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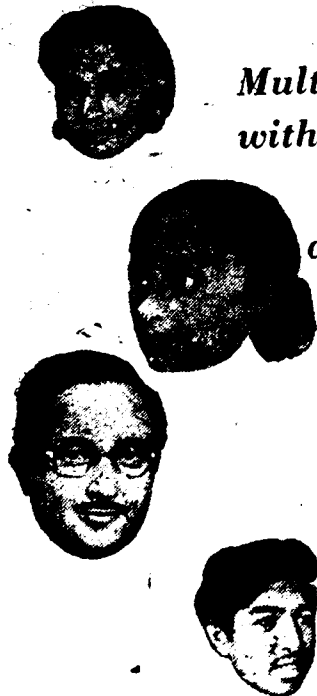
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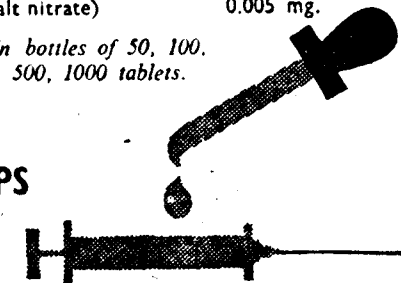
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Tonics and Appetizers

"Will you tell me", asked an outraged partner at a bridge game, "how you could make a bid of 3 no trump when I am sitting here with all 4 aces and a king in my hand?"

"If you must know", was the reply, "I bid on 3 queens, 2 jacks, and 4 scotch and sodas."

There are 3 words for making guests feel welcome at a party and at home.

When they arrive, you say, "At last", and when they leave, you say, "Already?"

A gambler's 7-year-old son was asked to count as high as he could. He counted, "1, 2, 3, 4, 5, 6, 7, 8, 9, 10, jack, queen, king."

A rather stupid thief once decided to rob a very rich country home. Early in the evening he crept cautiously through the shrubbery and looked into the drawing room. He saw a young lady and a young man, both in evening clothes, playing a duet on the piano.

He then decided not to rob the house because he thought: "They can't have much money, if two people have to play on one piano."

Father to his little boy: "You are acting like a pig. Now, do you know what a pig is?"

"Sure", was the answer, "a pig is a hog's little boy."

They are a well-made couple: He snores and she is deaf.

The cemeteries are filled with people who thought the world could not go along without them.

A gentleman was waiting for a bus when another man went up to him and asked him, "Could you tell me the time?"

The first man did not answer. Then the second man asked a second time and when he received no reply, he walked away.

Another passenger came up to the first man and said, "Are you deaf?"

"No, not at all."

"Then why didn't you tell him what time it was?"

"Listen", was the answer, "I am standing here minding my own business and this guy wants to know what time it is. Suppose I tell him. Then what? He starts to talking and he says, 'How about a drink?' So we have a drink and after a while I say, 'How about a coming up to my house for supper?' He comes with me, and we are eating, when in walks my daughter. Now, I have a beautiful daughter and this guy falls in love with her, and she with him. Then, they get married, and any guy that can't afford a watch, I don't want for a son-in-law."

An undertaker in Connecticut has as license plate number on the hearse: U-2.

The following news item appeared in a California paper: It has been more than 10 years since Tipton, Calif. has had a mayor who smoked. Mayor North never smoked, ex-Mayor Smith does not smoke, and ex-Mayor Chapman never smoked when living.

A widow went to a medium and got into contact with her late husband.

"James," she asked, are you happy now?"

"I'm very happy."

"Are you happier than you were with me on earth?"

"Yes, far happier," was the answer.

"Tell me, James," the wife asked, "what is it like in Heaven?"

"Heaven?" was the answer, "Who's in Heaven?"

A New Combined Speciality

Dr. and Mrs. R. N. and daughter were honoured at a family picnic at Goteh Park recently. They left for Chicago where Dr. N. will begin special training at Lying-in Hospital and the University of Chicago. Dr. N. is training in obstetrics and genealogy.

A little boy was asked, "Whom do you love most?"

He answered, "I like Daddy, and I like Mummy, but I love pie."

There is only one beautiful child in the world, and every mother has it.

This man is the world's best bore. He bores me even if he talks about me.

A friend is a guy who has the same enemies you have.

Some people have read so much about the bad effects of drinking that they decided to give up reading.

One little boy was talking to his friend and said, "I don't say anything to my mother, but I don't think she knows very much about bringing up children."

"What makes you say that?" his friend asked.

"Well," was the answer, "she makes me wake up when I'm tired, and she makes me go to sleep when I'm wide awake."

expected. If otitis media is present or anticipated, sulphonamides may be more beneficial than antibiotics. The benefits of antibacterial prophylaxis rise in proportion to the severity of the attack.

Those patients with mild attacks soon recover if kept warm in bed for a few days. Ventilation should be adequate. The diet should consist mainly of milk and as much fluid in the form of sweetened fruit drinks as the child can be persuaded to take. A troublesome cough may necessitate use of a simple linctus or Dover's powder. Adequate attention to the hygiene of the mouth and eyes will help to prevent occurrence of otitis media and purulent

conjunctivitis.

Complications:—Broncho-pneumonia is the most serious complication. Symptoms of central nervous system involvement may also occur. A convulsion may occur in very young children, others may complain of headache. There may be irritability or delirium, but drowsiness is more common. There may be meningeal signs. Symptoms usually subside within a few days, but if they persist, residual damage to the central nervous system may occur; when complications occur, your doctor will be able to treat them and restore the patients to normal health.—(*The Practitioner*, London, September, 1961 via *Medical Digest*, December, 1961).

Eye Appeal—that's what Counts

Shrewd manufacturers, shop-keepers and restaurateurs recognize that enjoyment of food is much influenced by its colour.

South Africa's Association of Food Science and Technology was recently told the story of an unwise butcher. This butcher placed his meat on pink-coloured slabs, and then wondered why his sales fell away.

How strongly colour does influence our taste, even as drinkers, emerged from a test made on forty people with six different types of fruit juice. All the juices were coloured the same shade of red, and everyone taking part in the identity test belonged to the soft-drink industry.

Out of the 40 tasters, 39 recognized correctly the drinks made from pineapple, and 38 the lemon drinks. But only 13 identified the cherry drinks and 12 the raspberry juices.

Housewives appreciate that a tomato on a red dish loses half its enticement; but introduce the tomato on a fresh lettuce leaf, and the appetite is tempted at a glance.

Again, experience shows that fresh, green-coloured peas are young and tender. But, yellowed peas are, as a rule, hard and tasteless, and, if grey, quite sour.

Food with a good "eye appeal" is almost always attractive and nutritious, whether served raw, cooked, processed, straight from the fridge or treated first by some other proven scientific technique.

But dull-looking food, besides being insipid to taste, also tends to be of less nutritional value.

Lighting, too, can play an artificial role in this edible colour fancy, and show off to best advantage good-quality produce. Greenish light for instance, suits a vegetable department.—(*Tit-Bits*, 4-11-1961).

MEASLES

R. W. ANNAHILL, M.D.

London

EPIDEMICS of measles are known to occur every two years in all populated areas, the incidence in 1959 being 539,524 against 616,192 in 1951, with a fatality ratio of 0.02 in 1959 and 0.05 in 1951.

The virus responsible seems to increase the vulnerability of the respiratory tract mucosa to secondary invasion by streptococci, pneumococci, and *H. influenzae*. The poorer the environment, the greater the incidence and the earlier the age at which the disease is contracted. In middle-class families maximum incidence is in school-age children.

Spread of the disease:—The virus, which can be recovered from the upper respiratory tract in the pre-eruptive and early eruptive stages, is disseminated over considerable distances by the coughing and sneezing in the early catarrhal stage. The susceptible child is infected by inhalation of droplets or droplet nuclei. Infectivity in the prodromal and eruptive stages is similar to that of chickenpox.

Incubation period:—The interval between infection and the first signs of illness is about 11 days, with a range of 10 to 14 days. Symptoms of fever, anorexia, cough, abdominal pain, vomiting, and a transient rash may be seen in a few cases during this period. Patients with these early symptoms develop a typical attack at the usual time.

SYMPTOMS:—Measles usually begins with sneezing, coughing, lacrimation, and with steady rise in temperature for 3 or 4 days. The typical measles rash may be preceded by prodromal rashes resembling those of scarlet fever or of rubella. Difficulties in diagnosis result from the disappearance of these rashes before Koplik's spots appear.

The exanthem of measles begins some 3 or 4 days after the coryza, cough, and conjunctivitis. A few fine macules may be seen behind the ears and on the forehead. Spread of the eruption over the face is followed by its appearance on the trunk and limbs. Lesions often are papular as well as macular, with hæmorrhagic elements in heavy eruptions.

The temperature is at its height just before the rash appears and in the absence of complications steadily declines to the end of the illness. The rash fades in about a week, while the respiratory symptoms and conjunctivitis disappear and the patient is convalescent after about 10 days.

TREATMENT:—There is at present no specific treatment.

Routine use of sulphonamides or antibiotics for healthy children during an attack of measles is unnecessary, but the 'catarrhal' child may benefit from their use. If a previously healthy child under two years of age requires an antibacterial drug, an antibiotic is preferable to a sulphonamide as pulmonary rather than aural complications are to be expected.

Penicillin should be used if pulmonary complications are

same reason he is constipated.

As time goes on, the stomach dilates so that it holds more of the feed without vomiting it all up straightaway. The baby may then vomit stale curdled milk between feeds or just before the next one. The most characteristic thing about the vomits is the force, violence and regularity with which they come.

Don't, however, be misled into thinking that every baby that has a projectile vomit has pyloric stenosis, because it can happen with wind, too, and it isn't always easy to distinguish. That is why it is essential for the doctor to feel the lump before making a definite diagnosis.

A doctor will early suspect the cause from the mother's story and will feel the muscles obstructing the stomach well up into a little hard lump while the baby is feeding. He will then offer the parents a choice. This is between an operation, which may mean one to seven days in hospital according to the surgeon, and complete recovery. Or, medical treatment which often can be carried out at home.

It means giving the baby drops of medicine before each feed, and sometimes washing out the stomach for a day or two. This medical treatment is usually advised if the baby is more than six weeks' old and in good condition, or if no surgeon specializing in the job is within easy reach of your local hospital.

But it is much more chancy and more prolonged than surgery, which can be extremely

effective. The operation is done under a local anæsthetic, without putting the baby to sleep. It is not an easy one but is in essence simple. The surgeon divides the swollen band of muscle so that it separates and no longer bulges into the channel leading out of the stomach. Medical treatment depends on a drug that will allow the muscle fibres to relax, with the same end result. Sometimes the baby may respond in a few days. But in some cases, after two or three weeks of struggle, the surgeon has to help and your doctor may prefer his help in the first place.

If the baby has been vomiting a great deal, he may have vomited so much of the acid in his stomach that he will be short of salt in his blood stream. The doctors, if he does go into hospital, will test for this before doing anything. They may decide to give a salt solution into his veins for a day or two, before going ahead with any other treatment.

Nowadays pyloric stenosis in a baby should be nothing to worry about. Don't let a baby become thin and wasted just because your doctor may suggest operation. That is the way to make the surgeon's job more difficult. Get your own doctor's opinion as soon as you are sure the vomits are not just chance. There is nothing to lose. If they are due to wind, a little reassurance and more careful handling may cure them. If it is pyloric stenosis, then the sooner it is put right, the better.—(*Family Doctor*, November, 1961).

PYLORIC STENOSIS IS INHERITED

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A. P. NORMAN, M.D., F.R.C.P.

It can be rather alarming when a baby starts to vomit in real earnest every time you feed him, but pyloric stenosis is treated very successfully nowadays.

JUST recently a well-known specialist in heredity has become interested in the athletic prowess of people operated on for pyloric stenosis when they were babies. Babies who get over pyloric stenosis are mostly particularly fine bouncing boys. It is a well-known fact that many more boys than girls are affected.

This doctor has pointed out again that most of the babies when they had grown up had gone in for energetic sports and had been especially good at them. If they weren't games players they were gym. instructors or something similar. They tended to be strong and broad, with big muscles. So it looks as if the factor which makes children liable to pyloric stenosis, or to give it its full name, 'congenital hypertrophic pyloric stenosis,' is linked with a factor for maleness and a factor for big muscles and athleticism.

Troublesome gene:—Pyloric stenosis is inherited. The gene that predisposes to it is passed on from parent to child. Quite a number of parents who had this trouble when they were babies now have a child who has it. As the gene is transmitted by the parents there is always a chance

that more than one of their children will be affected, and this risk is about ten per cent for sons and three per cent for daughters. Brothers and sisters of an affected boy have a ten times bigger risk than other children. Brothers and sisters of an affected girl, about twenty-five times bigger risk.

Pyloric stenosis is called congenital, which means it is there at birth, but the symptoms don't appear for two or three weeks or more after birth. It is the predisposition that is inherited for certain. It may well need something else, vomiting or some sort of feeding difficulty to set it off. The muscles of the pyloric canal at the exit of the stomach then increase in size until they form a thick band and actually block the exit.

The story usually is that the baby was quite normal for a couple of weeks or so and then began to vomit, often with some difficulty with wind, or something of that sort. Then the vomiting begins, just ordinary occasional small vomits at the end of a feed at first, getting larger and more and more forceful as well as earlier on in the feed.

Sometimes from the beginning they are big vomits that seem to start from the stomach. The baby is usually a strong healthy baby with strong digesting movements of the stomach. When food cannot escape the right way the movements of the stomach muscles suddenly shoot the food up the wrong way. The baby is perfectly well at first and gets hungry, because as a result of the vomits he is not getting enough food. For the

IMPACT

★

IF the French appear excitable to us it's because of the amount of expression they put into their voices. And they talk with their hands and shoulders, as well as with their mouths, while their speech is studded with exclamations!

By contrast, our (British) own talk is too often expressionless and dull. But we are improving. We are beginning to put more exclamations and drama into what we say.

I find that, more and more nowadays, we act when we talk. Girls, especially, do this, and so do many older women. They puff, say "pooh" with plenty of expression to express distaste, and so on.

Such "aids to brighter speech" should make what we say more vivid and interesting. But often they don't. Most of them are so badly done that one feels it would be much better if the acting was left out completely. I constantly hear people say: "It was all bloo-ooo-ooo," by which they mean: "It was all very confused." How much better if they had said so!

There is an art in talking well and it needs very careful thought and practice. Too many people imagine they can open their mouths and pearls will tumble out. A very good way of learning to talk properly is to listen

to someone of the calibre of Peter Ustinov. He talks slowly, and pauses most effectively.

Pauses are essential—especially before the climax of a story. That little break makes your listener wait in a brief suspense, and adds impact to what you say next.

If you are able, it helps if you can imitate the tone of voice, the manner, and the accent of the person you are talking about. It isn't difficult. But if you can't, don't.—(Franklin Dwyer in *Tit-Bits*).

The Value of Prayer in Maintaining Health

Auto-suggestive, Psychotherapeutic, and Effective Longevity Prayer

More and more emphasis is beginning to be laid on the 'Value of Prayer' as a therapeutic aid in treating various diseases. Dr. S. Sabapathi an Octogenarian, former Radiologist of Barnard Institute, Madras, has sent us for publication the following which, he says, if recited daily would help in keeping good health.—(Ed. HEALTH).

By the good grace of Omnipotent Power,
Every way, every day, ever and ever,
I'm getting better and better,
Also getting healthier and happier,
For, my organs and glands in order,
My heart and soul a great power,
Amazingly triumphant every hour,
Of my fate, I'm the master,
Of my destiny I'm the maker,
Of my will, I'm the victor,
I always abide by laws of nature,
A toper I've been never,
A smoker I've been neither,
I'm free from allergy, worry and anger,
Hence I'll surely live a century and longer,
All because my sub-conscious mind,
Readily yields to my conscious mind,
I repeat this prayer before and after sleep,
The most propitious time to act and keep.

Much more happiness is to be found in the world than gloomy eyes discover.—(F. W. Nietzsche).

full benefits of the Health Service.

Deformities and abnormalities do very often represent a chip on the shoulder which the bearer is better without.

There are even surgeons who advocate the extirpation of abdominal fat. To reduce "middle-age spread" is, in fact, quite a simple procedure.—(*Men Only*, Oct. 1961).

Can a Doctor's Heart Be Cured by Walking?

CLIFFORD S. JAMES

DR. JAMES believes that in addition to avoiding dairy products and reducing body weight, the patient with coronary disease and angina should take regular walking exercise.

At the age of 63, when his weight and blood cholesterol were normal, and he avoided dairy products, he suffered severe anginal pain when hurrying on level roads. Relief was obtained on slowing down or by taking Trinitrin (Anginine).

Hearing that London bus conductors had less coronary disease than the less active drivers, he began to walk to his appointments, or to ride part of the way and walk the rest. The walks were taken three times daily, usually in the morning, at noon, and in the later afternoon. An average of eight minutes each was attempted, though there were variations according to circumstances.

Brisk walking was continued up to the occurrence of pain, when the pace was slackened, or an Anginine taken, though few of these were used, and none during the past year. There was steady improvement from

the start, until a fairly fast walk up a steep gradient caused little discomfort. At a certain point pain will come on, e.g. after a forced hurry up a steep gradient.

Two patients, a man and a woman, both aged 59, were put on to walks, and both have lost their anginal pain.

The writer hopes that the walks cause his heart to behave as though he were a manual worker. He considers that the male patient, who had suffered a severe coronary thrombosis, must have increased his coronary circulation by walking, so sweeping away the clots.

He believes that in his own case the increased demand on the heart will lead to formation of new coronary vessels and opening up of the blocked ones, as described in experimental work on animals.

'The heart is mechanical in its action, and subject to the same kinds of trouble as gas pipes, water pipes, or our cars, the only difference being that our haul-away truck is a black one.'—(*New Zealand Medical Journal*, 60: 218-219, May, 1961).

PERSONALITY AND APPEARANCE

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DR. H. BERIC WRIGHT,
London

I HAVE just come back from attending a medical conference in Belfast. One of the sessions was about Northern Ireland's perennial problem—unemployment. In discussing some of its medical implications the Chief Medical Officer of the Ministry of Labour made a fascinating point. He was commenting on a recent investigation into the causes of long-term unemployment in Scotland.

Nearly a third (30 per cent) of those unable to get jobs for a year or more had "defects of appearance," i.e., their general appearance was such that people were reluctant to give them a job.

This alone would seem to be a striking piece of evidence in favour of cosmetic surgery.

Similarly, altering the shape of one's nose, or pinning back "bat ears", may in fact play a large part in changing behaviour or reducing anxiety.

How often do you, when you see someone with striking physical features, say to yourself "He would be a nice man to work for, or with" or "She's a haughty-looking woman"—or just "My goodness, he looks sour and sad."

The extent to which our real personalities are mirrored in our looks is an interesting study for the amateur psychologist, and to some extent it forms the

basis of assessing people at interviews.

Usually we tend to notice basic features like sorrow, or worry or happiness, but much more important are abnormalities like birth-marks, or scars, or even those accentuations of the normal which verge on deformity, which might influence a person's behaviour.

Can one, in fact, alter a person's behaviour or personality by altering his appearance?

The answer to this question is quite often 'YES.' Although plastic surgery for purely cosmetic reasons has got itself a slightly bad reputation, "cosmetic surgeons," as they are called in America, are always arguing that their work is just as valuable as mending hernias or removing ulcers.

Just as a peptic ulcer may be related to problems of adjustment to environmental pressures, so may worry about a prominent feature adversely affect behaviour. A shy girl with a large mole on her face, or a man with a cauliflower ear may be so much under the influence of these defects that they cannot behave normally at, say, a party.

It is perhaps a pity that cosmetic surgery tends to be confused with merely removing wrinkles and bags under the eyes which, although doubtless important to age-conscious women, could not really be called vital.

But any cosmetic procedure which helps an individual to face the world with more confidence or less anxiety surely merits the

cease and the condition stabilizes itself at that level. It is extremely rare for short-sight ever to lessen in degree.

Prevention is really the only hope of reducing the numbers who are short-sighted and have to wear glasses, and that treatment once short-sight has started should be directed to stopping it increasing so that the growth of the eyeball does not get out of hand. In both cases it means studying the disease in childhood and not only the disease, but also the child.

It has been shown that babies born prematurely are often short-sighted. This is often not discovered until several years have passed which sometimes leads to permanent visual defect, so it is to be recommended that all children born under 4 lbs. in weight should have a thorough eye test by an ophthalmologist in their second year, which will enable treatment to begin at the earliest possible moment. It is also known that those children who are born short-sighted are born more frequently after pregnancies disturbed by maternal illness, so that as far as short-sight in infants is concerned the evidence is strongly in favour of physical factors of a general kind being associated with the appearance of short-sight rather

than any special ocular stress. Furthermore these babies do not usually get worse sight as they grow older. In other words, the short-sight appears before they use their eyes and does not get worse when they start to use them. This again suggests that general physical rather than local ocular causes are operative.

In the vast majority of short-sighted people however, the disease is acquired, and the sight does deteriorate to a greater or lesser extent.

In terms of practical treatment it is important first to remember that this is not a weakness of the eyes but an expression in the eyes of a growth phenomenon of the child. The premature should be examined in their second year, those whose parents, brothers and sisters are short-sighted should be examined yearly from the age of 6. The provision of glasses is not curative or weakening but enables a child to keep his vision at its optimum not only at the moment but in the future. The general health, growth, physique and diet of a child have more connection with his sight if he is myopic than his reading habits or other factors leading to so-called eyestrain.—(*Health Horizon*, Summer, 1961).

The Patient as a Whole

"It is well enough to talk about the 'whole man' as a patient concept, but the high road to this objective must perforce lead first over the rough stones of cellular biology, the hard surface of biochemistry, and the quicksands of medical psychology."—(*Jour. Amer. Med. Assoc.*, 176: 754).

SHORT SIGHT

★

PETER A. GARDINER, M.D., D.O., M.S.

Research Fellow in Ophthalmology,
Guy's Hospital, London

ALTHOUGH short sightedness (medically known as myopia) is a common condition, its prevention and cure remain as difficult as that of the common cold.

We do not know how common it is, nor whether more or less people are short-sighted than in previous generations. We do know that it is the commonest cause of blindness and partial sight up to middle age, but of course only a minute fraction of short sighted people suffer more than the necessity of wearing glasses.

We do know that many ideas, such as that it can be caused by reading in a bad light or under the bed clothes are mainly wrong. It is as wrong to believe that glasses cure the disease. This belief is held by almost as many as those who are convinced that glasses make the short sighted eye weaker.

The whole conception of strong or weak eyes is misleading, and except in the most severely short-sighted people there is no weakness of the eye requiring any limitation on the use of the eyes. Broadly speaking, glasses in short-sighted people merely enable them to see better with them on, than off. Here, there is one very important qualification to make. If a child does not wear glasses sufficient strength and for a

sufficiently long time when his short-sight starts, he may never be able to tolerate glasses of sufficient strength to enable him to see properly when he is older. In effect he will have reduced his vision, though potentially the eye is capable of seeing better.

Exercises.—Some people are convinced that exercising the eye is good for short sight. Whatever merits exercises may have for other conditions there is no satisfactory evidence that they have any permanent effect on short-sight nor that they could have. That they may be positively harmful was my conclusion after seeing a young woman who detached her retina ten days after starting a course of exercises and now has only one useful eye.

Short sight then is really disproportion in the eye; it usually begins sometime during the most rapid phases of growth, between the ages of 7 and 16—slightly earlier in girls, slightly later in boys. This is just when disproportion of tissues is very likely to occur, and in fact it occurs in the eye in those children who grow fast in spurts more often than in those who grow steadily. It is also more likely to occur and increase in these children who mature early or who are slightly disproportionate in their physical growth, i.e., in those who are long and lean and in those whose weight is excessive, though no physical type is immune from the possibility of being short sighted. Soon after all growth has ceased in terms both of weight and height, changes in the eye also

ween the tibia and the femur and tears from its attachment or through its substance. Frequently, if not enough time for healing is permitted, a minor tear will be extended and become a major one, requiring surgery.

The injury is known as a bucket-handle tear when it is torn longitudinally through its substance, one strip of the tear being displaced and lying bow-strung across the joint from front to back. Under these circumstances the knee cannot be extended fully, and then we have the locked knee. It should be emphasized that a locked knee can result from causes other than a displaced cartilage.

Another type of knee injury that is now being recognized with increased frequency is the one that involves the under-side of the knee-cap. It is sustained from one or more blows to the knee-cap or from a dislocation at the kneecap.

Ankle injuries.—Twisting forces with the foot turned in or out are responsible for the numerous ankle sprains seen in sports. The ligaments on the inner side of the ankle are very strong, and it therefore requires a greater force to injure them. This might explain in part why recovery from sprains involving the inner side of this joint requires more time as compared with injuries on the lateral side. Just as in the knee-joint, the ligaments of the ankle may be

torn badly. When this happens the snug fit of the bones that make up the ankle joint is lost, and, unless treated decisively by plaster-cast or by operation, the athlete becomes a candidate for arthritis of the ankle joint within a few years.

Wrist injuries.—Another injury that must be watched for is that involving one of the small wrist bones, the fracture of the scaphoid. Whenever a player falls backward breaking the fall with the palm of his hand on the ground and complains of pain in the wrist thereafter, this injury must be held suspect as a fracture of the scaphoid; X-ray films taken a day or two after the injury will not show a crack in the bone, but films taken two weeks later, after absorption has taken place, will reveal the presence of a fine fissure. Unfortunately, if the wrist is not immobilized in a cast early to allow healing, lifelong disability with aching and pain in the wrist can result.

Head injuries.—Following a hard blow to the head, a player may not be knocked out, and yet he may develop all the other symptoms of cerebral concussion, such as loss of memory for recent events, headaches, and visual as well as mental defects.

Conclusion.—A knowledge of the mechanism of injury is helpful in the diagnosis of injury, which in turn leads to more effective treatment.—(Condensed from *N.Y. St. J. Med.*, 1-8-1961).

MECHANICS OF ATHLETIC INJURY

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

(Continued from page 24)

PART II

Neck injuries.—One of the most vexatious and frustrating injuries that takes place in football is the so-called pinched nerve in the neck. Interior linemen and backers-up are the ones who have the most trouble with this problem. Most coaches and trainers are familiar with the football player who, after a shoulder-block or head-tackle, comes up with a severe, sometimes burning pain that extends from the neck toward the shoulder and down the arm and often all the way into the hand. This acute pain is usually of brief duration, although a less painful component may last for a day or two. The pain in this injury is always on one side and involves only one arm. When a similar pain or a feeling of numbness develops in both arms it may signify a far more serious injury such as a broken neck or a dislocation of a vertebra in the neck with pressure on the spinal cord.

The pinched nerve-injury comes about in the following situations. The most common one consists of a shoulder-block in which the neck is bent toward the opposite shoulder. Another mechanism is the head-on tackle, with head down, producing a telescoping effect on the neck. The capsular ligaments of one

of the small joints of the cervical vertebrae may have been injured, rendering the joint slightly unstable and permitting an increased amount of motion in the joint, enough to impinge momentarily on the nerve root which lies alongside the joint. A player may be plagued with this injury for one season and then have no trouble at all in later seasons. By keeping the neck tucked in, turtle-like, and the head up, there would be less tendency for this injury to occur.

Knee injuries.—Among all the joints in the body, the injuries that involve the knee are often most puzzling and the most difficult to diagnose. Sprains, which most often involve the ligaments on the inner side of the knee, result from a stretching or a tearing of these ligaments. These injuries occur when a force is applied from the outer side of the knee toward the inner side, tending to spring the inner side of the joint. The medial ligaments resist this springing effect, and, as a result, they are stretched or torn, depending on the force involved. They may occur when a player is clipped in football. If the clip is a violent one, ligaments may be ruptured completely, and other parts of the joint are usually injured, requiring prompt surgery to repair the damaged ligaments and other structures.

A cartilage injury, occurs with a twisting mechanism of the knee, the medial cartilage being involved more frequently. With a sudden twist of the bent knee, as in a football cut, the cartilage becomes trapped bet-

tions. The latter is achieved by tilting the X-ray table backwards.

Also the room has to be in semi-darkness, but you soon get used to the dim light, as you do in a cinema. If you see the radiologist wearing a pair of red goggles, it is simply to help him get used to the darkness more quickly. The technician who works the apparatus and inserts the films that are to be used, is called a radiographer.

Many patients come for their barium meal in a state of trepidation because they have heard all about "the terrible stuff you have to drink." Now I won't pretend it's what you would choose to drink, but it isn't all that bad. It tastes rather chalky and may have a faint vanilla or malted milk

flavour. The reason for insisting on your coming along without your morning cup of tea is to ensure that your stomach is completely empty. This makes certain that nothing will obscure the picture.

Sometimes the radiologist wishes to "follow through" the barium. This means that he wants to observe its rate of passage through the bowel and this will necessitate one or two further visits by you to the department during that day and the following morning. A bit of a nuisance perhaps, but you can't hurry the barium. It takes its own time to get round. And it is a real help in finding out exactly what is wrong with you. And then it can be put right.—(*Family Doctor*, November 1961).

Time to Change?

A friend of mine was talking about her mother. "She is very set in her ways," my friend said. "There is no changing her now." I realized there wasn't. It was too late in life to attempt that.

And it occurred to me that we all have defects of various kinds. Physical ones are visible and can be dealt with. As a rule they are, especially by women. They change the colour of their hair, they lift or remove their eyebrows, they alter their figures, there are so many ways of changing them.

But the invisible shortcomings—of character, behaviour, and so on—are ignored usually. Nevertheless, they are important—*vitally important*. Because you don't see these faults in your mirror, it doesn't mean that others are blind to them. To others they are only too obvious—and are generally far more unattractive than the shape of your nose or the curve of your mouth.

I feel that we should—all of us, try to discover our invisible defects. Most of them can be adjusted quite painlessly really, though some of them would require perseverance and patience. Take the mind to begin with. The one you are born with needs developing. And this process is only begun at school. Why not try to expand your knowledge—not necessarily by deep study, but by reading, observing, thinking and talking to intelligent people. A person who does this is far better company to his friend—and has a wide circle of friends.

Then there's behaviour. Do you think of others? Are you kind and considerate? Or are you self-centred? All this can be altered with a little effort.—(*Franklin Dwyer, Tit-Bits*, 4-11-1961).

Some families have no cars, no washing machines, no televisions. They just have money in the bank.—(*Tit-Bits*, 4-11-1961).

WHAT IS A BARIUM MEAL?

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MYER GEE, M.B., Ch.B., D.M.R.D.

WHEN you make an appointment for a barium meal your instructions will read, "Have nothing to eat or drink on the morning of the examination." You ask, "Why shouldn't I have anything and in any case, what is a barium meal?"

Suppose you have been getting pain in the upper abdomen after meals on and off for some months. Although the medicine given to you by your own doctor produces some relief, he decides to refer you to a consultant at

the local out-patient clinic for a proper check-up. He in turn seeks the help of the X-ray department.

In particular he wants to find out whether you have an ulcer in your stomach, that would be a gastric ulcer, or if it's in the first part of the small intestine, a duodenal ulcer. These are the two most common sites for ulceration and both come under the heading of peptic ulcer.

It is not possible to take a straight-forward X-ray picture of the stomach because there is so little difference between it and the surrounding structures. So it is necessary to fill it with a special liquid which produces increased contrast and will thus outline the stomach on the X-ray screen. It must, of course, be

harmless to the patient. Barium fulfills both these requirements.

Now what happens in the screening room? This examination is different from many procedures in the X-ray department in that the patient is "screened" by the radiologist, who is a doctor specializing in X-ray work. This means that when you swallow the barium he observes its passage down the gullet into the stomach and duodenum, and takes pictures from time to time as he moves you into different standing and lying posi-



In an ordinary chest X-ray, the light parts are bone and the darker portion represents the lungs which contain air, but there is no natural difference in contrast between the different parts of the lungs themselves. Here in this X-ray the bronchi, or air tubes, have now been filled with a contrast medium and as a result can be seen on the left of this picture.

be at least curtailed to a certain degree. (I am, of course, mindful of the fact that the major factor in rising hospital costs is the increasing cost of labour, forced on the hospitals, entirely against their wills, by our Government—in a country that is supposed to be free).

Another frightful waste of time is the so-called "coffee break," which has become the vogue in certain hospitals. If a nurse wants a cup of coffee during the morning or afternoon, I see no reason why she shouldn't have it, but provision should be made for her to have it on the floor. If she runs down to a canteen a long distance from her floor, she is not available when the doctors want her, and besides, the temptation is to stay much longer than she would if she had the coffee on the floor. Furthermore, the drinking of coffee seems to be a gregarious habit, and the nurses desire the social hour more than they do the coffee.

We seem to be copying the British custom of morning and afternoon tea. Anyone who is familiar with British Customs knows how much time they waste. It must be remembered that our country did not become great by people loafing. Hospital administrations are shortsighted when they make rules prohibiting the nurses from having a cup of coffee, when they want it, on their floors. This could be done without a loss of efficiency.

We cannot escape the lamentable fact that all bureaucratic and socialistic trends tend to make the individual assume less and less responsibility for his actions.

[Note:—These and other avoidable wastes are common in many Indian hospitals too and need looking into. In this context, the reader will please turn to page 28 of this issue and read the short note on "Coffee Habit"—Ed. HEALTH].

—(Current Medical Digest, Editorial, October, 1961).

Heresy in Science

Professor Garrett Hardin of the University of California at Santa Barbara, biologist, writes in *Think Magazine* for October 1960 about the implications of the word "heresy" in science.

The Arabic equivalent is said to mean both *novelty* and *heresy*; in Greek the word only implies *choice*. If the idea that anything new is wrong, anything anyone thinks out for himself is wrong, anything against common sense is wrong—then Copernicus was wrong, Galileo was wrong ("heretical"). Dr. Reginald Scot's book *Discoveries of Witchcraft* was destroyed by royal edict. Sigmund Freud was denied the Nobel Prize for having written nonsense (and such indecent nonsense, too). The author climaxes his article with a letter by Thomas Huxley, the grandfather of our Professor Aldous Huxley, in which he relates to a friend the circumstances under which he was later alleged to have said he preferred being an ape to being a bishop. What he said was in answer to a rude question by the Bishop:

"If then, said I, the question is put to 'me would I rather have a miserable ape for a grandfather or a man highly endowed by nature and possessed of great means and influence, and yet who employs those faculties and that influence for the mere purpose of introducing ridicule into a grave scientific discussion—I unhesitatingly affirm my preference for the ape.'—(Karl Menninger, M.D., in *Bull. Menninger Science*, Sept. 1961).

On Waste in Hospitals

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AMOS R. KOONTZ, M.D.

EVERYONE who has ever been in any of the Armed Services is well aware of the waste that goes on all the time practically unheeded. Why is it unheeded? Because the funds which support these services are public funds and the people in the services do not stop to think that it is their own money that is being wasted.

Any casual observer can notice the same almost planned waste around any hospital. Again the question might be asked, why is this? The answer again is that the people who are guilty of the waste, think they are wasting hospital property and not their own, and they 'just plain don't give a damn.' They should stop to think, however, that they are increasing the cost of the hospital stay of the patient, and they themselves might some day be the patient.

In doing dressings one constantly sees nurses put out far too many dressings on the dressing table or towel, and generally the excess dressings are wasted. It is true that they could be re-sterilized, but very often they are soiled in the course of the dressing, whereas if they were kept in their proper containers and gotten out only as they were needed by the surgeon, the waste would be avoided. Even if they are re-sterilized, a costly waste of time and effort is involved. The waste of adhesive tape is also very significant. It is expensive, yet nurses constantly

tear off long pieces, and if there is a slight wrinkle in it, instead of straightening it out, they throw it away.

The system of putting up sterile dressings in individual packages, as is done in some hospitals, is also wasteful of time and money. Often the surgeon does not want as many dressings as are put up in a package. Those left over are discarded or re-sterilized, all at the expense of the poor patient. It should be remembered that the ordinary 4" x 4" gauze pad costs 4 or 5 cents and certainly more when it is put up individually. A great saving could be made by the proper preparation and utilization of ordinary gauze squares.

Some hospitals are now buying vaseline gauze, and other protective gauzes, put up in expensive individual packages. These packages contain far more of the gauze than is usually needed in an ordinary dressing. Why discard the old method, so long and so effectively in use, of sterilizing vaseline gauze in tin boxes from which one piece at a time may be taken as needed?

There is a great deal of waste of time also, especially in the servant class employees of the hospitals. One sees them leaning on their brooms and mops talking with other employees for minutes that run into hours, and hours that run into days of time. Proper hospital administration could cut this down.

Certain it is that if hospital administrators and floor supervisors stressed the importance of eliminating waste, a great saving could be made, and the present rising cost of hospital care would

the valve that has allowed leaking backwards is due to disappearance of essential tissue. The newer plastic materials that are well tolerated by living tissue are being called into use by heart surgeons. Missing tissue may be replaced by stitching neatly fitted pieces of plastic material to the edges of the flaps of the valve or by sewing in artificial valves made completely of plastic, non-irritating tissue.

Large blood vessels in the body, blocked by disease, can today be replaced by artificial tubes made of plastic. Success has not yet been achieved to anything like the same extent with small blood vessels, but this difficulty too will be overcome ultimately.

Medical treatment has greatly improved the outlook for the

coronary thrombosis patients, but if the blocked vessels could be replaced by plastic ones a great advance would have been made. Methods of attaching artificial vessels by stitches fail because of the small calibre of the vessels. Some method of providing a blood-tight junction without the use of stitches will be one important aim of the next decade.

More and more nowadays, physiologists, biochemists, biologists and electrical engineers and electronics experts are involved in the research that leads to safer and more certain heart surgery for more patients. This most fruitful collaboration is sure to continue and to advance as greatly in the next decade as it has done in the last three.—(*Family Doctor*, August, 1961).

Is It "Normal" to be Abnormal?

The old idea of *mens sana in corpore sano*—a sound mind in a sound body—seems to be vanishing. In future, it seems, the mind will be supported by tranquilizers and sedatives, and the body will be sustained by the supporting aids which will be generally regarded as necessary adjuncts. We have been recently told that disc degeneration affects nearly 20 million people over the age of 15, and that the orthodox treatment consists largely of fitting supports; so we may visualize a future in which spinal corsets and neck collars are normal fittings of the human body, and those without them will not be normal. If we add to this dentures, arch supports for the feet, and possibly wigs, we get some idea of how far the idea of a sound body has been left behind. Again the wearing of spectacles is regarded as normal. At a meeting of the Ophthalmic Group Committee, May 12, 1961, the subject of "Propaganda to the General Public on Wearing Spectacles" came up for discussion, and a report in the *British Medical Journal*, May 27, 1961, says "Mr. Gilkes said that the medical profession should take a lead in spreading the idea through mass media that there is nothing wrong with one's eyes because of the necessity to wear glasses, and that it is as normal for some people to wear glasses as it is to wear suits. [What is all this leading to?].—(*Health for All*, London, August 1961).

"The pound doesn't go far these days," complains a house-wife. "No, but what it lacks in distance it more than makes up in speed."—(*Tu-Bits*, 4-11-1961).

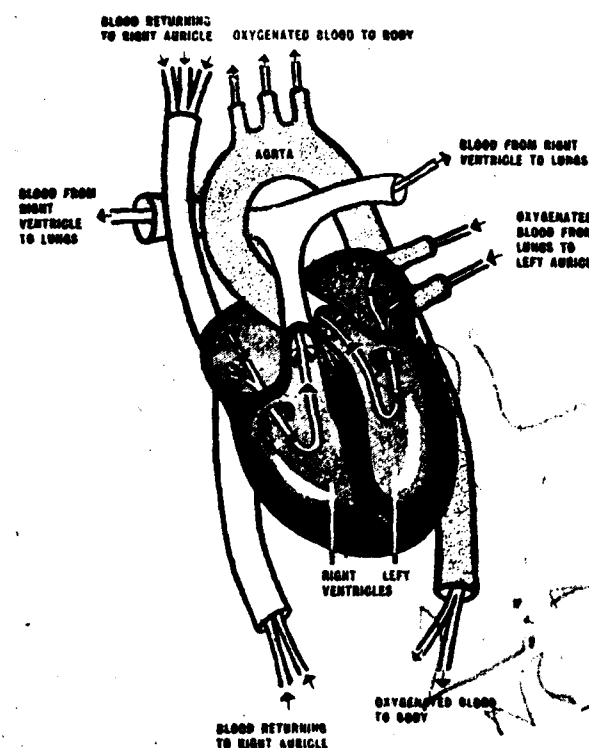
surgery is developing along lines that do enable surgery to be carried out for long periods of thirty to sixty minutes. The temperature of the body has to be dropped to a figure as low as 15°C. which is 56°F.

The heart-lung machine is still popular, and recent improvements make it easier to use. Ultimately the arrest of bodily function by chemical means may enable open-heart surgery to be done without the use of hypothermia or machines.

★ Today most of these cardiac operations are being performed for ~~heart~~ defects. By no means all these patients are "blue babies." Because pressure in the left side of the heart is greater than that on the right side, blood will flow from left to right if there is a hole in the wall of tissue, called the septum, that separates the chambers of the heart. Since the blood in the left side is well-oxygenated following its passage through the lungs, the patient remains pink.

If, however, there is an obstruction in the pulmonary artery or in the valve at the start of that artery, the pressure in the big right chamber of the heart will be raised in an attempt to force blood into the lungs. This rise of pressure will be followed by the passage of "blue" blood from the right big chamber into the left if there is a hole in the septum. The left chamber will then force this poorly oxygenated blood round the body, thus causing "blueness."

Repairing a leaking heart valve is a far more difficult task than re-opening a partly obstructed valve. Leaking valves can be replaced occasionally by simple plastic surgery under direct vision with the use of a heart-lung machine. All too often, however, the disease of



—Courtesy: *Family Doctor*: Aug. 1961.

The great blood vessel which carries blood from the right ventricle to the lungs is the pulmonary artery. There it is fully oxygenated and returned from the lungs to the left auricle. It is pumped into the left ventricle and then through the aorta to all parts of the body through the many different arteries. The return is through all the veins and into the right auricle, then to the right ventricle and so into the pulmonary artery for the next cycle to begin yet again in the lungs.

OPERATIONS on the HEART

A. L. d'ABREU, *M.B., B.S., D.M.D.S.*

Great progress has been made during the last thirty years in the techniques applied to operations on the living heart, and the next ten years may bring even more dramatic advances in this field.

IN the twenty years from 1930 to 1950, surgeons developed methods that allowed them to operate freely within the chest. Safe anaesthesia, blood transfusion, antibiotics, and the development of surgical instruments all played their parts. The operation of removing diseased tissue from around the heart to allow it to expand and contract readily was followed by surgical closure of abnormal openings between the great vessels leaving the heart. The relief of narrowing in large blood vessels leading to or from the heart by removing sections of them was another advance.

Blue babies.—Dr. Alfred Blalock of Baltimore in the nineteen-forties began to relieve "blue babies" by operations that provided the lungs with a full flow of blood. Later, surgeons began to attack mitral stenosis. This very common disease, the result of certain types of rheumatic infection, mainly in the young, led to a great surge forward in the surgery of the heart. Thousands of operations have been done on the mitral valve. But even this bold and successful enlargement of the boundaries of surgery was done not under direct vision but "blindly" by

means of the surgeon's finger or the use of instruments, as was the attack on the other three valves of the heart.

In the nineteen-fifties, surgeons were able at last to open the heart and deliberately sew up holes within it. This was due to two new aids. Hypothermia which is a sort of deep-freeze, and the use of heart-lung machines. Hypothermia leads to a very limited type of low-temperature, suspended animation during which the body tissues can survive for quite long periods. This allows the surgeon to stop the flow of blood into the heart by clamping the big blood vessels and so arresting the circulation. The heart can then be opened, its chambers inspected and deliberate surgery carried out within a period of several minutes.

The heart-lung machine does more than allow the surgeon to stop temporarily the flow of blood into and out of the heart. The blood can be diverted from the large veins into the machine, where the "artificial" lung adds the life-sustaining oxygen to it, and is then able to pump it back into a large artery, usually one in the thigh. This means that the brain and other vital organs of the body can be nourished by a good flow of oxygen-filled blood.

This method has meant that the interior of the heart can be operated upon from periods of up to or over one hour: time enough to make delicate and deliberate correction of serious heart deformities. At the present time, hypothermia for heart

and is given sufficient help and encouragement.

How can the G.P. do this work?—It is often said that the G.Ps. are so busy that they have no time for any extras. The answer to this is to point out that many G.Ps. are in fact providing such a service for their patients.

With suitable practice organization, one or two afternoons can be set aside to provide infant-welfare and antenatal care.

So far mention has been made only of the G.P. working alone. A much better service for our patients could be provided by co-operation between the G.P. and the health visitors. If the health visitors could work together with the G.P. when they carry out their clinics their co-ordinated efforts would be much more effective and much more economic.

*The present and the future:—*Mention has already been made of the present as a stage of transition. With the orientation of medical care and the G.P.,

the swing is away from the local authority clinics towards helping the G.P. to provide more complete medical care for his patients, including greater stress on 'prevention.'

If this is agreed then we must give more thought and action to aid its development. Future, and present, doctors and nurses will have to be educated to think in terms of the G.Ps. providing such a service for their patients. Premises and work in general practice will have to be suitably planned and organized.

Above all there is a need for much more co-operation and collaboration between G.Ps. and local authorities. Health visitors should work with G.Ps. in their practices rather than work independently. The duties of health visitors will have to be reviewed and revised so that this can be done, and they should, if possible, be based on general practices rather than on any fixed geographical areas. —(*Health Horizon*, Summer, 1961).

An interesting footnote in "Divine Justice and Human Justice" by Giorgio Del Vecchio (*The Juridical Review*, the *Law Journal of the Scottish Universities*, 1: 155, August, 1956) was as follows:

"L. Settembrini, *Ricordanze della mia vita* (Bari edition, 1934) Vol. II, p. 41. This passage may be translated.

"You who make the laws and judge mankind, answer me and say: Before they were fallen into crime what did you do for them? Did you educate them in their childhood, and counsel them in their youth? Did you cheer them in their misery? Did you educate them with work? Did you teach them the duties of their status? Did you explain to them the laws? You who call yourselves the lights of the world, did you illuminate those who walked in the shadow of ignorance? If you did not do this, which was your duty, are you not to blame for their crimes? Who then gives to you the right to punish them? And you who punish them according to your law and your justice—you will be judged according to another law and another justice."—(*Bull. Menninger Clinic*, Sep. 1961).

A long face and a broad mind are seldom under the same hat.—(*Tit Bits*, 4-11-1961).

The General Practitioner and Preventive Medicine

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JOHN FRY, M.D., F.R.C.S.

Member of the Council of General Practitioners

WE are all concerned in preventing disease. This may be achieved by *specific*, and easily understood, measures such as routine immunization against infectious illnesses, by ensuring clean and safe food and water supplies, by control of insects in spreading disease and by sterilization and asepsis in surgical work. Such specific measures although ideal and highly effective can be used in only a small proportion of conditions. We have to use other techniques and methods to try and prevent and control the great mass of disease.

A great deal can be done simply and effectively by *advice* and *education* on healthy living. Potentially harmful habits such as excessive smoking, lack of exercise, faulty diet, etc., can be corrected by suitable suggestions and recommendations.

We all appreciate the importance of *early diagnosis* of diseases in their treatable stages. The outlook in cases of cancer, diabetes, tuberculosis and many other illnesses is very much better when treatment can be started early. Special arrangements should therefore, be thought out to make these early diagnoses, either by routine medical inspections or by educating the public to appreciate the significance of certain symptoms and signs.

In the planning of preventive medical care we have to make the best uses of our available resources. It is quite obvious that there are not enough doctors and nurses available to do routine medical inspections of the whole population, and we have to arrive at some order of priorities. We have to see whether there are *certain diseases* that we are particularly anxious to pick out and treat and whether there are also *certain age-groups* of the population who require more attention than others. For example, should we make a start with conditions such as cancer of the lung, chronic bronchitis, diabetes, anæmias and so on, and should we concentrate more than we have done on the middle-aged?

In this work we soon realize that a big factor contributing towards success is the establishment and maintenance of *good personal relations* between the patient and the doctor or nurse. If the patient already has faith in the doctor then much more can be done than when these relationships have to be built up from scratch.

Who should do the work?—Obviously we must all play our part in preventing disease but it is worth while considering the place of the G.P.

With every person entitled to have his or her own family doctor, the G.P. is in a good place to act as a personal physician and to organize and practise preventive medical care.

It is my own personal opinion that the G.P. is in the best position to practise preventive medical care if he wishes to

Tanner suggests that, regardless of age, children should be kept at school until puberty is completed, so that boys entering industry shall have their adult strength and endurance and shall be over most of the adolescent worries about physical development and sexual function. The best way of achieving this, he believes, would be to get rid of the idea of a school-leaving age as such. "Such a static conception can never accommodate biological material; it needs to be replaced by a more dynamic and flexible system." Such a system could be built if the barriers between school and industrial community were progressively

removed, so that one child went to his apprenticeship and another to a new form. In both cases progress would depend not on chronological age but on physical development, emotional needs, manual capabilities, and intelligence.

Doubtless, as Tanner himself recognizes, such a system would require considerable economic re-organization and would produce administrative difficulties; but at this time, when the question of the place of the individual in the community is causing so much concern, his proposals are especially interesting and valuable.—(*The Lancet*, London, 14th October, 1961).

Faith-Healing

"Faith-healing that is practised today among civilized peoples, differs only in form from the faith-healing of primitive people. The howling medicine-man of former times and the quiet Christian Science healer of today use the same principles, viz., to gain the patient's confidence, and inspire him with faith in his recovery. It must be frankly recognized that some diseases can be cured in this manner, and the symptoms of others may be relieved temporarily. Faith-healing has many names. Its opponents call it superstition; its advocates call it psychic healing, the laying-on of hands, psycho-analysis or Christian Science.

Faith-healing is not to be dismissed lightly. It has its dangers, but it also makes its cures. The dangers come when it is tried with fanatical persistence, for those diseases which it does not benefit and which, if not treated positively, result in disablement or death. It is in hysteria, which is characterized by bodily dysfunction due to mental conflict, that faith-healing can be dramatic. 'Hysteros' in Greek means uterus, and the Greeks in naming hysteria conceived of the uterus as the centre of disease. They thus anticipated Freud's views on sex repression and its neuroses by twenty-five hundred years. The classical examples of hysteria are afforded by the female saints who were subject to so-called demoniacal obsession."—(By R. J. Kernohan, *Ulster Medical Journal*, 30: 23-28, via *Medical Digest*, December, 1961).

Coffee Habit

Some people, particularly women, indulge in one long coffee break from breakfast until evening. A cup of coffee (about 7 ounces) contains 50 to 150 mg. of caffeine. Although caffeine-poisoning is 'rare' and caffeine allergy is of 'infrequent' occurrence, caffeine intolerance can be seen 'commonly'. The symptoms are gastrointestinal, cardiovascular, or nervous. Withdrawal symptoms are much more common such as morning headache and fatigue when one goes without coffee."—(*J.A.M.A.*, 9-12-1961).

AGE AND EDUCATION (A rational concept)

At school and elsewhere children are nearly always classified according to chronological age. This method, though it has the merit of simplicity, has drawbacks which are becoming increasingly evident. Dr. J. M. Tanner, who is widely known for his work on the physical growth and development of children, has written a book in which he discusses the educational implications of physical growth and development.

Tanner points out that children differ widely in many aspects of physical maturation—in height and weight, in the development of the nervous structures underlying the ability to walk or to control micturition, in the time at which their endocrine glands bring about the changes of adolescence, and probably in the development of the brain. There is reason to suppose that advancement in physical development (as represented by skeletal age) is significantly, though not closely, associated with advancement in mental ability. At present tests of intelligence fail to differentiate between advancement and actual ability.

Most of the variations between children, says Tanner, are biological and hereditary in origin. Although low living standards and poor nutrition retard development, even if everybody lived under optimal conditions the normal range of physical development would probably be

reduced by less than a year. No social steps could significantly reduce the range of individual differences in speed of physical maturation, even if this were desirable. It therefore behoves us to fit our educational system, in theory and in practice, to these biological facts.

A fast-maturing boy will have a somewhat greater chance of passing any age-bound examination than will a slow-maturing boy of the same chronological age, even if the examination tests abilities largely independent of social and emotional attitudes. If the examination is to be fair, either developmental age should be estimated and this factor allowed for, or else (and this is more practicable) the late maturer should be given opportunities to catch up. "It is no good his increasing his intellectual capacity at a time when there is nobody there, so to speak, to see him. If the usual bus has left by the time he arrives, others should be following after."

Moreover, the needs and interests of a mature 14-year-old are totally different from those of an immature 14-year-old. Thus if homogeneity is advisable, it would be better to classify children by intellectual or social age. Tanner believes that in physical education developmental homogeneity should certainly be the aim, because it is manifestly unfair to put prepubescent pupils in competitive games against post-pubescent of the same age. At present, difficulties are experienced both by the late developer and the early one: both feel estranged from the general group of children.

about 20 or 30 years ago, are now increasingly in demand by the modern educated girls. With the progressive rise in living standards, the wide-spread use of cosmetics is slowly extending even into interior villages. The grave risk to public health under these circumstances, of the use of sub-standard materials must be obvious and there can be no doubt that the same rigorous control should be exercised on the manufacture and sale of cosmetics as on that of drugs. The bill introduced into the Rajya Sabha by the Union Health Minister mentions two instances of the deleterious effects on public health of the use of cosmetics of substandard quality. One is contact dermatitis and the other, more serious is the accumulation of toxicity from the synthetic dyes used. We do not grudge the cosmetics industry its prosperity, or women (why, men too) the consolation furnished by such vanities. But nearly all of the advanced countries have taken legislative measures to see that hygienic conditions are ensured in the process of their manufacture, that the raw materials used are properly tested, and that a qualified pharmacist or chemist

supervises the processes. There is no room for sympathy for a small entrepreneur who pleads that he cannot afford to conform to the stringent requirements of the law in these respects, and it is mostly this small type of manufacturer who is the big offender as his products are likely to be cheap and made from poor quality materials of doubtful purity.

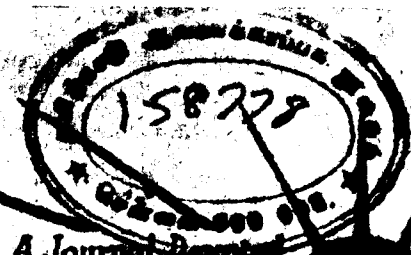
The better known units of the cosmetics industry are now obliged to spend much time and money in prosecuting unscrupulous violators of their trademarks, and it is time that their efforts to put down, in their own financial interests, misbranding and fraudulent imitation were seconded and supported by legislation to protect public health. The Central Council of Health recommended a year ago an Amending Bill of the kind now introduced by the Union Health Minister, which prescribes a penalty of up to one year's imprisonment and a fine of Rs. 500, or both, for a first offence and punishment of two years' imprisonment and a fine of Rs. 1,000, or both, for a second offence. It is to be hoped that these penalties will be enforced rigorously.

Bed-Wetting

"Dr. H. C. Cameron used to tell of a house-master who went to his headmaster and asked that a boy should be expelled for bed-wetting. 'Certainly not; it's the boys who have been bed-wetters who get all our scholarships.'"
—(R. C. MacKeith *Guy's Hospital Gazette*, 75: 352, September 23, 1961).

"Following a surgical operation it is our duty to see that the scar on the mind is as soundly healed as that on the body surface."—(Eardley Button: The integrated man. *New Zealand Medical Journal*, 69: 570, December 1960).

AGE A



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HEALTH

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COSMETICS

(Control of Manufacture Needed)

THE drugs industry in India has developed considerably during the last ten years, though the beginning was made some forty or fifty years ago by eminent scientists like Dr. P. C. RAY and others. At present the capital investment in the drugs industry is in the neighbourhood of Rs. 28 crores, with an annual production of pharmaceuticals valued at Rs. 70 crores. The industry in India is controlled by the Drugs Act of 1940, further amended in 1955. The Drugs Rules (1945) have been amended from time to time to meet the needs of expansion. The post-war boom in the Indian Pharmaceutical Industry led to such uncontrolled flooding of the market with sub-standard drugs that an amendment to the Drugs Act tightening the control of their manufacture and sale was

adopted last year, by which the punishment for offences was enhanced and powers were conferred on the Central Government machinery to take cognizance of them and initiate proceedings against the errant manufacturer. It was even then realized that cosmetics, which are in very wide daily use even more than drugs, should be brought under similar control. Legislation to regulate the manufacture of cosmetics was thus long over due and the Union Health Ministry's move to extend the provisions of the Drugs Act to the cosmetics industry is therefore a welcome measure, except perhaps to those whose lucrative malpractices are sought to be ended. Cosmetics have now come to be a daily necessity. Even lipsticks, nail polishes, and face creams, which our ladies never used

News from All Over the World

Conquers Niagara—in a Rubber Ball

Crouched inside a rubber ball six feet in diameter which he had designed himself, a thirty-year-old Negro plunged over the 161-ft.-high Horse-shoe Falls at Niagara recently and was unhurt.

In making the ball he used seven layers of rubber mingled with steel and tin frames. He wore a crash helmet and had seven oxygen cylinders and a breathing apparatus.

The man, Nathan Bova, is the fifth person to have survived such a plunge. When John A. Laussier, a French-Canadian, went over Niagara Falls in a large rubber ball in 1928, men who recovered the ball from the river below found him unconscious but uninjured.

Blind Works Switchboard

The people of the country town of Muswellbrook, in New South Wales, are proud of the switchboard operator at their town hall.

The town hall is new and the telephone switchboard, which has four exchange lines and twenty-three extensions, is operated with unflinching efficiency. This is perhaps not surprising until local people point out that the switchboard operator is blind.

He is eighteen-year-old David Hume. To give David his job, local ingenuity worked out two electronic probe light-sensitive instruments which convert lights on the switchboard into a buzzing sound.

David's skill at the board equals that of any sighted operator, and Muswellbrook is now working on more light-probe instruments to supply to other areas which may be able to give similar jobs to blind operators.

Fatal Lure of the Bright Lights

In the tropical gardens of the south coast of Viti-Levu, Fiji, there is a brilliantly-lit square, measuring about sixty square yards. Illumination comes from a criss-cross pattern of wires strung from tree to tree, and festooned with hundreds of white neon lights.

The wires splutter continuously, and with each splutter there is a tiny flash. Each flash means that another insect has been electrocuted, for the wires carry a heavy charge.

This is the insect-o-cutor, which costs a £ 80, and is rapidly helping the islands solve their insect problem. However, the "fried" insects that fall to the ground are attracting giant toads.

Each night, an army of toads arrives on the scene, to await the feast from above.

The toads were imported years ago to deal with an insect pest, but now their number has so increased that another invention will soon be needed to drive the toads away.

"Instant Tea" made from Indian-Ceylon Blend (Scottish Firm's Export)

An Aberdeen (Scotland) factory is now exporting an "instant tea" powder which is claimed to make tea comparable with the best natural brews. The powder is already in use in Britain, and exports now go to Canada, Denmark, Finland, the Lebanon, the Netherlands, Norway, Switzerland, Syria, and the United States.

Before processing, a perfect brew is made from a blend of Assam and Ceylon teas. The brew is then frozen by accelerated freeze-drying equipment. Careful control of temperature prevents the loss of any of the aromatic oils or constituent parts of the tea.

Aerated Foods Ltd., of Aberdeen, said it had initiated a £200,000 development project before the final method of processing "instant tea" was perfected. Among the problems that had to be overcome in the early stages were tendencies towards discolouration, loss of flavour, and loss of vitamin and protein content. The firm claimed that a similar process could be easily adapted to soups, coffees, fruit juices, and other food products of a similar nature.

New Insecticide to Fight Insect Pests

A new insecticide, called "Telodrin," has been developed by the Shell group of companies in London to control pests in food crops, particularly rice, sugar cane and maize, but Telodrin is expected to deal with the wide variety of pests which attack other crops, by acting directly on their nervous system effectively on mere contact.

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J. RAMA RAO

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