Health

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News from All Over the World

Now Bees are Even Busier

There's money in honey and this summer has helped bees to produce a bumper harvest, report bee-keepers.

Bees have rarely been busier, they say. Equally busy are the skilled men and women who spend their working lives studying bees and their habits.

For bee research has been stepped up in many countries this year. A centre in Britain receives reports on bee life from observers in more than seventy countries. All the facts and theories are sifted carefully and indexed and then sent out to enthusiastic bee experts everywhere.

One research man weighed a honey bee. It weighed one fivethousandth of a pound.

In Kansas a bee expert calculated that honey bees, in order to produce 1 lb. of honey, must take the nectar from more than 62,000 clover blossoms.

And to do this two and three-quarter million visits to the blossoms by the bees are necessary.

Mating never takes place in the hive and is rarely seen by humans. The successful suitor-drone is killed during mating and after the queen returns to the hive the workers kill all the drones or turn them out.

Up to 1,000 drones may be exterminated in a day. (*Tit Bits*, 7-10-1961).

●

Seaweed Cure for Tired Types

Tired American tycoons and topranking executives may expect a new infusion or vitality, due to Irish seaweed.

A firm at Glenarm, County Antrim, has had a rush order from Los Angeles for five tons of *dulse*. This seaweed, when dried, is normally eaten only in Northern Ireland and in some fishing villages off the west coast of Scotland.

But after making careful tests, U.S. health food experts believe *dulse* contains an element capable of easing hardened arteries, and even of warding off thrombosis, the over-wrought business man's greatest dread.

This special type of green seaweed grows in several regions round the British Isles. Off the Irish coast, fishermen's wives harvest it at low tide. But once gathered, it has to be sun dried, when it turns a pinkish colour.

Another type of seaweed, kelp, is also gathered off the County Antrim coast. It is sent to a factory in Scotland for processing into iodine.—(*Tit Bits*, 14-11-1961).

●

Saboteur of Judgement

Barbiturates can produce profound errors in judgement when taken in average doses, Harvard researchers find from tests on college swimmers. The men misjudged their performance times significantly, say Gene M. Smith, PH.D, and Henry K. Beecher, M.D. "One can only wonder how many accidents occurring each year on the highway, in industry, in the home, and elsewhere are due in part to impairment produced by barbiturates, analeptics (stimulants), tranquillizers, and other drugs given to ambulant patients."—(*Today's Health*).

●

Crossed Legs Hazards

The habit of sitting with crossed legs can bring on or aggravate a raft of problems through interference with blood flow, warns Dr. Hyman J. Roberts of West Palm Beach, Florida. Some examples are chronic arthritis of the knees, varicose veins, dropsy, sciatica, and formation of blood clots. Persons with legs and pregnant women are especially vulnerable to the hazard of clots which may later lodge in the lungs.—(*Today's Health*).

●

Blowing Your Top

Expressing rather than suppressing appears better for your blood pre Additional evidence of a close relatic between suppressed anger and high pressure is reported in a study of 10 psychiatric patients by Dr. Donald Oken of Chicago. Those who suppressed anger showed a higher diastolic blood pressure than persons who vented their anger by voice and actions.—(*Today's Health*).

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REHABILITATION OF THE PHYSICALLY HANDICAPPED

(Need for a Thorough Orientation)

THE First National Seminar on the training and employment of the physically handicapped held last month at Bangalore, was attended by about 100 delegates representing the Central and State Governments, Employers' Organizations, Trade Unions and a number of voluntary organizations dealing with the rehabilitation of the physically handicapped in India. The Central Government recently decided to increase their grants to institutions and organizations for the handicapped, from 60 to 75 per cent of the recurring and non-recurring expenditure. About sixty lakhs of people in India are blind, deaf or otherwise crippled according to available statistics. This figure is probably an under estimate. One crore of rupees has been provided in the Third Five Year Plan period for the rehabilitation of these unfortunates and this is not much.

The Seminar held at Bangalore naturally concerned itself with the methods by which the handicapped have to be trained to take up suitable jobs, and also with expanding the scope of employment-opportunities available to them. It is needless to stress the fact that specially qualified and trained instructors can alone train the handicapped persons to do useful work, suitable to the employee and beneficial to the employer. The Seminar has recommended that the Union Government should prepare an uniform syllabus

for teachers' training institutes for the blind and the deaf and also suitable text books for them; that the pay and service conditions of these teachers should be on the same level as in other secondary schools and they should be given five advance increments when they start service.

Other important recommendations, which we very heartily endorse and support, relate to:— the establishment of a Central Institute to prepare a compendium of occupations for the handicapped persons; a sample survey throughout the country to ascertain the correct incidence of different handicapped conditions and the reservation by the Central Government of a percentage of vacancies in the Central Services and public sector undertakings for the physically handicapped persons, found efficient by the Training Institutes.

We are glad to note that the seminar has drawn up lists of occupations including cottage industries, rural occupations, and engineering trades in which suitable instruction can be imparted to the blind, the deaf and the maimed.

Special employment exchanges for "*placing*" the fully trained among them, should be set up in all the States and the officers placed in charge of these exchanges should be persons with great zeal and interest in the humanitarian work they are called upon to shoulder, and it would be better that these officers are themselves given adequate training to appreciate the needs and problems of the handicapped at various levels.

Human nature being what it is, there will always be a tendency on the part of all employers prefer the able-bodied and physically-fit persons to the handicapped ones. We wish to stress that, in such cases society owes a duty to the handicapped too, and that provided these persons are otherwise fully qualified to do certain kinds of work, the fact of their having a physical handicap, should not stand in the way of their being appointed. We are credibly informed by responsible employers of labour in certain industries in Madras City requiring skill and dexterity, that the blind and the deaf were found to be doing splendid work, even better than their able-bodied compeers. Their physical disability and handicap perhaps enable them to concentrate better and with greater care on their work, without any distractions and outside interests, such as the physically fit are attracted by while at work.

An all-out attempt at "placing" trained handicapped persons is therefore really important; they do not ask for charity but only desire to be given a chance to prove their real worth and usefulness to society and to the nation. Let us all remember that to be handicapped is itself sufficient reason for being psychologically upset; and to be trained to overcome their handicaps and only find that they are not allowed to put their training to gainful use would be even more frustrating!

We wish all our readers a very happy and prosperous New Year.

How to Live with High Blood-Pressure

LAWRENCE GALTON

MILLIONS of people have high blood-pressure and don't know it. This is a serious situation for, as recent reports indicate, even moderately high blood-pressure — hypertension — can, if neglected, sharply shorten life.

There is, however, a happy side to the picture: within the past ten years treatment for high blood-pressure has been revolutionized. And advances continue. Doctors now have a host of increasingly effective drugs, and surgeons have been learning new techniques to achieve dramatic cures.

Today most hypertensives can, with treatment, lead virtually normal lives.

Systolic-diastolic:—Blood pressure is simply the push of blood against the walls of the arteries. Created by the pumping of the heart, the pressure is at its highest level—the *systolic* —each time the heart contracts, or beats. It falls to its lowest level—the *diastolic*—between beats. Blood-pressure readings usually include both measurements: the higher systolic over the lower diastolic. For example, 120/80.

It is normal for the blood-pressure of any individual to vary, to rise temporarily during activity or excitement and to fall during sleep. Average blood-pressure increases with age. For boys of 15 to 19, the average is 118/72. It rises gradually to reach 132/80 at the age of 60 to 64. For women of the same age-groups the rise is from 114/70 to 134/82. Though women under forty have on the average lower blood-pressure than men under 40, women over 50 tend to have higher blood-pressure than men of this age.

The U.S. Society of Actuaries, experts who calculate insurance risks, made a monumental study covering nearly four million people. One striking discovery was the marked influence of elevated pressure on life expectancy—the higher the pressure the greater the effect. Elevations such as 160 100 increase the risk of premature death by as much as 200 per cent.

But even moderate elevations have a sharp effect. Men of 35 with blood-pressure of 142 86, for example, have a death rate 1½ times the average for their age. Among those with pressure of 142 96 the mortality rate is 2¼ times the average.

Women have greater resistance, and their relative mortality from the same degrees of elevation is materially lower than that of men. Still, elevated pressure, if unchecked, can be an important factor in shortening a woman's life.

How does high blood-pressure cause trouble?–By damaging the circulatory system. The heart, loaded with the extra burden or pumping blood at high pressure, will often grow larger and eventually fail from prolonged overwork.

Blood vessels may also be injured by the stress. When those

in the retina of the eye are involved, vision may be lost. Kidney-blood-vessel damage, by interfering with removal of body wastes, can ultimately produce uræmic poisoning. Injury to the blood vessels that feed the brain can cause cerebral hæmorrhage and stroke. There is evidence that hypertension, by speeding up the process of atherosclerosis—hardening and clogging of arteries—often leads to a heart attack, which strikes four to five times more hypertensive men than non-hypertensive ones. (In hypertensive women the incidence of heart attack is 20 times greater than in women with normal blood-pressure).

Causes of high blood-pressure:—Doctors still have much to learn about the causes. In a small percentage of cases, there is specific organic trouble—narrowing of one of the kidney blood vessels, for example, or a tumour of the adrenal glands above the kidneys. But at least 90 out of 100 times no organic cause can be found; the hypertension is then labelled "primary" or "essential." Pregnancy and menopause, once indicated as significant factors, are exonerated by more recent research. And diet, though it may set off hypertension, is not considered a basic cause. Heredity, however, is clearly a factor.

"If either the mother or father has hypertension," a noted specialist has remarked, "you can bet quite safely that at least one of any large family they produce will eventually become hypertensive; and if both parents have it, the majority of their children will be afflicted."

Investigators at The New York Hospital believe hypertension to be closely linked with emotional disturbances.

In recent experiments at Michael Reese Hospital in Chicago, people with normal blood-pressure were deliberately exposed to anger-producing situations. In those who bottled up their anger, blood-pressure shot up; in those who freely expressed their anger, elevation was much less.

Surgery in hypertension:—Surgeons at Baylor University School of Medicine in Houston, Texas, recently operated on 98 patients whose hypertension could be traced directly to diseased kidney arteries. When the diseased artery sections were removed and synthetic grafts inserted, blood-pressure in 82 of the patients went down to normal—and stayed there. The remaining 16 showed great improvement.

Diet:—Put some hypertensive people on a drastic low-salt diet, as little as one-tenth of a teaspoonful a day, and the blood-pressure comes down and down—even down to normal. Give them salt again, and up goes the pressure. Only about a quarter of hypertensives, however, respond to diet so beautifully.

But diet recently assumed new importance. One problem has been to persuade patients to maintain the salt restriction. While it is not impossible to produce a tasty salt-free meal, many hypertensives say they would rather die than go on eating nothing but unsalted food for the rest of their lives. Now a remarkable compound has been found. Called *chlorothiazide*, it fastens on to sodium, the critical element in salt, pulls it right out of the blood stream and allows the sodium to be eliminated readily. Hypertensives taking chlorothiazide can be a little freer with the salt cellar—enough to make many of them happy with their food again.

Anti-hypertensive drugs:—Scores of them will reduce pressure in various ways. Rauwolfia, or Indian snake-root, and its derivatives, such as reserpine, have a tranquillizing action on the brain. They reduce nervous tension and in the process often reduce high blood-pressure.

Hydralazine and Veratrum viride and its derivatives dilate blood vessels so that blood can get through more easily with less pressure. Nerve-blocking agents such as hexamethonium, mecamylamine and guanethedine shut off excess nerve impulses and relax blood vessels. Scientists are working with a remarkable new family of compounds which block the action of an enzyme, decarboxylase—suspected of playing an important role in hypertension. One of the new compounds—alphamethyl dopa has so far lowered blood pressure in 80% of the hypertensive patients who have been given the drug at one clinic.

Control of severe hypertension:—The outlook is increasingly good—even for malignant hypertension, which has been the most serious form. "When I first started working on malignant hypertension 31 years ago," reports Dr. Irvine Page of the Cleveland Clinic, "it was 100% fatal and very quick. Now, if you get patients with malignant hypertension early, before the kidneys are completely gone, and give them full treatment—get the pressure down and keep it down even at the cost of considerable discomfort—I think we can say the patients can be kept in good shape even for 10 or 20 years, not very far from normal life expectancy."

Precautions:—See your doctor regularly; he will keep track of your blood-pressure. If you have been told by someone other than your family doctor—by a physician examining you for an insurance company, say—that you have high blood-pressure, consult your family doctor at once. If you are hypertensive, he will decide the right treatment for your individual case. He may start, perhaps, without any medicine at all, then work carefully to find the right drug or combination of drugs for you.

Fortunately, the medical profession's once largely pessimistic attitude about hypertension has been replaced by an attitude of optimism. You have every reason to share it.—(Condensed from *Everywoman's Family Circle*, for *Reader's Digest*, October, 1961).

KILLERS IN YOUR HOME

TAKE a careful look round your home today. How many death traps are there in it? You'll probably be astonished at the number—especially if you have young children. More than 17,000 British people died following accidents in their homes last year. Another million and a half were injured. Yet most of the tragedies, need never have happened at all.....They were the result of simple, unthinking blunders.

So check NOW your flat, house, garage, garden for likely danger spots. It will be surprising if you don't find at least twenty which might lead to you, or one of your family, appearing in next year's home casualty list.

Prevention is fairly easy and largely a matter of commonsense. For instance, don't treat domestic electricity casually just because you may have been long used to its benefits. Safeguard against all shocks by making sure every electrical appliance is fitted with a three-pin plug which goes into a shuttered and properly earthed wall-socket.

Electrocuted :—While modern inventions save labour, they can also overload wiring systems and increase the hazards of the home —particularly in the kitchen where three out of five of the yearly toll of accidents occur. Houses need re-wiring every twenty years—more often if they are subject to damp. And this, like any alteration to electrical fittings, is a job for the expert, not the home handyman. Electric wires should never be trailed across rooms, where they can trip people up, or even under carpets because worn insulation means risk of fire. Earth wires, too, should always be *earthed*, not connected to a water pipe. A Southend man was electrocuted recently when a faulty electric iron sent current surging through the "earth" wire to his bath.

Babies have a habit of trying to squeeze their fingers, or metal objects, into power points at ground level. Tragedy can be averted by having child-proof points installed.

Are all your gas fittings safe? Not long ago a Sheffield man wanted to use a gas poker in both living-rooms. To save the price of another gas tap, he joined two lengths of rubber tubing and connected the poker to one end so that it could be trailed from dining-room to lounge.

Kitchen perils :—His ingenuity nearly cost him the life of his young daughter.... One morning his wife, going to see if the coal fire in the lounge was well alight, found her four-year-old daughter lying unconscious at the join between the two pieces of tubing. The child had tugged them apart. She recovered, but another two minutes near the escaping gas could have proved fatal. Some children would be safer in a jungle than in the average kitchen. Boiling water, electric plugs, scissors, knives and forks, handles of coffee percolators, tea pots and frying pans—all are potential dangers

to the curious youngsters. One little Dagenham boy took a pair of scissors from the draining-board, tripped, fell and stabbed his thigh. Afraid of telling his mother, the child concealed his pain until the wound was discovered at bedtime. Unaware that dye from the boy's jeans had worked into the cut, his mother just dabbed it with disinfectant. The injured thigh festered with appalling speed, necessitating months in hospital.

In every kitchen is one infernal machine responsible for countless tragedies—the stove. The trailing sleeves of a dressing-gown or a careless action may easily lead to multiple burns. Indeed, burns and scalds *kill* 150 people in their kitchens every year. So never take chances. Always ensure that pan handles are turned away from the stove's edge.

Stairs, too, can be death traps. Houseproud women polish landings to a sparkling gloss, put down pretty slip-mats ....and the scene is set for an accident. It is also wise to check frequently that every stair-rod is securely in place. Steep back-stairs without railings are another menace. Many women climb them carrying too-heavy loads. Extra journeys with smaller burdens would be much safer.

Illegal :–Smoking alone causes 10,000 fires a year, so provide *big*, deep ashtrays, and always stub out your cigarette.

Make sure, too, that your paraffin heater is on a level floor and away from draughts. If it is a drip-feed model, find out whether it should be modified to comply with the safety standard set after last year's nationwide outbreak of fires. For an open, gas or electric fire, use a guard made to British Standards Institution specifications. And remember it is not only foolish, but illegal, to leave children under twelve alone in a room with an unguarded fire. Also, never leave matches or lighters within reach of tiny hands.

The bathroom cabinet is another cause of home tragedies. It should be placed high up, and any poisons or drugs locked securely away. Recently a Cardiff woman awoke in the night feeling ill. Half asleep, she went to the bathroom cabinet and drank what she thought was a bottle of medicine.

First-aid :—Lengthy hospital treatment was needed to relieve the agony of swallowing neat disinfectant.....which ought never to have been kept among harmless remedies. See that aspirins are out of the reach of children. Many a toddler has crunched a mouthful of them in the belief that they were "sweets!"

The bathroom has many other hazards, particularly for elderly people. Non-skid mats, should be placed on the bottom of the bath. Where a shower is fitted, handrails are essential.

Food left to become stale is another risk—and not only in hot weather. Left-overs are to blame for many "mysterious" tummy upsets.

If you haven't a 'fridge, eat what you buy while it's fresh.

Make a thorough check of situations and places which endanger life and limb around your home; then see they are eradicated. Remember, though, that even then accidents may still occur occasionally.

It is wise to keep a fire-extinguisher in garage and house or flat. Also, make sure there is a well-stocked first-aid box handy —and that you know how to use it.—(*Tit-Bits*, 7-10-1961).

NURSES FOR SPACEMEN

Nurses are now being trained to accompany spacemen on their journeys of exploration.

"People shot into space need special care, and we must see that our profession is trained to cope with their problems," the International Council of Nurses was told recently.

Astronauts will need nurses during their travels and when they arrive at their destinations. These nurses must be well qualified to treat patients suffering from the peculiar illnesses, diseases and mental tensions caused by space launches, weightless flight and landings following journeys of millions of miles.

The United States is already studying the problems involved and nurses attached to its air force are being taught how to equip themselves for space travel.

Many of the 2,500 nurses from forty-seven countries attending the congress undertook to ensure that space training will be added to the nurses' training in their homelands.

Another problem of space travel is how the astronauts will be fed.

Cold storage aboard their craft of sufficient quantity of food to keep a crew alive for long spells is obviously impossible. So experimenters in several countries are trying to develop "living" food to meet space conditions.

Growing 'crop':—U.S. scientists now believe they have hit on a practical solution. They have developed a small machine which, it is claimed, will provide spacemen with an inexhaustible supply of food.

No bigger than a small filing cabinet, the machine produces algæ, a form of seaweed, and as fast as it is consumed, the residue left in the machine grows a fresh crop.

The algæ, when treated, tastes like flavoured cake.—(*Tit-Bits*, 7-10-1961).

"The social worker is unacceptable usually as a teacher of medical students, because of her inferior position to the doctor in the medical hierarchy; she is however, just beginning to be recognized as a clinical team member in the general hospital."—(From "*People in Hospital*").

Wedlock: Deadlock

JANE, GOODSELL
Chicago

[Are you happily married? Not if you believe everything you read!)

Is my marriage a success? Are my husband and I compatible? Did I marry the right man? Am I a good wife?

No.

My marriage doesn't even qualify as a failure. It's a disaster. But I didn't know it until I became addicted to those "Are You Happily Married?" quizzes.

Now, after 19 years of marriage and three children, it's clear that my husband and I are as mismatched a couple as the Owl and the Pussycat.

If I'm honest, I can't answer a single one of the quiz questions right. I can't even answer them if I'm *dis*honest.

Question:—Do you have a basic understanding about family finances?

Answer:—Well, we both deplore extravagance. He deplores mine, and I deplore his.

Q:—Do you share mutual interests?

A:—No. His passion in life is fishing. I hate wading in that cold, wet water. We both like to play golf, but not with each other. His Brubeck records give me a headache; I like Gilbert and Sullivan.

Q:—Do you take offence easily?

A:—What's "easily"? When I ask him if he thinks I'm too old to wear shorts, and he says yes?

Q:—Do you frequently nag him?

A:—How else can I get him to cut the hedge?

Q:—Do you have a common goal in life?

A:—We would both like to be very, very rich. But we'll never make it, because we married each other.

Q:—Does he do things that get on your nerves?

A:—I'll say he does! He steams up the bathroom mirror when he takes a shower. He plays the hi-fi so loud that he can't even hear me scream at him to turn it down. He leaves apple cores in ash-trays.

Q:—Do little things irritate him?

A:—The littlest things you ever heard of. Dripping stockings hanging in the bathroom. Lost car keys. A telephone receiver left off the hook. An overdrawn bank account. Things like that.

Q:—Do you feel that your role as a mother and homemaker is beneath you?

A:—No. I feel it's beyond me.

Q:—Do you encourage your husband in his work or profession?

A:—I do my best. I keep telling him he ought to ask for a rise.

Q:—Do you enjoy talking to each other?

A:—Oh, we enjoy *talking* to each other all right. The problem is *listening* to each other.

Q:—Do you take pains to make yourself as attractive for him as you do for a party?

A:—Oh, come now—let's not be ridiculous.

Q:—Do you bolster each other's confidence?

A:—I keep telling him that anybody with his brains and ability can learn to get his own breakfast. He tells me that anybody—even a mechanical moron like me—can mend a fuse.

Q:—When things go wrong, do you blame each other?

A:—Not always. Sometimes we blame the children. Sometimes we blame the government. Sometimes we just slam doors.

Q:—Have you, through mutual patience and understanding over the years, achieved a satisfactory sexual adjustment?

A:—Golly, is it *that* difficult? —(*American Weekly*, via *Reader's Digest*, Nov. 1961).

INFLUENCES ON DRINKING HABITS

Some basic clues to the problem of why most people drink normally while others drink to excess are being encountered in a fundamental research project at Stanford University under the direction of Dr. J. A. Deutsch. His report was based on long-range studies of the physiologic and psychologic factors in drinking wine and other beverages.

"On the basis of our work to date," said Dr. Deutsch, "we believe we have discovered a number of factors that influence the drinking behaviour of our laboratory subjects. We use rats because their taste mechanism and patterns of taste-preference closely resemble those of man."

Some of the factors noted are the supply of the beverage, the amount of food consumed prior to an experiment, whether or not the animal was food-deprived or liquid-deprived prior to being tested, age, and sex.

Rats given the choice between limited amounts of slightly salty water and water, chose water; when the amounts were unlimited, they chose the salty solution.

The amount of food consumed by an animal affected its liquid consumption as long as twenty-two hours later. When animals were offered a 3 per cent solution of sugar after being deprived of food or liquid or both, the largest amounts were drunk by the food-deprived animals.

Dr. Deutsch said that the "effects of age on drinking suggest that there are systematic differences in intake according to age. It is possible that we may find that certain beverages are for the 'mature palate' while others are for the younger palate." In time "we may also be able to recommend certain beverages for men and certain others for women."—(*News Release*, The Philip Lesly Co., via *New York State J. Med.*, Aug. 1961).

Your Real Personality

●

Dr. MAXWELL MALTZ

"Personality," that magnetic and mysterious something that is easy to recognize but difficult to define, is not acquired from without; it is *released* from within.

In all social relationships we constantly receive monitoring signals which govern our freedom of expression. A smile, a frown, a hundred different subtle clues of approval or disapproval, interest or lack of interest continually advise us how we're doing, whether we're getting across.

The late Dr. Albert Edward Wiggam, famous educator and psychologist, was so painfully self-conscious in his early years that he found it all but impossible to recite at school. He constantly fought his self-consciousness until one day he realized that his trouble was not self-consciousness at all, but "others-consciousness." He was too painfully sensitive to what others might think of everything he said or did. With this realization, he concentrated on developing *more* self-consciousness: feeling, acting, behaving, thinking *as he did when he was alone*, ignoring how others might feel. It worked, and in time he became a highly successful public speaker.

"Conscience doth make cowards of us all," wrote Shakespeare. Conscience itself works in much the same way as an electronic computer. The answers a computer gives are reliable only if correct information has been stored in it before it is given problems to solve. In the same way, if your basic beliefs are sound, conscience becomes a valuable guide in deciding what is morally right and wrong. But if your basic beliefs are not sound, your conscience can be misleading.

If you are among the millions who suffer unhappiness and failure because of inhibition, you should deliberately practise *disinhibition*. You need to practise being less careful, less concerned, less conscientious.

When I give patients this advice, they often say, "Without a certain amount of inhibition, civilized society would collapse."

"Yes," I agree, "but the key words are 'a certain amount.' The path to the goal of self-fulfilling, creative personality is a course between too much inhibition and too little."

Here are the signals which can tell you whether you are of course because of too much or too little inhibition:

If you habitually rush in where angels fear to tread; if you habitually find yourself in hot water because of impulsive, ill-considered actions; if you can never admit you're wrong; if you are a loud talker—you probably have *too little* inhibition. You need to think more of consequences before acting.

If, however, you dread new and strange situations; if you feel inadequate, worry a lot, feel self-conscious; if you have any nervous symptoms such as

facial tics, difficulty in going to sleep; if you hold yourself in and continually take a back seat—then you probably have too much inhibition.

Conscious self-criticism, self-analysis and introspection are good and useful—if undertaken sparingly. But as a continual performance they are defeating.

The inhibited personality fears expressing good feelings as well as bad ones. Ignore such worries. Compliment at least three people every day. If you like what someone is doing or wearing or saying, let him know it. Be direct. "I like that, Joe." "Mary, that's a pretty hat." And if you're married, just say to your wife, "I like you and your views." —(From "Psycho-Cybernetics," via *Reader's Digest*, September, 1961).

ARE WOMEN EVER MAN-PROOF?

MARIANNE WILSON

When a woman reaches her middle twenties and is not wearing a gold badge of matrimony, a ring, she faces a problem. Whether she is a career girl, a divorcee or a widow, the difficulty lies, not in the fact that she doesn't *know* a man, but that she knows too much *about* men.

Her married friends feel sorry for her. Her parents cluck. Her male associates attempt to console her. But many of these women have concluded men are difficult creatures and their amorous attempts are often lacking in imagination and human understanding.

Obviously a good man is hard to find!

It is said most men on the prowl fall into categories:

The helpless one:—"I have never known any one who could give me the comfort that I get just by looking at you." This is either a sincere mother's boy who needs "mothering," or the soulful type.

The misunderstood one:—"My wife does'nt understand me. I would have been divorced long ago, but I don't want to hurt her and the children." Actually, his problem is that his wife understands him only too well.

The realist:—"Sex is natural. Why don't you women do the things you really want to do?" This is the primitive approach.

The guilt-giver:—"You have no human warmth and are incapable of love." These lads try to shame you into sex.

The party-boy:—"Let's just have fun. We only live once." And usually, once is enough!

The flatterer:—"Never in all my life have I met such a wonderful woman as you." He usually pinpoints some aspect.. your lips, eyes, hips or the sandwich you just piled together. This man never read the quote: "No man flatters the woman he truly loves." Women see through flattery, not through a glass but as through a microscope.

The co-worker:—"I have a problem at the office I would like your advice on. Let's have supper at that gipsy restaurant." This is a sneaky technique, for a woman's working loyalty may be at stake.

The gift giver:—"Here is a little something which made me think of you." Diamonds may be a girl's best friend but women know that they are pay-offs...

The romanticist:—"This champagne is the best vintage year, and just a minute, my dear, while I light the candles." This approach is very charming.... until reviewed in the cold hard light of the next day.

The masterful male:—"I have you in my arms, darling. You cannot get away." This evening constitutes a wrestling match, and any woman with fingernails can take care of her problem. She returns home wishing she had read a good book instead of ruining her manicure.

The followers:—"I saw your light and just wondered if I could come in and talk with you for a minute." These lads want something, from a cup of coffee to a small loan to cover a large gambling debt.

Career women have similar doubts about men. They think to themselves: "Why gamble? I'm independent and having fun. I never feel lonely. Most men are *sex-kittens* who have grown into *tom-cats*. They are delightful company to take you out and about, to light your cigarette and to say sweet nothings into your ear. But as a house pet, I prefer my dog!"

All in all, it adds up to this for women who are independent; *men must either be men*..or they must have a good solid bankroll.

But most unmarried women are still looking for a man who says "*I love you*," *when she's sure he really means it.*—(*Tit-Bits*, 14-10-1961).

Pass the Arsenic, Please!

If you are getting the habit of swigging back beer from a mug marked "Arsenic," or if you sip your tea from a cup bearing the inscription, "Strychnine," then you're bang up to date.

For 1961's latest fashion—or fad—is to have mugs, jars and pots labelled as poison! Shops catering for this extra-ordinary craze are reporting snappy sales. And the demand is steadily increasing.

Down on Plymouth's Barbican—one of the city's oldest quarters—there are scores of quaint and fascinating little gift shops.

And now, more and more are displaying in their windows smart and colourful containers and drinking vessels marked with the name of some deadly poison or some injurious drug.

Take your pick—"Arsenic" seems to be the favourite, but also among the hot sellers are "Hashish," "Cocaine" and "Strychnine."

Prices vary from 10s. to 25s. Drinking mugs cost about 15s. You can buy basins and bowls, in fact almost any receptacle used in the kitchen.

There are neat and natty sugar jars and condiment-holders. Pass the salt, please. Yes, that's the salt, in the pot marked "Hashish!"—(*Tit-Bits*, 2-9-1961).

MOUSTACHES GIVE THEM AWAY

●

A MAN'S personality can be revealed by his moustache, says a mental health expert. Major Geoffrey Peberdy, former British army psychiatrist and now on the staff of Newcastle General Hospital, recently made a study of 400 moustached applicants for officer training.

He divided up the applicants by the type of moustache they sported: trimmed (short hairs over entire upper lip), bushy, toothbrush, h a i r l i n e and divided.

The pass rate for trimmed, bushy, hairline and divided types was an average twenty-three per cent—about the same as for clean-shaven men. But strangely enough, not a single man with a toothbrush moustache passed.

Peberdy could hardly believe this at first. So he persuaded a fellow psychiatrist to arrange another test at an army base. And again, to his astonishment, not a single tooth-brush moustache owner passed.

Studying the selection boards' reports on toothbrushed candidates, Peberdy discovered a significant pattern.

'Rebellious'.—The boards said that in general they were "too limited in imagination, too little appreciative of the views of others and liable to create rather than disperse interpersonal tensions."

The characters of these candidates, said the reports, tended to resemble their moustaches "faintly rebellious, energetic but prickly, precise to a fault, disciplining to near-ruthlessness and disciplined to near self-mutilation."

Major Peberdy added, judiciously, that "the cut of a man's moustache could, of course, never be of influence in selecting candidates." But he made the toothbrush owners wonder just the same.

Scientists studying moustache psychology have given many other explana t i o n s. Moustaches, they say, are telltale signs of political conser- v a t i s m, or father-worship, emblems of confident nonconformity, or "epigamic adornments designed to win mates, like phosphorescence in fireflies."

Many women find a moustached man exceptionally romantic. "A kiss without a moustache is like an egg without salt," runs an old Spanish saying.

Women have long believed in the idea—unsupported by medical evidence—that a moustache indicates virility!

This is probably because national leaders have frequently worn moustaches. Would Kaiser Wilhelm, Hitler and Stalin have risen to such ruthless heights without a hirsute facial adornment?—(*Tit Bits*).

"Sick people feel happier at home than in hospital and they appear to get better faster too." Home care and service are now coming into vogue.

A° GOOD MEMORY *CAN* BE CULTIVATED

●

JOHN LODGE, *London*

PSYCHOLOGISTS agree that almost all of us can learn to perform memory feats far beyond any of which we dream ourselves capable. The average person forgets names and faces, facts and figures, simply because he never really has to remember them. You would be surprised at your powers of recollection if your bread and butter depended on it.

A milk roundsman deliberately turned an unskilled job into a skilled one by improving his memory for names and addresses. His ambition won him a position as substitute roundsman for ten different routes of 300 addresses each, at double his former pay. Though he carried no written records, he knew by heart the names and addresses of 3,000 customers and just what to leave with each.

Consider the feats of Dr. Salo Finkelstein, Polish mathematical performer, who was once asked by a broadcasting company to tally the returns of a U. S. presidential election because he was faster than an adding machine. How long would it take you to learn by heart the numbers62470684598619326183 2? Dr. Finkelstein did it in 4·43 seconds—considerably less time than you would need to read the numbers aloud. But a university student, after special training by psychologists, managed the same feat in only 4·37 seconds, beating the most rapid memorizer then known to science. Other students, given the same training, demolished the idea that the victim of a mediocre memory can do nothing about it.

People have different types of mind. Some remember pictorial images, others recall sounds, others learn by the "feel" of mouth and tongue movements required to say words. Most of us have some share of each type of ability, although one faculty usually predominates. The point is that no matter what type of mind you have, there are some general rules that will help you both in individual memorizing tasks and in training your memory to give better allround service in the future.

First, in memorizing a piece of material, tackle it as a whole and not in sections. In learning a poem of six stanzas, you might imagine it would be easier to memorize a couple of stanzas at a time. Experiments show that this method is wrong. Read the poem right through from start to finish, as many times as necessary, and you will learn it in connected form—which is the way that you want to—and with greater efficiency. And avoid "cramming." You will fix the poem far more firmly in your mind if you read it twice each evening for a week than if you go over it 14 times in one night.

Don't try too hard. Tests have proved that mental tension, produced by "over-trying," slows down the process of learning.

Have confidence in your memory. "Every time a person remarks that he has a memory

like a sieve," says a lecturer on psychology, "he is knocking one more hole through its bottom."

Avoid "mental crutches," or artificial aids to memory, such as associating colours with numbers in order to remember figures better. This puts your mind to unnecessary labour in handling two kinds of material that have no natural relation to each other. It is entirely possible to recognize familiar patterns in figures themselves. This was the secret of Dr. Finkelstein's number wizardry. He simply learned to view a long number as a string of smaller, three-digit figures, as easily recognizable as three-letter words.

Another interesting aid to memory is suggested by recent tests. The best time to memorize anything is just before you go to sleep. The "bedtime memorizers" scored consistently 20 to 30% higher than those memorizing at other hours. The material seems to "sink in" most effectively then, the benefit being lost if even as little as two hours intervenes between the time of study and bed-time.

The most important fact brought out by these and other recent studies is that memory is not the chance possession of a few favoured individuals, but may be cultivated by anyone who goes about it scientifically and has the desire and the patience to practise regularly. —(*Popular Science Monthly*, via *Reader's Digest*, October, 1961).

Worthy of the Hire

Traditionally, physicians have given generously of their services to the needy without pay. This spirit of altruism began centuries ago when charity was primarily the concern of the Church and private citizens. Until quite recently, all that government did for those in financial distress was to provide food and shelter in the "Poor House." Times have changed. While private charity still has its place, government, more and more, has taken over the financial responsibility for the care of the needy. Perhaps this is good, since the taxpayer thus pays his just share for the care of his less fortunate neighbour.

However, in this transition from private charity to public responsibility for society's "cripples," some fuzzy thinking exists. As a relic of the past, there is the idea that the medical profession should continue to furnish its services free to these people. This, the medical profession will continue to do for the needy *individual*. No one will ever suffer lack of medical care from physicians because he cannot pay.

The point is that when government assumes the responsibility for their care, the needy become "wards of the state." Government, at all levels, local, county, state or national, is not in need of charity. Government pays the butcher, the baker, the contractor, the social worker and all others with whom it does business, at the prevailing rate. Only the doctor has been expected to give his services either gratis or for a much reduced fee. It is high time that we physicians called a halt to this pilfering of our services by governmental agencies.....why should the doctor be short-changed? Like all others who do business with governmental agencies, the *doctor is worthy of his hire*.—(John G. Slevin, M.D., in *Detroit Medical News*).

On Drowning Accidents to Children

MICHAEL COUPLAND, L.M.S.S.A., M.B., B.S.,
London

THE Countess was bending over the fairheaded four-year-old. "If you don't know how to do it, for heaven's sake don't try—you can do more harm than good!" I felt redundant and went off to prepare an injection and order an ambulance to take the little chap to hospital—he had fallen into their private swimming pool and was unconscious when I got there. He soon vomited, woke up, and by the time he reached hospital, was full of beans and never looked back. "Where did you learn artificial respiration?" I asked his mother, the Countess. She looked a little embarrassed and said she had done some at school. That made me feel better as my experience was not much more till then.

That was some time ago and I have had plenty to stimulate my interest since It is abundantly clear that no child need ever be exposed to the risk of drowning and there should never be a near miss like the one I have mentioned. A toddler can die rapidly in quite shallow water. Look out for rubber boots and slippery bottoms; never allow a small child to play without the closest scrutiny in water deeper than the length of his arm. Swimming pools must be adequately fenced —as must garden ponds; rain-water tanks must be covered. Common sense is the guide to ordinary precautions.

The sooner a child can swim the better. But this is not the cure of all ills; the ability to swim 100 yards in the smooth still water of a bath is not a safeguard against panic, waves and currents. A doctor writing recently in the *British Medical Journal* stressed the much greater advantage of teaching a child to swim slower for a longer time—as he says, a child who knows he can swim for half an hour is not likely to panic.

What if you are faced with a child taken from the water. Don't panic yourself—think clearly:—

1. He is not breathing.
2. He is unconscious but breathing.
3. He is conscious but in need of treatment.

(1) The child is not breathing; this is the only indication for artificial respiration. Tip the child upside-down, put your finger into the mouth, well back to the throat and remove any foreign matter, such as weeds and mud that might be there. Use the simple rocking method in a small child and the Holger Nielsen in older children. Manuals of first aid describe these well, but two points must be stressed. No amount of hard work will be any use if the "airway" through the mouth, throat, larynx and into the lungs is obstructed and the tongue, by falling backwards is the commonest cause. The pressure to apply, which is very small (2–12 lb., depending on the size of the child) can only be learnt by practice on some

bathroom scales, the sort you stand and shiver on.

(2) The child that is unconscious must be watched very carefully--you must make sure he continues to breathe; lie him on his side so that the tongue lolls out of his mouth. Never leave him in case he stops breathing and needs artificial respiration.

(3) The child is conscious but needs treatment. The treatment here is also applied as in cases 1 and 2, and this is where I get into trouble. Your patient is shocked by the inhalation of cold water into the very middle of him, so to speak. He has absorbed through his lungs and into his circulation a pint or so of cold water; his exterior has been chilled by cold water; he is *cold* inside and out. It is essential to warm him up as soon as possible. Now some hold the theory that the external blood vessels have contracted and only the internal ones are in circulation in order to keep the core, as you might say, warm. I am sure this is so. But they go on to say that rapid warming dilates the external blood vessels, sending blood through cold tissues which returns to reduce the temperature in the core still further, therefore warming should be slow and over several hours. In a case of near-drowning this is impossible and as you want a practical solution, you must warm the patient up as quickly as possible. This way you will save life. The official manuals of the St. John and Red Cross have largely dropped the use of hot water bottles, but in these cases they are essential. Anything will do, screw-top beer bottles if you like, but plenty of them. Remember not to allow them to be in contact with the skin. An unconscious patient cannot object if you burn him and this must be avoided at all costs.

What else can you do? Get him into shelter, you know how cold wind feels on wet clothes. If possible, a good fire, a warm room, lots of warm blankets can be used along with encouragement, reassurance and a quip or two. As he comes round, hot drinks for everyone with plenty of sugar for the patient. Brandy is useful, in most cases the immediate stimulating effect of a small quantity does far more good than the harm of its later depressant action.

Finally, an eye should be kept on his chest and his temperature; a doctor should see him. But advice above all—think clearly and calmly and keep all the people, who will gather around on such occasions, busy fetching, carrying and collecting names and addresses that might be useful.—(*Mother and Child*, July, 1961).

Hospital Care

The medical student and the hospital doctor are judged by their peers and superiors on their ability to practise techniques derived from the physical sciences: "techniques derived from psychological sciences do not usually attain the same importance in medical training or practice in the general hospital."—(*People in Hospital* by E. Barnes).

Diet, Dress and Old Wives' Tales

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

DIETETICS is one of the ancillary branches of medicine that is becoming increasingly important. All properly established hospitals have a diet kitchen, and most magazines for men and women have periodic advice on diet. This mostly hinges round control of the waist line, but occasionally a more imaginative view is taken.

People are beginning to realize that food and health are related by considerations of more than just girth. Although the English are regarded as being both insular and conservative in their habits, they are also famous for being the home of lost causes.

Our relatively small island harbours more cranky sects than there are in France and Germany. Not only do we harbour them, but we seem positively to encourage them to flourish.

I went to a school in Letchworth which was crammed with sandals, bare legs, health food stores and bizarre religions. Tucked away in odd corners of this country are all sorts of food faddists.

We have plenty of people like Dr. Barbara Moore trying to live for ever on raw food and Dr. Hugh Sinclair who strongly believes that the wrong diet is a major contributor to heart disease.

Dr. Sinclair would have us give up animal fats, battery eggs, butter and cream. We should, he says, live longer on brown bread, fish, skimmed milk, farm-yard eggs and vegetable oil. On television, he did allow Scotch whisky, so that, on the whole, he is less restrictive than Dr. Moore—or the herbivorous man who used to plague my late chief, Sir Jack Drummond.

Drummond, when scientific adviser to Lord Woolton during the war, was pestered by a man who said he kept fit on a diet of Hyde Park grass!

We do know that the human animal is very adaptive and that given certain dietary minima, its digestive system can make do on a wide range of restricted intakes. We also know that on the whole it is equally able to deal with as wide a range of excesses—although it cannot avoid banking them away, as calories and fat.

There is no real evidence that vegetarians live longer than meat-eaters, or Jews than Moslems. Very strict vegetarians who eat neither eggs nor dairy produce, do get pernicious anæmia and nerve degeneration as deficiency diseases, but as they tend to refuse the curative injections, the size of the sect follows the law of diminishing returns.

Professor John Yudkin, who is a sensibly eclectic dietician, reviewed in *The Practitioner* the relationship between diet and heart disease. Perhaps I think he is sensible because he agrees with me when he says quite firmly that the relationship is not proven.

What all this boils down to is that the human animal is still flexible enough for a little of what it fancies to do it good. Too much may make it fat. And thin people on the average live a third longer than fat people—for a number of reasons.

One of the main problems in controlling diet is that eating likes and dislikes—and hunger—are very much a matter of habit. Here, too, our innate conservatism comes in. We tend, if left alone, to be unadventurous in our diet. Perhaps we are stodgy because of our diet.

We might be marginally better if we were a bit more adventurous in our eating. The main thing about a holiday is the stimulation of change.

It would undoubtedly be of benefit, especially as we get older, to pay attention to flexibility in diet. Food supplies energy and essential factors like minerals, vitamins and amino acids (in protein). Given a minimum of the essential factors, we can, as I have said, live on a wide range of diets.

Primitive man wore few clothes, lived in unheated premises and led an active life. Contemporary and, in his own image, more civilized man wears thick clothes, has heated if draughty premises and is relatively sedentary. This means that he needs relatively few calories to keep either warm or active.

It is because, from sheer habit, we tend to eat more than we need, that on the whole we are a stout race. This is particularly true in the summer when energy requirements fall as the temperature goes up. Dietetically it is sensible to eat much less, and lighter meals, in warm weather.

'Little, light and often' is the dietary maxim for people as they get older and more sedentary. This means developing new eating habits and getting used to much less. Old people if left alone will live very well on seemingly inadequate snacks. By keeping intake well in line with diminishing requirements they keep spry.–(*Men Only*, December, 1961).

Smile with Your Eyes

Learn to smile with your eyes. Successful portrait photographers know that if they can get a person's eyes to smile they need not worry about the rest of the face. They keep suggesting pleasant thoughts to their customers until the eyes soften—and speak. Why should such a good trick be reserved for photographic studios? Why not put your best face forward all the time? When you meet people, instead of the rubber smile which you have been clicking on and off on such occasions, give out with a smile that will be remembered—one done with your eyes! Your mouth will take care of itself. You have known plenty of people who could criticize with their eyes. It is just as easy to be gracious and friendly with them. And if you do it often enough it can change your whole personality.—(George Horton Bath in *Whatsoever Things*).

The Wonderful Strength of Our Eyes

THOMAS J. FLEMING, *London*

What is the most widespread misconception about the eye?

"That it is an extremely fragile organ—easy to injure and damage. The truth is that the eye is sturdier than most parts of the body and recuperates faster from irritation and infection."

The expert speaking is Dr. Lawrence Lewison, a pioneer in the field of "sight without glasses" research. In addition to his ophthalmic practice in New York, Dr. Lewison has spent nearly two decades experimenting with diet, drugs, eye exercises, contact lenses and other measures.

"Fear and ignorance still pervades the thinking of many on the subject of eyes," continues Dr. Lewison, "Aside from the excellent protection offered by the bony socket—as any prize fighter will attest—the eye itself is covered by tough, fibrous layers encased in strong muscles. The fear of permanent injury or blindness from everyday activity is quite unjustified."

Do you mean that excessive use or close work won't injure the eyes? No amount of over-use has ever been known to lead to anything more than transitory discomfort."

How about the effect of television on the eyes? "Adults shouldn't watch TV more than 2½ hours a day, children more than 1½ hours. And during these periods a conscious effort should be made to keep moving the eyes from the screen at frequent intervals. When any part of the body remains motionless for a prolonged period of time, it becomes numb, immobile. So also with the eyes."

Is bright light harmful to the eyes? "Only to the extent that it produces discomfort. The one truly damaging effect comes from staring directly into the sun or any source of ultra-violet light—but even this rarely leads to blindness."

Will the constant wearing of glasses make you entirely dependent on them? "No. Many people discard glasses after short periods of wear."

What are other myths about our eyes? Some of the most persistent are that excessive reading causes near-sightedness; cheap sunglasses may injure the eye; a child will outgrow cross-eyes and that eye strain can make you ill. All of these statements are untrue but belief in them remains widespread."

If an eye with impaired vision is used sparingly, or not at all for any length of time, is vision retained? "Not at all. In fact, non-use of such an eye leads to further degeneration—even loss of vision. But by using the impaired eye at maximum capacity, vision can possibly be retained and sometimes even improved."

How often should the average person have an eye examination? "Every 18 months under normal conditions. Any time, of course, that your eyes bother you."

Should all visual defects be corrected? "Not necessarily. Eyes have always had some defects, from caveman-days to the present. A fair degree of astigmatism (unequal focusing) for instance, is considered quite normal and generally overlooked. It is only when a defect in vision leads to a noticeable 'blurring,' or other symptom of discomfort, that relief should be sought."

Do some people suffer psychologically from wearing glasses? "Very definitely yes. To many people, eyeglasses act as a barrier between themselves and others. They feel that glasses are a sign of a physical defect and man's desire to present a normal, unhandicapped appearance to the outside world is deep-rooted and intense. It is for these people that contact lenses have been of great benefit."

Can everyone wear contact lenses? "No. Most people can, but the exception is the individual whose eyes may not be healthy, or who may be psychologically unprepared to wear them."

What about the future? "The future for eye-treatment and correction appears particularly bright. Growing enlightenment should clear away the cobwebs of superstition and ignorance surrounding the eyes. 'Sight without glasses' is still in the future for many, but improvement in contact lenses and research into new methods of vision correction will one day make glasses as obsolete as the bustle."—(*World Digest*, June 1961).

Sweets in Diet Show No Effect on Acne

Sugar in the diet apparently has no effect on the treatment of acne, according to an article by Theodore Cornbleet, M.D., and Irma Gigli, M.D., in the June 1961, issue of *Archives of Dermatology*, published by the American Medical Association.

The study involved 52 patients who were divided into two groups of similar age, severity of acne, and about the same division between the sexes. One group was restricted to two teaspoonfuls of sugar a day for coffee or tea; this group was not allowed soft drinks containing sugar or candy and cake.

Both groups received the same treatment, antibiotics. Each patient was observed for at least one month. No differences in results were found between the two groups.

In another study, the sugar tolerance of 15 acne patients was compared with 15 patients who did not have the condition. The acne patients showed no evidence of sugar intolerance.

Although adolescents have acne and are large consumers of sweets, it is doubtful whether or not there is good statistical evidence to support a dietary approach to the treatment of acne. Now that there are other methods of treating the condition, the authors said, dermatologists might be able to dispense with questionable approaches such as diet, until more solid evidence of their effectiveness is forthcoming. However, the authors conclude that "most dermatologists find chocolate often offending."—(*New York State J. Med.*).

MECHANICS OF ATHLETIC INJURY

ALEXIUS RACHUN, M.D.,
Team Physician, Cornell University, N.Y.

PART I

THE diagnosis of some athletic injuries often can be made at a glance. For example, in the case of a dislocated shoulder, there is a loss of the rounded contour over the deltoid muscle, the elbow is flexed and tucked in close against the chest, and the athlete supports the limb with his opposite hand, seeking to avoid painfnl motion in the injured joint. Other injuries such as fractures of bones with displacement are easily recognized, and after the doctor has satisfied himself that no complications exist he proceeds at once with the necessary treatment. In contrast to these clear-cut injuries, there are a number of others which call for the most careful investigation to establish what structures have been damaged.

Contusions:—The simple contusion is the most common injury in contact sports. The disability is usually slight, it requires little or no treatment, and the athlete comes to expect it as a part of the game.

On the other hand, when he gets a kingsize blow to the front of the exposed thigh, as sometimes happens in cricket, the resulting disability is no longer of a minor nature. The pain is severe, and swelling at the area of contact is pronounced. A part of the large quadriceps muscle is shredded at the site of injury, and a large amount of hæmorrhage would have occurred. If the blow was severe enough to injure the outer covering of the bone, the periosteum, a process of calcification would be started, and in a few weeks X-ray films would show a large calcified mass extending throughout the hæmorrhagic site, producing calcification in the thigh. This same process can take place in the arm following a severe contusion there.

Strains:—Another common athletic injury is strain, which most often involves the large muscle on the front of the thigh or one of the hamstrings which lie on the back of the thigh. In a strain a tendon or muscle is stretched or torn suddenly, the amount of tearing varying from a slight amount to almost complete rupture of the muscle or tendon, and for this reason the treatment and period of disability will depend on the extent of the injury.

A strain occurs most frequently in an athlete with tight muscles, and these individuals should devote more time to stretching exercises. Failure to warm up before competition is another reason for the development of a strain. In addition, the mishap may result momentary uncoordinated muscle action while running and especially during a sudden burst of effort, when the muscle or tendon is called on to exceed its capacity for work at that moment.

Nuisance injuries:—A group of injuries which are seen rather

frequently may be classified as nuisance injuries. Among these are tendon irritations; the tendons most frequently involved are those that extend the big toe and the Achilles tendon. These are caused either by a tight or ill-fitting shoe or by too tight lacing of the shoe.

Shin splints, of common occurrence in runners are associated with running on hard surfaces, and involve the tendinous attachments of the muscles to the bone at about the middle of the leg. A strain is imposed on the site of attachment; pain develops there and is made worse unless rest is enforced. Some athletes are prone to develop this condition.

Shoulder lesions:—The shoulder dislocation takes place when the head of the humerus is levered outside of its normal position in the shallow socket of the shoulder blade. This is accompanied by a stripping or tearing of a part of the capsular fibres. Many of these injuries occur for the first time in football by faulty arm-tackling. In basketball they happen even more often when a lay-up is blocked by an opponent. Frequently a player will give a history of one or more incomplete dislocations, before a complete one takes place.

The acromioclavicular separation, so often confused by athletes with dislocation of the above mentioned shoulder joint occurs mainly in contact sports, especially in football, lacrose, and hockey when a player collides with an opponent, the outer part of the shoulder or its tip taking the brunt of the force. As the arm is driven downward, the ligaments that bind the acromioclavicular joint resist the action and are torn to a variable extent. This same injury takes place also when a player falls hard on the ground on the side of his shoulder.

Eight Degrees in Giving Charity

"There are eight degrees in the giving of charity, one higher than the other:—

He who gives grudgingly, reluctantly, or with regret.

He who gives less than he should, but gives graciously.

He who gives what he should, but only after he is asked.

He who gives before he is asked.

He who gives without knowing to whom he gives, although the recipient knows the identity of the donor.

He who gives without making his identity known.

He who gives without knowing to whom he gives, neither does the recipient know from whom he receives.

He who helps a fellowman to support himself by a gift, or a loan, or by finding employment, for him, thus helping him to become self-supporting.—Moses Maimonides (1135–1204)."—(*Rehabilitation Record, 1*:5, 1960, via *Bull. Menninger Clinic*, Sep. 1961).

"It is now possible to investigate, treat and sometimes cure a whole [illegible] of diseases and physical traumata once considered hopeless.

—(*E. Barnes*).

Tonics and Appetizers

Paddy, telling the story of his narrow escape: "The bullet went through my chest and came out through my back." "But it would have gone through your heart and killed you," said his friend. "Ah," said Paddy. "My heart was in my mouth at the time."

* * *

Our Taxi driver was darting in and out of heavy traffic with complete abandon. After a few harrowing moments, my friend leaned forward. "Would you please be careful? I have eight children at home," she said. To which the driver replied, "Lady! You're telling *me* to be careful?"

* * *

Dr. Sidney Smith, Canada's new Secretary of State for External Affairs, commenting on his duties while president of the University of Toronto, said, "A university president must be a ball of fire by day and a bag of gas by night."

●

Family Album

A mother, balancing the books for the term, reports that her children have left five gloves, a sweater and two caps at school and brought home three colds, the measles and a tortoise.

My five-year-old son went with me to see a young couple's new baby. He gazed at the small, red, wrinkled face a long time, then murmured solemnly: "*So that's* why she hid him under her coat for so long!"

●

Deft Definitions

Pedestrian: Person who can't find the place where he parked his car.

Modern home: One that gives you half the room for twice the money.

Cough: Something you yourself can't help, but everybody else does on purpose to torment you.

Discussion: An argument that nobody is particularly interested

●

Feminine Logic

Fascinated by the way his wife's mind works, an uneasy husband we know has given us this example of what he has to be on guard against.

They have a 1956 car. A dealer offered them Rs. 10,000 for it towards a Rs. 15,000 1958 model, leaving only Rs. 5,000 to be paid for the new car. That also happens to be the same amount they still owe the hire-purchase company on their present car. The wife is convinced they can get the new car, clear of debt, without paying anything extra.

"It's simple," she has explained patiently to her husband, over and over again.

"We tell the man we accept the offer. He gives us Rs. 10,000 and we give him our car. We go to the hire-purchase company and pay off our Rs. 5,000 balance. Then we take the other Rs. 5,000 to the dealer. He has our Rs. 10,000 car and the Rs. 5,000 in cash and we walk out with a new car. It hasn't cost us a thing. We don't even owe the hire-purchase company anything.

"Honestly, Harry, I don't understand why you keep looking at me like that."

* * *

Brown (who has got a job as commercial traveller): "Since I started this travelling business I'm my own boss."

Friend: "That's good."

Brown: "Yes. I'm not taking orders from anybody."

* * *

Customer: "I wish to buy an appropriate gift for a bride—something timely and striking."

Merchant: "How about a clock?"

* * *

Mrs. Smith: "And so your daughter is about to marry. Do you really feel that she is ready for the battle of life?"

Mrs Jones: "She should be ready. She's been in four engagements already."

* * *

The ambitious youth came to London to join the police. He passed the medical examination and was interviewed.

"Well, young man," said an officer, "you look a promising sort of young fellow. You have a good general knowledge, I suppose."

"Yes, Sir!"

"Can you tell me, then, how many miles it is from London to Aberdeen?" The ambitious youth became alarmed. "Look here, sir," he blurted out, "if you're going to put me on that beat, I'd rather stay at home and help father with his cows."

* * *

A genius remains a crackpot, until he hits the jackpot.

* * *

Government statisticians not only collect facts but also draw their own *confusions*.

o o o

Opportunities are never lost; the other fellow always takes what all you miss.

o o o

"Some couples go into marriage with too many illusions" says a woman's magazine. Yes; true, and the most common illusion is that two can live as cheaply as one!"

o o o

"The pound does not go far enough these days" complains a housewife. No, but what it lacks in distance, it more than makes up in speed."

Should all visual defects be corrected? "Not necessarily. Eyes have always had some defects, from caveman-days to the present. A fair degree of astigmatism (unequal focusing) for instance, is considered quite normal and generally overlooked. It is only when a defect in vision leads to a noticeable 'blurring,' or other symptom of discomfort, that relief should be sought."

Do some people suffer psychologically from wearing glasses? "Very definitely yes. To many people, eyeglasses act as a barrier between themselves and others. They feel that glasses are a sign of a physical defect and man's desire to present a normal, unhandicapped appearance to the outside world is deep-rooted and intense. It is for these people that contact lenses have been of great benefit."

Can everyone wear contact lenses? "No. Most people can, but the exception is the individual whose eyes may not be healthy, or who may be psychologically unprepared to wear them."

What about the future? "The future for eye-treatment and correction appears particularly bright. Growing enlightenment should clear away the cobwebs of superstition and ignorance surrounding the eyes. 'Sight without glasses' is still in the future for many, but improvement in contact lenses and research into new methods of vision correction will one day make glasses as obsolete as the bustle."—(*World Digest*, June 1961).

Sweets in Diet Show No Effect on Acne

Sugar in the diet apparently has no effect on the treatment of acne, according to an article by Theodore Cornbleet, M.D., and Irma Gigli, M.D., in the June 1961, issue of *Archives of Dermatology*, published by the American Medical Association.

The study involved 52 patients who were divided into two groups of similar age, severity of acne, and about the same division between the sexes. One group was restricted to two teaspoonfuls of sugar a day for coffee or tea; this group was not allowed soft drinks containing sugar or candy and cake.

Both groups received the same treatment, antibiotics. Each patient was observed for at least one month. No differences in results were found between the two groups.

In another study, the sugar tolerance of 15 acne patients was compared with 15 patients who did not have the condition. The acne patients showed no evidence of sugar intolerance.

Although adolescents have acne and are large consumers of sweets, it is doubtful whether or not there is good statistical evidence to support a dietary approach to the treatment of acne. Now that there are other methods of treating the condition, the authors said, dermatologists might be able to dispense with questionable approaches such as diet, until more solid evidence of their effectiveness is forthcoming. However, the authors conclude that "most dermatologists find chocolate often offending."—(*New York State J. Med.*).

MECHANICS OF ATHLETIC INJURY

ALEXIUS RACHUN, M.D.,
Team Physician, Cornell University, N.Y.

PART I

THE diagnosis of some athletic injuries often can be made at a glance. For example, in the case of a dislocated shoulder, there is a loss of the rounded contour over the deltoid muscle, the elbow is flexed and tucked in close against the chest, and the athlete supports the limb with his opposite hand, seeking to avoid painfnl motion in the injured joint. Other injuries such as fractures of bones with displacement are easily recognized, and after the doctor has satisfied himself that no complications exist he proceeds at once with the necessary treatment. In contrast to these clear-cut injuries, there are a number of others which call for the most careful investigation to establish what structures have been damaged.

Contusions :—The simple contusion is the most common injury in contact sports. The disability is usually slight, it requires little or no treatment, and the athlete comes to expect it as a part of the game.

On the other hand, when he gets a kingsize blow to the front of the exposed thigh, as sometimes happens in cricket, the resulting disability is no longer of a minor nature. The pain is severe, and swelling at the area of contact is pronounced. A part of the large quadriceps muscle is shredded at the site of injury, and a large amount of hæmorrhage would have occurred. If the blow was severe enough to injure the outer covering of the bone, the periosteum, a process of calcification would be started, and in a few weeks X-ray films would show a large calcified mass extending throughout the hæmorrhagic site, producing calcification in the thigh. This same process can take place in the arm following a severe contusion there.

Strains :—Another common athletic injury is strain, which most often involves the large muscle on the front of the thigh or one of the hamstrings which lie on the back of the thigh. In a strain a tendon or muscle is stretched or torn suddenly, the amount of tearing varying from a slight amount to almost complete rupture of the muscle or tendon, and for this reason the treatment and period of disability will depend on the extent of the injury.

A strain occurs most frequently in an athlete with tight muscles, and these individuals should devote more time to stretching exercises. Failure to warm up before competition is another reason for the development of a strain. In addition, the mishap may result momentary uncoordinated muscle action while running and especially during a sudden burst of effort, when the muscle or tendon is called on to exceed its capacity for work at that moment.

Nuisance injuries :—A group of injuries which are seen rather

bathroom scales, the sort you stand and shiver on.

(2) The child that is unconscious must be watched very carefully--you must make sure he continues to breathe; lie him on his side so that the tongue lolls out of his mouth. Never leave him in case he stops breathing and needs artificial respiration.

(3) The child is conscious but needs treatment. The treatment here is also applied as in cases 1 and 2, and this is where I get into trouble. Your patient is shocked by the inhalation of cold water into the very middle of him, so to speak. He has absorbed through his lungs and into his circulation a pint or so of cold water; his exterior has been chilled by cold water; he is *cold* inside and out. It is essential to warm him up as soon as possible. Now some hold the theory that the external blood vessels have contracted and only the internal ones are in circulation in order to keep the core, as you might say, warm. I am sure this is so. But they go on to say that rapid warming dilates the external blood vessels, sending blood through cold tissues which returns to reduce the temperature in the core still further, therefore warming should be slow and over several hours. In a case of near-drowning this is impossible and as you want a practical solution, you must warm the patient up as quickly as possible. This way you will save life. The official manuals of the St. John and Red Cross have largely dropped the use of hot water bottles, but in these cases they are essential. Anything will do, screw-top beer bottles if you like, but plenty of them. Remember not to allow them to be in contact with the skin. An unconscious patient cannot object if you burn him and this must be avoided at all costs.

What else can you do? Get him into shelter, you know how cold wind feels on wet clothes. If possible, a good fire, a warm room, lots of warm blankets can be used along with encouragement, reassurance and a quip or two. As he comes round, hot drinks for everyone with plenty of sugar for the patient. Brandy is useful, in most cases the immediate stimulating effect of a small quantity does far more good than the harm of its later depressant action.

Finally, an eye should be kept on his chest and his temperature; a doctor should see him. But advice above all—think clearly and calmly and keep all the people, who will gather around on such occasions, busy fetching, carrying and collecting names and addresses that might be useful.—(*Mother and Child*, July, 1961).

Hospital Care

The medical student and the hospital doctor are judged by their peers and superiors on their ability to practise techniques derived from the physical sciences: "techniques derived from psychological sciences do not usually attain the same importance in medical training or practice in the general hospital."—(*People in Hospital* by E. Barnes).

Diet, Dress and Old Wives' Tales

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

DIETETICS is one of the ancillary branches of medicine that is becoming increasingly important. All properly established hospitals have a diet kitchen, and most magazines for men and women have periodic advice on diet. This mostly hinges round control of the waist line, but occasionally a more imaginative view is taken.

People are beginning to realize that food and health are related by considerations of more than just girth. Although the English are regarded as being both insular and conservative in their habits, they are also famous for being the home of lost causes.

Our relatively small island harbours more cranky sects than there are in France and Germany. Not only do we harbour them, but we seem positively to encourage them to flourish.

I went to a school in Letchworth which was crammed with sandals, bare legs, health food stores and bizarre religions. Tucked away in odd corners of this country are all sorts of food faddists.

We have plenty of people like Dr. Barbara Moore trying to live for ever on raw food and Dr. Hugh Sinclair who strongly believes that the wrong diet is a major contributor to heart disease.

Dr. Sinclair would have us give up animal fats, battery eggs, butter and cream. We should, he says, live longer on brown bread, fish, skimmed milk, farm-yard eggs and vegetable oil. On television, he did allow Scotch whisky, so that, on the whole, he is less restrictive than Dr. Moore—or the herbivorous man who used to plague my late chief, Sir Jack Drummond.

Drummond, when scientific adviser to Lord Woolton during the war, was pestered by a man who said he kept fit on a diet of Hyde Park grass!

We do know that the human animal is very adaptive and that given certain dietary minima, its digestive system can make do on a wide range of restricted intakes. We also know that on the whole it is equally able to deal with as wide a range of excesses—although it cannot avoid banking them away, as calories and fat.

There is no real evidence that vegetarians live longer than meat-eaters, or Jews than Moslems. Very strict vegetarians who eat neither eggs nor dairy produce, do get pernicious anæmia and nerve degeneration as deficiency diseases, but as they tend to refuse the curative injections, the size of the sect follows the law of diminishing returns.

Professor John Yudkin, who is a sensibly eclectic dietician, reviewed in *The Practitioner* the relationship between diet and heart disease. Perhaps I think he is sensible because he agrees with me when he says quite firmly that the relationship is not proven.