displayed organs than have civilized peoples. To them, the breast is but a mark of femininity to be accepted matter-of-factly, the provider of food on which all mammalian life depends.—(*Family Doctor*, October, 1961).

Sexual Activities and Attitudes in Older Persons

RECOGNITION of the behavioral and physical factors that accompany ageing is mandatory if the medical profession is to offer optimum care to an ageing population. Sexual activity in older persons is one physiological function about which there is much myth, superstition, and guilt. Information based on hearsay and perhaps dictated by younger members of this society has tended to paint a picture of an asexual adjustment for the older person.

The sexual activities and attitudes of 250 volunteer geriatric subjects were assessed as part of an extensive evaluation of the ageing process. Despite prevalent notions that older people have no sexual activity, over one-half (54%) of those persons who were married were still active sexually. Frequency of sexual relations for the per-

sons in this group ranged from once every other month to 3 times weekly.

Statistical tests of significant differences indicate that only those persons 75 years of age or older showed a significantly lower level of sexual activity. Many subjects in this segment of the sample however, had chronic illnesses such as arthritis, arteriosclerotic heart disease, and diabetes.

Although older people experienced a decline in sexual activity and strength of sexual drive, these data show that, given the conditions of reasonably good health and partners who are also physically healthy, elderly persons continue to be sexually active into their 7th, 8th, 9th decades.—(Gustave Newman and Claude R. Nichols, *J.A.M.A.*, 177: 33, via *Medical Digest*, 29: 10, October, 1961).

School Medical Inspection

The School Health Committee has stated that the so-called medical inspection in schools is often the merest farce as it is reluctantly and perfunctorily carried out and is not followed-up.

When a Man is Unfaithful

HUGH RILEY

A psychiatrist examines the seven most common causes of male infidelity.

THERE are seven main reasons why men have extra-marital affairs.

Though a wandering husband may have more than one motive, basically he will belong to only one of the following types:

1. *The Drifter*:—This man is not such an aimless person as the title may suggest. But he is a person—and, incidentally, a very common type—who never clearly made up his mind about the obligations of marriage, whether it meant that he should be slave or free.

He does not realize this for many years after marriage.

He lives conventionally with his wife until suddenly he becomes aware of a vacuum.

He realizes that the sense of union has departed from the marriage. This is particularly likely when they have had a fairly easy time. For although difficulties and worries may occasionally wreck a marriage, far more often the common struggle to conquer them binds a couple together.

With the loss of a sense of union the man becomes aware of severely diminished sexuality within the marriage. It is rarely the wife who points this out to him. They are not "the quarrelling kind," and he is generally a kind and considerate man.

But his sexuality suddenly finds a great resurgence through his interest in another woman. He starts a serious and often lengthy affair.

He really has drifted into it. There were no great preliminary heart-searchings—because he has not, at the onset of marriage, thought deeply enough about the change to decide on any one attitude. It is usually a long time before his wife discovers the affair. When she does so she is often completely dumb-founded and desperate. For her the marriage is suddenly over, even though her husband foolishly but logically points out that she never noticed a change during all the months of the affair.

Whether she insists on divorce or wearily resumes the marriage is an individual decision. The husband may drift through pressure of circumstances into a second marriage, as he went aimlessly into the first. Whatever happens, the marriage had really ended a long time before. It will need all his attentive skill to make something positive of whatever life he adopts after that.

2. *The Romanticist*:—This is a man who is genuinely deceived by the circumstances of falling in love. In a sense he considers that infatuation is all that is necessary for marriage.

An immature idealist, he falls hook, line and sinker. He is convinced his beloved is perfect. Love was never so blind as it is for him.

Without any objective appraisal—or even a protective sense of humour—he believes that one woman is the supreme in beauty,

motherly protection, social charm and intelligence. And he marries her.

Sooner or later the facts inevitably show him he was wrong. Or they would show him if he did not, in his romantic absorption, develop a blind spot that temporarily refuses to see the imperfections.

Then suddenly he does find the qualities he missed but in another woman. And he falls in love with her for those graces, transferring *en bloc* all the other qualities he admires, and believing she has them, too.

Such a man often does not, even in his heart, abandon his wife. He is still soft-heartedly and romantically attached to her. He gets doubly involved.

The affairs this man is inclined to get into, occur most favourably when he is at a distance from his wife, when he is travelling, or on foreign service.

He tells his mistress "I love my wife, but....." At home he can live contentedly, bolstered by his emotional dependence on the other woman.

He is more likely to bring tragedy to his mistress than his wife.

Emotional miser.—3. *The shallow lover*:—This man is an emotional miser. He has given very little of himself to his wife.

He is a good-time Charlie with friends of his own sex, taking all the companionship they offer, but extremely unreliable at returning anything to them—even basic loyalty in an emergency.

He does not "take" a mistress in any permanent sense unless

12 years.

he finds some woman who is so infatuated with him that he can treat her as casually and masterfully as he would a pet.

Instead, he has an affair with any girl who gives him the opportunity. After all, he is risking nothing, certainly not his affections.

He is a very selfish man. But, because of that, he is unlikely to break up his marriage for infidelity. It does not really mean all that much to him.

Loveless marriages.—4. *The hostile husband*:—A few men go into loveless marriages from the start. "Shotgun weddings" to legitimize a child are often of this nature.

For other men the attraction is money, social position or a sexual urge which does not involve any emotional generosity on their part.

These men are hostile husbands immediately. Others become so as a result of their wife's infidelity or defects of character.

They wilfully seek affairs. Many of them really want to give something which their wives never asked for. They may find a really satisfactory partner, or merely continue to be promiscuous out of deep dislike for the wife.

5. *The unsatisfied man*:—Serious incompatibility between husband and wife almost certainly leads to sexual unresponsiveness. A deep urge then drives the husband in search of a satisfaction he cannot find at home.

An affair becomes a quest. But very often it is a purely

superficial relationship. Few men look within themselves for their contribution to the incompatibility. They temporarily soothe the itch without curing the ill of which it is a symptom.

6. *The dangerous ages*:—Most married men have a resurgence of sexual exuberance in their forties. It is a state that takes them at a greater disadvantage if they have not previously experienced any extra-marital adventuring.

It is not a simple physical urge. Eroticism combines with romanticism and the desire for sentiment and mystery. Men behave like boys, though they have far more responsibilities and entanglements than boys.

At an even later age a man can become sexually excitable when—long after the menopause of a woman of his age—he experiences his own change of life with the temporary imbalance of his hormone system.

Both these spells of extravagant desire have a determined end. But they can result in his doing something he feels to be deliriously exciting—while the

world, looking on, decides he is making a fool of himself.

7. *The bumpkin*:—However sophisticated and knowledgeable men become in the awareness of how to behave in society, many are still hopelessly naive and clumsy in their social intelligence.

They maintain an adolescent ignorance of the consequences of their actions, particularly in the emotional sphere.

They follow their sexual impulses like slap-happy film-stars. They sweeten the slightest urge with emotional syrup. In self-indulgence they will allow themselves to fall in love, regardless of the family-ties hurt by their fall. They are uselessly sorry afterwards. They just have not grown up.

Note:—Mankind was monogamous in its primitive pattern, the system being derived from man's immediate ancestors, the man-like apes.

After a fairly universal stage of polygamy the human race, in its latest stage of civilization, re-adopted monogamy. So unfaithful husbands can't claim that they are truly civilized people.—(*Men Only*, Oct. 1961).

The Perfect Secretary

According to a Canadian journal these are the six duties that to go make up the perfect secretary:—

In the office the perfect secretary must (1) keep out people who disturb the tenor of the boss's ways. (2) See that he doesn't leave with dust on his hat or coat. (3) Keep him (boss) replenished with cigarettes, matches, and other personal needs. (4) Provide tea or coffee at the psychological moment when a storm may be brewing. (5) Produce the right arguments at the right time to convince him he is right, even though you know it was your idea in the first place. (6) Lie without qualm or restraint on his behalf whenever necessary.

The perfect secretary must learn to bully the boss, inform him, chase him, "jollycoddle" him, be something of a valet, and—like him.

Gastrectomy Today

SIR CECIL WAKELEY, Bt.,
K.B.E., C.B., LL.D., M.Ch., D.Sc., F.R.C.S.

Many people live normal lives and eat ordinary meals with only half a stomach or less. Gastrectomy is the most effective treatment for severe peptic ulcers and the only treatment for cancer of the stomach.

ONE of the commonest operations done regularly in hospitals today is that of gastrectomy, or the removal of half or more of the stomach. The most usual reason for the removal of the stomach is for ulcer, and in some other cases for cancer.

Why is it that ulceration of the stomach is so common in the civilized communities of the world at the present time? The answer is, that the commonest cause of peptic ulcer is worry, a sense of tension and continual frustration. Cigarette-smoking plays a part in this state of affairs, especially if the person is a chain-smoker and inhales. Cigarette smoking in itself is not a cause of peptic ulcer, but when an ulcer is present it plays a part, because a vicious circle is set up. The more a person worries the more he is likely to smoke.

Are there any other causes of peptic ulcer? There are certain predisposing causes, such as irregular and quick meals, but it is wonderful how the human stomach will put up with many insults such as these. In the Services peptic ulceration is not a problem, although irregular meals are common enough.

No more hangovers.—The word gastrectomy does not carry the anxiety and concern it did some twenty or so years ago. The reason for this is not hard to find. Since the second world-war anaesthesia has developed to a very high order of perfection. No more pre-anaesthetic anxiety, no more post-anaesthetic vomiting or headaches or hangovers. There is, today, a quick return to consciousness with absolutely no aftermath, and the patient is reasonably comfortable. In order to allow the operation on the stomach to heal without any irritation from food, the patient is often fed by means of nutritive fluids given into the veins. Such a procedure is safe and comforting and there is no anxiety or pain. This intravenous feeding, as we call it, allows rapid and sound healing, not only of the stomach, but also of the belly wall, and skin.

Now what about the pre-operation period? An assessment of the patient's general health is made before admission to hospital. An examination of the patient's blood excludes any anaemia. If some degree of anaemia is found, then steps are taken to correct this by giving iron and vitamins, and if needs be, blood-transfusion until the patient's red blood cell count and haemoglobin have reached a normal level.

The urine is examined to make sure there is no nephritis or diabetes. Should diabetes be found, or known in advance, then steps are taken, so that when the patient is admitted, the diabetes is under complete control. Many

gastrectomy with no detrimental effects whatsoever. An X-ray of the chest is usually taken at an early stage to make sure that the heart and lungs are in order so the patient is admitted to the hospital in a satisfactory condition to undergo the operation.

What of the operation itself? It is true that gastrectomy is rated as a major operation, but in this country it carries with it a mortality of less than one per cent. In other words, it has a ninety-nine per cent survival rate. As a general rule, about three-quarters of the stomach is removed, and the patient experiences little or no discomfort after operation. The small part of the stomach that is left is able to deal adequately with four small meals a day.

The patient is usually allowed out of bed the day after the operation, and can go home on the twelfth to the fourteenth day after the operation. The stitches are taken out a week after the operation, and this event, although dreaded by many patients, is not painful at all. After three weeks' holiday at home or in the country or at the seaside, the patient can return to work.

There is a tendency for people to imagine that after gastrectomy they will be unable to live normal lives or take part in games and other activities. Nothing could be further from the truth. There are literally thousands of people living with half a stomach who are able to do their normal work in the office, the factory, or in the Armed Services.

major operations today that give better results than partial gastrectomy.

Back to normal.—What happens to the stomach after the operation of gastrectomy? In time the small remnant of the stomach gradually enlarges, and after two years the stomach appears to be of average size as seen by X-ray examinations. The patient says he can eat anything, has a very good appetite, and so far as he is concerned, can eat food in as large a quantity as he did ten years before the onset of his illness and the operation.

It is common knowledge that some gastric ulcers undergo a change and become malignant. That is to say that a cancer develops in the ulcer itself. This being so, it seems only common sense to advise gastrectomy in cases of persistent ulceration of the stomach, for it not only cures the patient, but at the same time it will also prevent the possibility of a cancer developing in the ulcer.

If gastric ulceration can be cured so easily and so permanently today, why are there doubts in some minds about the efficiency of gastrectomy? I am sure this is due entirely to ignorance. The more people know about the true nature of their various diseases and conditions the more confidence they have in their doctors and the treatment that they are receiving.

Doctors are vulnerable.—It must not be thought that the doctors of this or any other country are immune to disorders

of the stomach. Quite a number of doctors suffer from peptic ulceration and are cured by the operation of gastrectomy in the same way as their patients.

Why should doctors develop peptic ulceration? The answer is quite simple. Doctors as a profession are always interested in their patients and are inclined to worry about them. Again, doctors often have irregular meals and go for long periods without food. Lastly, doctors are often repeatedly called out at night and simply do not get enough sleep. All these factors play a part in the production of peptic ulceration. Doctors advise their patients to take a half-day off each week and to have two holidays each year. Excellent advice, yet how seldom

do they carry out this advice themselves! These are the reasons why doctors may suffer from peptic ulceration.

Today, the nations of the world are living in a tense atmosphere, there are wars and rumours of wars, and the safety and peace of the world appears to be threatened. These are among the background factors which are causing an increase in peptic ulceration on both sides of the Atlantic. It is so easy to say "Do not worry" but so many people today find it hard not to. But there is certainly no need for worry if you yourself are faced with the possibility of a gastrectomy. It is a good operation usually assuring freedom from further discomfort.—(*Family Doctor*, October, 1961).

Hypertension and Ischaemic Heart Disease

ARTERIAL hypertension is now on the increase in all areas of the world; ischaemic heart (coronary) disease is already recognized as a serious problem in societies used to a high standard of living, and there are indications of its growing importance in developing countries.

These two diseases accounted for 15% of all deaths in 26 areas of the world, in 1958, for men and women in the 35 to 39 age group. Past this relatively early age, mortality is even higher being about 40% in the 50 to 54 age group, for the same year in the same countries.

Public health measures—as

opposed to individual action—for the prevention and control of these two diseases were on the agenda of eight scientists from different countries who were invited to Geneva by the WHO to take part in the deliberations of the "WHO Expert Committee on Hypertension and Ischaemic Heart Disease" which met at the Palais des Nations at the end of October 1961.

This Committee's major task was to sift, study and summarize evidence on the effectiveness of measures for which there are indications of success in individual cases. It was deemed necessary that a true and unbiased

picture of present possibilities for control and prevention of hypertension and ischaemic heart disease must be arrived at before any of these measures can be recommended to public health authorities, throughout the world.

The basic questions facing the Committee was whether it was possible to single out populations having higher risks than others on the basis of data such as high blood-pressure, gross obesity, cholesterol, heavy cigarette-smoking, diabetes, lack of exercise, and mental stress, which at the moment form an ascertained mosaic pattern of possible causes.

Arterial hypertension may be due to many causes, such as renal disease, endocrine-gland disturbance, and others. In its common form, the cause of this condition is unknown, and it is this type of hypertension, known as essential hypertension or hypertensive disease, which is under consideration. There is some evidence that heredity plays a part. "Mental stress" and dietary habits are possible, but disputed factors. Some experts believe that renal conditions are the primary factor. Others are of the opinion that renal involvement is secondary, whilst nervous disturbance of the regulatory mechanism is primary. For prevention, it would be valuable to know which groups of people are more liable to develop hypertensive

disease. This can be achieved through surveys including healthy groups.

Drugs which lower blood-pressure are now generally available, and they appear to be of value in the more advanced stages of hypertension. Evidence of their value in the earlier stages is still inadequate. In some cases, positive results are achieved through removal of adverse environmental factors, like occupational stresses or family-conflicts.

Ischaemic heart disease (coronary heart disease).—The aetiology of this is still unknown:—Theories, all with support, include excess of dietary fat (especially animal fat), lack of physical exercise, mental "stress", excess smoking of cigarettes and hereditary factors. There is good evidence that the disease is more common in persons who suffer from hypertension, excess of cholesterol, diabetes, or gross obesity. In individual cases a reduction of high blood cholesterol may be of considerable value, but the usefulness of such measures before the onset of the disease has yet to be determined. The same applies to anticoagulants which have their place in individual treatment of the acute form of ischaemic heart disease. There is also some evidence that anticoagulants may favourably alter the course of chronic ischaemic heart disease.—(From W.H.O. Press Release, No. 666, dated 8-11-1961).

HOW TO RESIST TEMPTATIONS

DR. SMILEY BLANTON
WITH ARTHUR GORDON,
London

[Every human being is vulnerable to temptations large and small. Here are some practical ways to keep them in their place].

FOR more than 40 years as a practising psychiatrist, I have been trying to help people who have come to me because they are in trouble. And often they are in trouble simply because they don't know how to handle temptation.

Every day of your life, no matter how sheltered you are, you face some choice in which the wrong action is so seductive, so plausible, so pleasurable that it takes a conscious effort of will to reject it. Temptation is universal, as old as the Garden of Eden. Much of your happiness or unhappiness depends on your ability to handle it—instead of letting it handle you.

The first rule in dealing with any problem is to understand the nature of it. This is precisely what many people fail to do where temptation is concerned. They have little awareness of how the mind works, and thus never achieve the self-knowledge that is the key to self-control.

This self-knowledge must include recognition of the fact that we are born completely self-centred and never fully

escape. Even when the conscious mind achieves a high plane of selflessness and morality, a part of the unconscious mind remains as aggressive and amoral as ever. Often what we call temptation is nothing but impulses from this area of the personality colliding with the conscience of the individual.

So, when a person comes to me tormented by impulses of which he is ashamed, I try to give him some insight into this conflict. In addition, I try to strengthen his defences against temptation by offering these do's and don't's.

Accept your vulnerability.—Everyone has "wrong" impulses. Recognize them for what they are, and realize that you are not unique in having them. The problem is one of understanding and control. A Chinese proverb says: You can't stop birds from flying over your head, but you can prevent them from building nests in your hair.

Don't stifle your conscience.—The voice of conscience is more often a whisper than a shout, but the penalties for ignoring it—as any person or psychiatrist can testify—may be far more drastic than you think. Whether you consider conscience a divinely implanted mechanism, a dim echo of parental authority, or the ancient and collective taboos of the human race, it remains the device in human personality that triggers one of the most destructive of all emotions: guilt.

I have seen countless cases in which a sense of guilt was a

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individual was virtually incapacitated. And even if the guilt is rejected by the conscious mind, it can still work its deadly paralysis on the unconscious level. Ill health, loss of energy, vague fears, lack of confidence, even suicidal tendencies can be what the Bible calls "the wages of sin." Robert Louis Stevenson wrote, "We are condemned to some nobility." What he meant was that for most people there can be no yielding to temptation without punishment, for even if their transgressions go undetected, something within them will see to it that they punish themselves.

Pray for help.—Coming from a psychiatrist, this may seem a surprising advice. But after a long life spent observing human behaviour, I have no doubt whatever that, entirely apart from its religious significance, prayer is one of the most effective methods of tapping the wisdom and power that exist in the great reservoir of the unconscious.

However, I do not think that the mere recitation or repetition of prayers is sufficient. In effective prayer there must be humility, relinquishment of desires, acknowledgement of helplessness. The psychiatrist cannot explain this fully, any more than the theologian can, but he knows that it is so. Self-surrender is the key. When this attitude pervades the conscious mind and sinks deep into the unconscious, the result is a serenity and clarity of thought

that makes right decisions not only possible but almost inevitable.

At the beginning of the American Civil War, Robert E. Lee was offered command of the Union armies. Before coming to his decision, he prayed all night. Now, Lee must have been tempted. He must have known, even then, that chances of a Confederate victory were slim. He might even have foreseen that command of the victorious armies could lead to the Presidency. But after prayer he knew that his conscience would not let him fight against his own people. In all the years since, few have doubted that the decision he made was the right one—for him.

Chart your areas of weakness.—Different temptations appeal to different people with varying degrees of intensity. A little honest self-analysis can prevent a lot of trouble.

Are you extremely ambitious? Then you will find it harder than most people to refrain from cutting corners (or throats) as you fight your way towards success.

Do you hunger for more importance than you think you have? Then you will have to guard against a tendency to drop names, to talk endlessly about yourself, to see a slight or a rejection where none is meant, to view everything in terms of self-reference.

Do you have perfectionist tendencies? Then you will have to resist the temptation to demand

too much from everybody, including yourself.

Are you acutely dissatisfied with life? Then flight from reality through some such medium as alcohol may have a sinister appeal for you.

Each person has some area of vulnerability where temptation seems to lie in wait for him. Actually, temptation is not lying in wait; the flaws in our characters impel us to seek it out. The typical philanderer, for example, is convinced that an endless succession of romantic situations presents itself to him. In all probability, he creates such situations because he needs to have a shaky ego bolstered, or secret doubts about his masculinity reassured. When you know your own areas of weakness, the battle is half won.

Beware of rationalization.—This is the great narcotic that people use to anesthetize their consciences and to justify yielding to temptation. An embezzler tells himself that he is just "borrowing" the money and will surely put it back. An unfaithful husband assures himself that what his wife doesn't know won't hurt her. In a thousand daily temptations, from exceeding a speed limit to padding an expense account, the rationalizer's attitude is: "Everybody's doing it. Why shouldn't I?" Complete self-honesty is never easy. But if you can remember, in making a moral choice, that the temptation to rationalize is the most subtle temptation of all, you will be much more likely to make the right decision.

Look ahead.—In nine cases out of ten, where temptation is concerned, the ultimate disadvantages far outweigh the momentary satisfactions. Test the truth of this on any small, everyday temptation. Are those extra drinks really worth tomorrow's hangover? Is the split-second satisfaction derived from the spiteful remark worth the loss of a friendship? The answer that intelligence gives is almost always "No."

But strong temptation may blot out intelligence. As Freud said, "*Intelligence can function reliably only when removed from the influence of strong emotional forces.*" So, the best defence is to remove yourself from the source of temptation—or it from you—before your judgement becomes clouded.

I saw an honourable man do this not long ago. His wife is a bedridden cripple. In the course of his work, he met a vital and attractive widow. Without intending it, they fell in love. But they did not ask the wife for a divorce, nor did they have an affair. They looked beyond the fulfilment of their immediate desires and decided not to see each other any more. As the man said to me, a little sadly, "We knew it would be impossible for us to walk to happiness over another person's heart."

Talk it out.—Because temptation is such a personal thing, because it so often seems to involve unworthy motives or impulses, many people tend to keep their problems strictly to themselves. But if you are

wrestling with an ethical dilemma it is better not to wrestle alone. Take the problem to your family doctor, to your parson, to some clear-minded and close-mouthed friend. Discussion often clarifies a situation in a way that no amount of solitary brooding can ever achieve.

Sometimes, indeed, what looks like temptation may not be that at all. Recently a young woman in her mid-20's came to me deeply troubled because she was being "tempted" to marry and leave her semi-invalid mother. But the desire to live her own life was perfectly right and normal. The real "temptation" was to go on neurotically sacrificing herself to her mother's exaggerated needs.

Don't expect miracles.—Be reasonable in demanding restraint and self-control from yourself or from others. Even the

saints had trouble living up to the golden rule. "The good which I should do," wrote St. Paul in humility and exasperation, "I do not, and the evil which I would not, that I practise." If a man with the iron will of St. Paul could be so torn, is it strange that we lesser mortals find the going rough? The primitive, selfish part of our personality will always resist authority.

The struggle is never-ending. But if you can recognize temptation for what it is, if you can chart your own areas of weakness, if you can avoid rationalization and short-sightedness, you are making headway. And if you can hang on to your principles even when you fall short of them, you are out in front. Though you may still lose a few battles, in the end you are likely to win the war.—(*Reader's Digest*, November, 1961).

Think-Hard (Quizz)

1. How many metals are magnetic and which?
2. What common substance is known as sodium chloride?
3. What is the boiling point of water?
4. What are the constituents of gunpowder?
5. What is the heaviest element?
6. What metal is liquid at room temperature?
7. What metals are present in bronze?
8. Which acid is present in vinegar?
9. What chemical gives off the "bad eggs" smell?
10. What metal is used for the filament of electric light bulbs?
11. What is absolute zero temperature?
12. What is known as the Doppler effect?
13. What substance is used for bleaching hair?
14. What compound is employed as the active material on a photographic film?
15. What are the three essential constituents of a simple electric cell?
16. What is the effect of acid on litmus paper?—(*Men Only*, Oct. 1961).

[Answers on p. 288]

The Family Physician as an Educator

DR. CHARLES R. ALVEY, M.D.,
Muncie, Ind., U.S.A.

THERE is a shortage of general practitioners—family doctors—generalists—call them what you may. This is true in our urban as well as our rural areas. It is true throughout this great country of ours. [*This is also true in our great country India.*—Ed. HEALTH]. There is a need for physicians who are interested in the total and continuing care of the patient.

The family physician, gets his first opportunity to help in educating a prospective physician when he comes in contact with the child as a patient. The child looks on the family physician as a personage of great importance. This image can be carried through life if the physician conducts himself in a manner warranting it. He must not only display his scientific knowledge, he must also practise the art of medicine in his contacts with the individual patient. It is in the formative years that the boy or girl may develop the desire to become a physician. If the family physician is such that young patients wish to copy him, examples may help them to fulfil their desire. The physician, however, must at all times exhibit the attributes of the scholar, not only in his manner but also in his grammar, his appearance, and his everyday speech. Often the young patient picks up mannerisms, and idio-

syncrasies of speech of the family doctor.

Another period during which the generalist may exert influence is when the child reaches high school age and comes to the physician for advice on opportunities in the field of medicine. If requested, the physician should be willing to discuss the practice of medicine before any portion of the student body of the high schools in his community which may desire information concerning the profession. If an youngster decides to enroll in the premedical course of a college or university, it behooves the physician with whom he has established contact to show interest in following the student's progress through his studies.

When the young man or girl enters medical school we, the family physicians, meet our greatest problem. It is here that almost everyone tends to forget that the generalist has something to offer. Students are exposed daily to specially groups, since these groups make up our faculties. Very little opportunity is offered the students to meet those who are in general practice. I feel that there is a place on the medical school faculty for the generalist. It would not be difficult to integrate him into various departments so that the student of medicine could understand how the family physicians can work as part of the team—in fact, as captain of the team—in the care of his patients.

The medical student must be made aware that the patient is a whole person—not a lung here,

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a heart there, or a piece of bone which may be separated and treated as a distinct entity. The concept that the generalist has a role to play in the speciality department of a medical school has been put into action at the Ohio State University School of Medicine, where Dr. Tom Rardin has presented lectures to the surgery classes under the direction of the Chief-of-Surgery, Dr. Robert M. Zollinger. In his lectures, Doctor Rardin shows that the family physician does have a place, and he explains this role in the preoperative, operative, and postoperative care of the patient.

Many of the points mentioned here were emphasized in a survey published by the Commission on Education of the American Academy of General Practice. This group surveyed the 1960 graduates of medical schools and received replies from 32% of those to whom questionnaires were delivered. It was noted that of the students entering medical school, 41% expressed the desire to become family physicians, but when this group had completed their education only 24% still planned on entering the field.

These students were queried as to why their plans had changed, and were asked this direct question, "What in your opinion would contribute most toward attracting more medical graduates to prepare for a career in general practice?" The majority of the graduates replied that medical school orientation toward general practice would be

the most important factor in attracting graduates to this field. Many stated that they had had absolutely no contact with general practitioners during the entire 4 years of medical school and, therefore, had no practical knowledge of what general practice really is. They implied that if they had learned more about the daily practice, the compensations, and the satisfactions of a general practitioner, they might have been more inclined to choose general practice. A great many indicated that in their opinion they had been "brain-washed" by specialists for 4 years and taught only that: (1) general practitioners did not have the opportunity to obtain hospital privileges and appointments—these were privileges of specialists only; (2) general practitioners did not practise "good" medicine; (3) socialized medicine is inevitable and when this comes about the general practitioner will be only a "pill-pusher" or referral agent, with long hours and no hospital privileges—nor would he be able to earn a living wage.

Comment after comment included the statement, "We are taught only by specialists" who "look down their noses" and point out only the failures of general practitioners, this latter being especially true when cases were referred by a general practitioner to the University hospital.

The solution most commonly suggested by these young physicians for better orientation

during medical school years was that there should be general practitioners on the medical school teaching staff—either full or part-time. Other suggestions included “required” preceptorships with general practitioners during the junior or the senior medical school year, or both, or else during the summer. The length of time to be spent with the general practitioner varied from one week to one month; a few felt that an entire summer would be the answer. Some thought that it would be very helpful if general practitioners were at least invited to give lectures—

more than just 1 to 3 times during the 4-year period, as was true in several cases. Still others thought that every medical school should have a department of general practice, just as each of the specialities has a department.

If the generalist is to continue to practise as he has in the past and is to prepare himself to be a better family doctor in the future, we must all *study* this problem and *work actively* to alleviate the shortage which is both obvious and menacing in the United States.—(*Jour. Am. Med. Assoc.*, 16th Sept., 1961).

BRUSH UP YOUR TEST-TUBES

R. G. G. PRICE, *Oxford*

MANY people who think how agreeable it might be to pick up a little science in the long winter evenings work out how much a cyclotron would cost, even on HP, and regretfully turn back to Conversational Welsh or Wax Work as a second best. This is ill-judged. Because atomsplitting machines are always in the news; it does not mean they are the only kind of Science there is. There are plenty of fascinating experiments that delighted our forefathers and have fallen into undeserved neglect. Many of them have the advantage for the home student that the apparatus needed can be put together out of materials found in any well furnished house. If your home is not furnished to Victorian standards, there are always the

junk shops. Many people have a dim memory of once having done a little elementary science at school, though they may be able to remember only smells and a general impression of hot iron, formulæ and microscopes with screws loose. The season's programme should be able to minister to nostalgia as well as to curiosity.

The centre-piece of most laboratory recollections is the Bunsen burner. You might be able to pick up one secondhand from a school. Of course you may then find you are all-electric and Bunsen (1811-99) was gas-minded if ever a man were. However, the production of coal gas is one of the key operations of Industrial Chemistry. Buy some coal and use any knowledge you may have gained during previous

winters devoted to bricklaying to build a small coking oven. In the course of reducing the coal to coke by electric heating, you may well produce a gas consisting of 50 per cent hydrogen, 35 per cent methane, 6 per cent carbon monoxide and 5 per cent ethylene. (This seems to fall short of the full hundred, but no doubt the discrepancy can be explained as by-products, wastage, evaporation, graft and defects in mensuration procedures). Use this gas in the burner.

Buy a retort-stand and over the bottom ring put a piece of zinc net. Its metier is to get red-hot and cause discussion about whether it is capable of doing one more turn. If you cast your mind back, you will remember that retort-stands less often held retorts than flasks, so put a flask on and boil some water while you are thinking what to do next. Bunsens aimlessly flaring will bring back this aspect of your youth; but water aimlessly boiling will bring it back even more. Having created an atmosphere, it is time for a little relaxation. *The Art of Modern Conjuring* says that, if you cover your face with white oxide of bismuth and then hold a tumbler of water impregnated with sulphuretted hydrogen near it, your face will suddenly turn black. In any case, whether used for this purpose or not, sulphuretted hydrogen is well worth producing for its own sake.

Sir Percy Nunn used to say that education should follow the sequence—Wonder-Utility-Sys-

tem. Personally, for the adult I advise a mixture of the three. Although far from exhausted by Wonder as yet, you would be well advised to insert into the evening a less purely recreational type of science. Gunpowder, though outmoded for large scale demolition, still after all, explodes. At a time when the search is on for local, limited and ultraconventional explosives, gun-powder may still have its part to play. Mix potassium nitrate, often called in this particular experiment nitre, charcoal and sulphur in the proportions 75: 15: 10, light and the welkin of your rumpus room will ring.

It is important not to become fixated on one branch of science. Rewarding though Chemistry is, there is also Physics, not to speak of Pathology, Demography and Paranormal Psychology. For an instance of utility taken from Physics, I suggest the measurement of height by taking the temperature of boiling water. For your results to be dramatic you really need a mountain. The resident in a large block of flats will have to train himself to measurements accurate enough to respond to movements of the lift. In Biology selection is more difficult. I cannot class training rats to ring bells in order to obtain food under this heading. It seems to me to be pure hedonism, as far as the experimenter is concerned. I suppose with time and elaborate apparatus it might be possible to produce a veritable carillon; but at the moment it is Utility that concerns us and the

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Tonics and Appetizers

Two men on a train in England were sitting in a first class railway compartment. One was Winston Churchill and the other was an old English man with a monocle and a school tie, calling the London Times. For an hour neither man spoke. Then the old Englishman lowered his paper and asked, "Name Churchill?"

"Yes," was the answer.

"Winston?"

"Yes."

A long silence followed, during which the old Englishman sat staring at Churchill. Finally he said, "Harrow '74?"

"Yes," was the answer.

"Ah," said the old gentleman, "Now I please you." (J.A.M.A.)

A rather luscious Hollywood star had hired a young and inexperienced butler. She told him what his duties were in the house and ended up by saying: "Always knock at my door before coming in. I may be dressing."

The next day, the butler opened the door of her room.

"Didn't I tell you to knock first?" asked the star. "How did you know I was dressed?"

"Very easy," replied the butler, "before I opened the door, I looked through the keyhole."

A merchant was standing in front of his store one afternoon when he saw a car rolling slowly down the street. To his surprise he noticed that there was no one on the driver's seat. He ran to the car, jumped in, and pulled the emergency brake.

As he got out, feeling a little proud, a man walked up to him.

"Well," said the merchant, "I stopped it."

"Yes, I know," said the man. "I was pushing it."

A little boy was very fond of his teacher, but instead of bringing her an apple every day, he brought her a pretzel made in his father's bakery.

The teacher appreciated this, but one day she said to the little boy: "These pretzels are very good but I wish you would tell your father they are a little too salty for me."

The next day and for some days after that, he brought her a pretzel with no salt at all. The teacher began to feel that maybe she was causing the baker too much trouble to make pretzels without salt just for her. So one day she said to the little boy: "I hope your father does not have too much trouble making these pretzels without salt just for me."

"He doesn't make them without salt," replied the boy. "I lick it off." (J.A.M.A.)

Uncle Bill came to visit his nephew. As a present he gave him \$5 and said: "Be careful with that money. Remember that a fool and his money are soon parted."

"Yes, I know," was the nephew's answer, "but I want to thank you for parting with it just the same."

A man was writing a letter in the post office. He ended the letter by writing: "I'd better not say anymore. There is a fat man behind me looking over my shoulder and reading every word I write."

Suddenly the man shouted: "You're a liar!"

The doctor had sent a bill to one patient with a little note: "This bill is one year old."

The patient wrote back: "Happy Birthday."

A waiter is a man who believes that money grows on trays.

Miscellaneous

A clever bandit was finally captured by the king's men. The king, who was fond of games and riddles, said to the bandit, "You may make one statement. If you tell the truth, you will be shot; if you tell a lie, you'll be hanged!"

The bandit's answer completely baffled the king.

"I am going to be hanged."

A man in an \$8,000 Cadillac passed an old jalopy on a country road. As he went by, he leaned out of the Cadillac and said, "What's making that awful rattle in that car of yours?"

"I think," was the answer, "it must be the \$7,500 jingling in my pocket."

This phone call actually took place:

A voice on the phone said, "Is this the Salvation Army?"

"Yes, it is."

"Is it true that you save young girls?"

"Yes, it is."

"Well, please save me one for Saturday night."—(J.A.M.A., Sep. 1961).

At a party in the suburbs where living is expensive, somebody asked: "What would you do if you had all the money in the world?"

One of the guests thought for a minute, then said, "Well, I'd use it to pay my debts as far as it would go!"—(J.S.S.).