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## EDITORIAL

# Poverty in Relation to Health and Disease

(Contd. from p. 99 of May '40 issue of Health.)

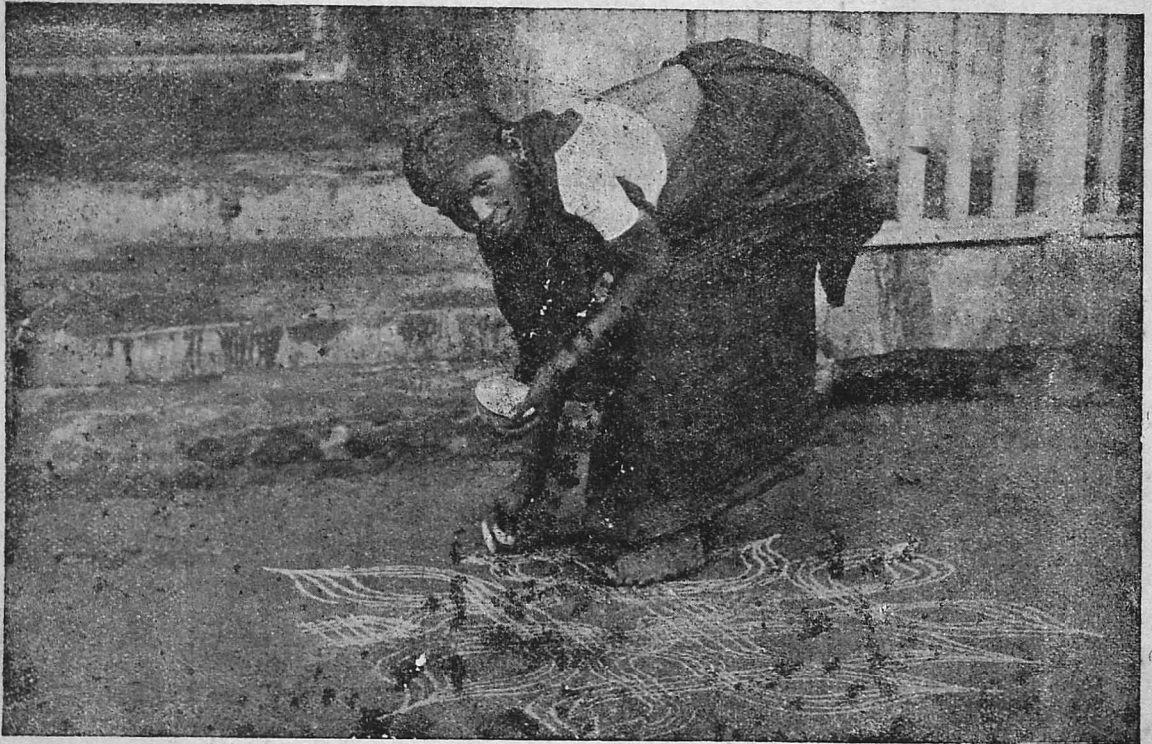
**I**n our Editorial last month, we said that poverty was the indirect cause of disease and if an individual couldn't afford to live in and amidst healthy environmental conditions, such as good housing, fresh air, pure water and nutritious food, due to poverty or economic conditions, he was liable to catch disease.

**Good Housing.**—In India, there are more villages than towns and consequently, the housing problem, except in the few cities and towns, is more easy of solution. In the villages, certain sites are set apart, thanks to the wisdom of our forefathers, as house-sites, which are dry and elevated with facilities for drainage etc. In Southern India, these house sites in villages are called 'Natham' and the streets have been laid out according to accepted hygienic principles. The houses are either tiled or thatched.

The tiled houses have open courtyards in the middle which admit of sufficient light and air. But most of these houses have low door-ways and no windows. The same is true of thatched houses. But, as people—men women and children—always live and work in the open air during day-time and even sleep in the open during nights, they have escaped the onslaughts of terrible respiratory diseases such as tuberculosis. A Russian sanitarian once remarked that but for the tropical sun and work in the open air, Indians, living under most insanitary conditions and having not even one full meal a day, would have been wiped out of existence already. This is too true. In good old days, the villagers themselves used to attend to the sanitation of the streets and a thorough cleaning-up campaign was inaugurated once a year during Pongal feast, when the mud walls of

houses were renewed and white-washed, new thatches were put up, all noxious vegetation in and around the houses removed, old mud pots, utensils, rags and dirty things were broken or burnt and the houses and streets were kept tidy and decorated with various floral designs drawn out of rice-flour. As a daily routine, every house-holder was responsible for cleaning the portion of the street in front of his house, sweeping it and removing all dirt and debris to a

Poor people must be provided by the Government with building materials free or at a low price from Government forests and they must be made to rebuild their huts as per approved design to ensure not only fresh air and sunshine but also proper drainage and provision for cattle-yard, privy and the like. There must be a supervising authority to enforce building regulations in villages and we cannot think of any other than the Public Health Department of Govern-



Decorating the street with 'Kolam', after it has been well swept and cleaned.

remote place and in that way the conservancy of the whole street was managed without a pie of expenditure. Any house not swept or kept clean was considered to be seized of evil spirits. Religion worked wonders in those days. But, alas! all that is gone now and in the name of liberty, people have lost their sanitary consciousness. What is wanted now is health education of the masses and unless that is done, no improvement can be effected in the health of the people.

ment to undertake this task. Thus, in spite of poverty, sanitary housing conditions can be secured in villages.

In cities and towns, there is the problem of over-crowding and the problem of slums. There are two causes of over-crowding: (1) the desire to live very near the place of one's business and (2) the lack of cheap transport facilities from suburban areas. So, in order to prevent over-crowding in cities, the Government offices and business places must be

far away from thickly populated places. It must also be the bounden duty of Government and business firms to build quarters for their employees, and let them out for cheap rent. It will certainly be a good investment for, by providing quarters for their employees, they can be sure of better out-turn of work, apart from a fair return for their investment in the shape of interest and some profit too. Thus, more accommodation will be found for other people and overcrowding will be reduced to a minimum. Rent will go down and poverty or want of means will not stand in the way of securing better housing conditions. Diseases can thus be stamped out and health ensured in spite of poverty.

As for slums, they are a disgrace to civilization. Describing about the slums of London, at a Conference of Housing in Greater London held in 1924, Mr. W. McG. EGAR said: "Slum areas have only come about in the last 100 years, but now there are 48 acres of them in greater London, housing three quarters of a million inhabitants and London may be said to be a disease rather than a town. We ought to think of the slum as a centre of infection in the body politic, a centre with direct evil results—moral, mental and physical. While it is a delusion to regard slums as the cause of poverty, they undoubtedly are a cause of poverty bringing in their train ill-health, inefficiency, incapacity, and consequently low wage-earning ability."

Recently, vast sums have been expended in England in cleaning slums and there arose what are called neat little garden houses, one for each family, but with what result?

The mortality statistics of these garden-houses have revealed a higher death-rate than in the slum-areas. The garden-house dwellers are obliged to set apart a large slice out of their earnings towards payment of rent

and what is left is inadequate for their nourishment. Their power of resistance is thus decreased and they become an easy prey to diseases. The statesmen and sanitarians in England are thus faced to-day with a more serious problem than the slum. Slum clearance is the cry of the hour in all Indian cities and towns and in tackling this problem, the City Fathers and Municipal Councillors ought to learn a lesson from England.

**Fresh Air.**—Coming to fresh air, it must be pointed out that it is a rare commodity in cities and towns but can be got for nothing in plenty in village parts. So in cities and towns, there should be any number of lungs-open spaces and parks where fresh air could be had. At the same time, in congested areas, it should be seen that the air is not fouled or contaminated. Poor people can expect a longer lease of life if the air around them is pure.

**Pure Water.**—With regard to water, villages suffer most from want of potable water. Poor people, not having enough to eat, have recourse to drink not only contaminated water to quench their thirst but also toddy and other intoxicating liquors to drown their sorrows and hardships. The scheme for provision of pure water-supply for every village and Prohibition, recently launched by the national Provincial Governments in India, must be deemed as two powerful weapons to drive poverty out from our land and, by improving the economic condition of the masses, to restore their lost health, wealth and longevity.

**Nutritious Food.**—Lastly comes Nutrition. Properly speaking, Nutrition should be assigned the first place. Poverty and Nutrition are incompatible, so do experts say. Of all nutritious foods, milk takes the first rank. Milk and milk products are a luxury to a poor man. But these are compensated for by fish, mutton and other animal foods, but they are too costly to be had daily.

Next come cereals, rice, wheat, ragi etc. When these were hand-pounded and consumed, he found no dearth of vitamins. But, to-day, even the poorest man in the village parts takes his small quantity of grains to the rice-mill for being pounded. Thus, his whole menu which consists of rice and conjee is deprived of the essential vitamins. The poor villager produces vegetables and fruits, not for his consumption but for marketing. Thus, he is deprived of the necessary minerals. His food is not, therefore, nutri-

tious in the strict sense of the term. No wonder, he is pale, weak and lifeless, with no strength, stamina or vitality in him. In consequence, a weak heredity follows and the whole race becomes degenerate in the long run, marching on the high road to extinction. Thus poverty, ultimately though indirectly, leads to national degeneration and annihilation and every effort, therefore, must be put forth to improve the economic condition of the people, side by side with sanitary improvement.

## HEALTH ENEMIES

BY Dr. (Mrs.) SUMITRA BAI, N. WAGH, L.C.P. & S.

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1. **The Sun's Heat.**—The direct rays of the Sun on the body for long periods many a time result in congestions, brain hæmorrhages, meningitis, sun strokes etc. The tendency of the present-day students and young men to move about without a head-gear should be deprecated. A child of even about 7 years who has hardly passed a year in school is now ashamed to wear a cap or hat as it is not the fashion of the student and wants to go about with a bare head. The Maharashtrian ladies living in upper ghats cover their heads with their sarees. But they are seen moving about with bare-head in a city like Bombay. Though the elderly ladies in Gujarathi families still protect their heads by drawing the saree on their heads, the young girls from Gujrat now go bare-headed. This tendency should be curbed down immediately and parents should insist that their children wear either a cap or a hat and sarees should be worn so that the head is protected or at least an unbralla should be carried while moving about especially in the hot months like April and May in Bombay. Travellers should avoid going about when the heat is

extensive. The diet must be scanty and non-stimulating. The clothes should

be thin, light and loosely fitting.

2. **Dyed Clothing.**—Dyed clothing is injurious to health. Especially bright coloured stockings and under clothing should be avoided.

3. **Profuse Light.**—Profuse light should never be used as it renders the eyes sensitive and gives pain even in subdued day light.

4. **Soils.**—The soil affects the health directly through its mineral animal, vegetable matter, air and water. The moist soils are dangerous. Diseases like rheumatism, catarrh and typhoid are mainly due to moist soil. Moist soil breeds germs that affect health. Particular attention should be given to the drainage. See that it is as perfect as possible.

5. **Contagion.**—Every one knows now what is contagion. Every one therefore should scrupulously avoid coming in contact with contagious diseases like small-pox, measles etc.,

6. **Diseases.**—Fermentation, putrescence and decomposition help in developing diseases, favouring the propagation of specific diseases and turning them into epidemics.

# Preventive Methods for the

## Control of Tuberculosis in India

IT is now known that tuberculosis is caused by one particular germ known as Tu-

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*Deputed for Study of Tuberculosis Problem, Calcutta*

bercle Bacillus. The bacilli are found in the air, in the streets and lanes where sputum of such patients are thrown without proper disinfection and in the public vehicles and public places and private houses in which the open tuberculous cases reside favouring the spread of such disease. Now to prevent tuberculosis, we must get rid of these germs by all possible ways. This can hardly be quickly done because the organisms causing the disease are universally widespread. Nature has provided means to afford some sort of protection by which all such infected air is not allowed to be inhaled again through the nasal passages; there are also arrangements in the circulation of blood by which the white blood corpuscles or leucocytes present there in large numbers catch hold of any germs which might make an attempt to enter into the system through blood lymphatics and kill them. If this natural protection fails, the body gets an allergic reaction to have a generalised protection against such a disease. We must therefore see that, when we inhale the germ in the dust which we do every day, we keep our bodies strong so that the germs can find no weak spot to settle and set up the disease. The germs can also get across into the body through the mouth by means of food or drink contaminated with infected human sputum.

tuberculosis, the following procedure should be adopted:—

**I. Prevention of Tuberculosis in the Home.**—In the home every educated adult should be on the look out for the early signs of tuberculosis in any member of the family. The early signs are as follows:—

(1) If any one feels feverish in the evening and on applying a thermometer, it records a temperature of 99° or 100°F. for some days, suspect such a case as tuberculous.

(2) A slight persistent cough in the early morning and in the afternoon, especially if of hacking nature, also suggests association with tuberculosis infection in the body.

(3) Loss of appetite and complaint of dyspepsia also support the tuberculosis infection.

(4) Undue fatigue without any other cause.

(5) Steady and unaccountable loss of weight.

(6) Night sweat is the most suspicious symptom of the disease.

(7) Recurring pain in the chest.

(8) Spitting of blood certainly leads to a very strong suspicion of tuberculosis of lungs.

It may be carefully noted that the first signs of the disease may be mistaken for "grippe", "bronchitis", "malaria", "stomach trouble", "nervous prostration", intercostal neuralgia etc. If any suspicion arises for

For the prevention of the tuber-

tuberculosis, it is the duty of every man having common sense to send such cases to any tuberculosis clinic or hospital for immediate proper diagnosis of such a disease as an early case of tuberculosis can be cured but an advanced one cannot.

Have all your children medically examined periodically. The earliest signs in children are :—

- (1) Enlarged neck glands unaccounted for by other causes.
- (2) Mouth breathing.
- (3) Flat shape of chest.
- (4) Child not thriving.
- (5) Actual wasting.
- (6) Slight after-noon fever.

Any known case of tuberculosis in a home must be looked after very carefully so that the infection may not spread to others. A patient should observe the following ten preventive principles for the safety of others :—

(1) Spitting should be strictly done in a vessel containing disinfectants or in a paper handkerchief or in a ves-

sel containing fire. The vessel must be boiled and cleaned every day while paper handkerchief may be burnt up regularly.

(2) A separate room in a corner of a house with windows directly connected with open air should be provided for the patient to sleep avoiding draughts of air during all seasons.

(3) A separate set of utensils should be provided for such an infected case and arrangements made for proper disinfection and washing every day.

(4) The patient must wash his hands with soap and water before

and after taking food to prevent re-infection through them.

(5) He must cough or sneeze into a paper handkerchief which must be burnt afterwards. If a linen handkerchief is used, it must be thoroughly boiled, washed and dried every day.

(6) His room must be thoroughly disinfected every day and white washed every three months.

(7) His bedding must be disinfected in bright sun light for 6 hours before sending to the washerman.

(8) He should not allow any inmates of his family to enter his room except only to nurse him and they

must take special care to see that they always remain three feet apart from the patient.

(9) Infants and children should be absolutely forbidden to enter the patient's room.

(10) He must not allow sputum to be thrown out in any open space or water source ; it must be thoroughly disinfected or burnt out

immediately before finally disposed of.

The best medical aid that can be given to a tuberculous case in a home may be given on the following approved lines :—

(1) If fever be present, complete rest in bed is absolutely necessary to bring down the fever and to give chance to nature to recoup his body and mind.

(2) Food must be of good caloric value and non-irritative diet should be provided under all circumstances. This must include sufficient milk, fresh fruits, vegetables and eggs.



Open air and sunshine are the enemies of consumption.

(3) Fresh air is of the greatest necessity ; so the congested area of any industrial town should always be avoided but the banks of the sea, big rivers, or the side of a hill may be suitable for such cases.

(4) Sun light is of great value as the sun's rays can kill in 6 hours the germs that cause tuberculosis.

(5) All symptoms should be treated according to necessity in order to relieve them and enable the patient to recoup his health.

## II. To Prevent spreading of Tuberculosis in Public Places, Streets, Cinemas etc.—

(1) Indiscriminate spitting should be disallowed by the provisions of law and only spitting on handkerchief may be allowed which should be properly disinfected or burnt up while suitable vessels should be provided with disinfectants under the supervision of Public Health Authority.

(2) The coughing and sneezing except on handkerchief should be disallowed and there should be proper arrangement for disinfecting such handkerchiefs before putting the same such as boiling for a few minutes.

(3) All public theatres, cinemas and meeting houses should have necessary license from the Public Health Authorities who should see that there is enough ventilation.

(4) All sorts of overcrowding at the localities should be avoided.

(5) Strict supervision should be exercised by Public Health Authorities to see that nobody eats or drinks from the same vessel which has been previously used by another person.

(6) The use of common "Hooka" should be prohibited by law.

(7) Kissing by any suspected person should also be prohibited.

(8) None of the suspected cases should be allowed to work as sweetmeat dealer, cook, teacher and priest in any community. All such suspected

persons should be regularly examined by the Food Inspector or Sanitary Officers who should issue them a license for conducting such service.

(9) The prostitutes should also be periodically examined and granted certificates for their own safety and for the safety of those visiting them.

(10) All local authorities should provide for the segregation or isolation of open cases of tuberculosis for the safety of the community when such persons cannot afford for isolation in their own homes under medical supervision.

III. It is the duty of every citizen to arouse public opinion and ask for proper housing, proper disinfection of houses vacated by infectious cases, safe water supply and proper drainage throughout the city with necessary arrangements for the safe disposal of sputum of all infected cases. Tuberculosis is generally prevalent in the overcrowded slums and ill-ventilated bastees and the people should combine and compel local authorities to do all that is possible. Every citizen should bear in mind the predisposing causes to tuberculosis which are as follows :—

(1) Poverty prevents supply of proper nourishment to the individual in a society which favours the spread of tuberculosis due to the low vitality of the individual under such circumstances. So steps should be taken up immediately to raise the vitality to the maximum standard by every possible means.

(2) Early marriage, early and frequent child-bearing should be always avoided by all means possible while females should be properly educated to take sufficient nourishment for themselves and in the interest of the child inside their womb. They should be provided with sufficient quantity of milk while pregnant and care should be taken during prenatal, intranatal and post-natal period.

(3) Living in dark insanitary rooms which admit neither fresh air nor sunlight should be disallowed by law. In case of confinement, the mothers who are poor should be provided with free bed for a period of 15 days.

(4) Environmental unhygienic surrounding is responsible for causing the spread of such a disease, so steps should be taken for the improvement of public health of all congested bastees in a village or Municipal town.

**IV. Always remember the saying: "Early discovery leads to recovery".**

—Never attempt to hide cough or slight fever that continues. It may be the starting point of tuberculosis. Now is the time for him to get a cure early. If your child is weak, thin, easily tired, have him examined by an expert. It is always preferable to consult experienced medical men who have handled a sufficient number of such cases.

V. Always remember health is purchasable and tuberculosis is curable if diagnosed and properly attended to by experts who have cured a lot of such cases.

VI. Every attempt should be made to join the Tuberculosis Association nearest to your locality and obtain due instructions and help to eradicate the disease which is certainly possible now-a-days. The Tuberculosis Association of Bengal is taking care of 2000 patients a month at 6 clinics in Calcutta, Jadabpur and Budgebudge in 24 Parganas, at Howrah, Krishnagar, Dacca, Berhampore, Darjeeling

Kursoong, while attempt is being made to open another at Faridpur shortly.

VII. (1) Tuberculosis Association deputed experts to conduct survey in affected localities to advise local people, local authorities and local government to take necessary timely steps.

(2) It deputed Health Visitors or Lady Health Visitors for Tuberculosis Prevention Work to take care of the patient and of others in the affected family just as a friend to assist them in following the instructions given by the expert and to record the progress of all such cases.

(3) It is arranging for deputed propaganda staff to educate people of the affected locality.

(4) The association also provides for nourishment for very poor patients at their houses.

(5) It is arranging for the Post-Graduate Training for medical practitioners and the training classes for Health Visitors.

(6) It is making allotment of the money available for the grant in aid for Tuberculosis Clinic, Hospitals, Sanatoria, Preventoria or the like.

(7) It is conducting preliminary survey.

VIII. Now it all depends for the people to rouse hygienic consciousness and demand the help of the State as such authority is responsible to look after the safety of the people and to compel local authorities to provide for isolation hospital for the safety of the community at large.

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**Councillors' Commonsense**

At every session of our Assembly, the agenda contains resolutions all pertaining to politics. But very few to attack the captain of the Men of Death—*Tuberculosis*. Here is a resolution which our Assembly and people of commonsense must move to-day and put into execution.

1. Problem of cheaper milk.
2. Provision for cheap milk to nursing mother and school-going children.
3. Increased bonuses to standard milk from tuberculin-tested herds.
4. Compulsory pasteurisation of retail milk.—*Arogyamargam*.



# OPIUM FEEDING of INFANTS and CHILDREN

BY Dr. V. D. DHAVALA, L.C.P. & S.,

Medical Officer, Shirwal Dispensary, Shirwal.

**O**PIUM-FEEDING of infants and children, I say, is partially true. During last ten years' practice, I have come across so many cases of this type, that I am induced to write a few lines on this subject.

Especially in this part of the country *i.e.*, Maharashtra, in cities as well as in villages, however small they may be, the infants and children are kept on opium. I find the practice prevalent in labour class people and also in advanced class of poor people. The mothers' plea for this is generally this: the mothers have to go out for their work and the children are kept at home or if they are carried with them to fields or to work-houses they should remain asleep, should not cry and disturb their work and be-

sides, mothers do not find time to feed them with milk etc., often. The same case is with advanced class of mothers. Moreover, they say our children have grown on it, they cannot do without it. The women in the neighbourhood support them, they are astonished to hear the advice given by medical men to put a stop to the opium habit. In short, mothers sacrifice the health of their infants and children for such a trifling happiness.

A typical picture of an infant or child under opium is this: The child on the whole appears dull. Its eyes are dull and lustreless, drowsy though it is awake. Abdomen large and distended, extremities thin. History of hard and scybalus constipation. Bowels move after two or three days and hence impaired appetite. In such a

state, patients seek advice and my first question to their mothers is "do you give opium" and generally the answer is 'yes'. They argue that they give it in a very small dose *Rajgira* 1, 2 and 3 times a day. I advise them to stop giving it. On general line of treatment the child recovers. I shall quote one interesting case and shall conclude. A child about 1½ years old, appeared strong and robust. It may be through mother's



Children's first lesson given by parents—cause of ill-health.

negligence, the child while playing, managed to get the tin box which contained opium, and swallowed it; the child was brought to hospital after six hours, and in spite of every effort the child succumbed.

My request to Medical Practitioners is that they should do propaganda against the evil effect of opium being administered to infants whenever they find an opportunity.

# ALL INDIA

BACK in  
1936, as

## WRESTLING

## FEDERATION

BY

DHARAMDAS SOONERDAS BHAGTANI

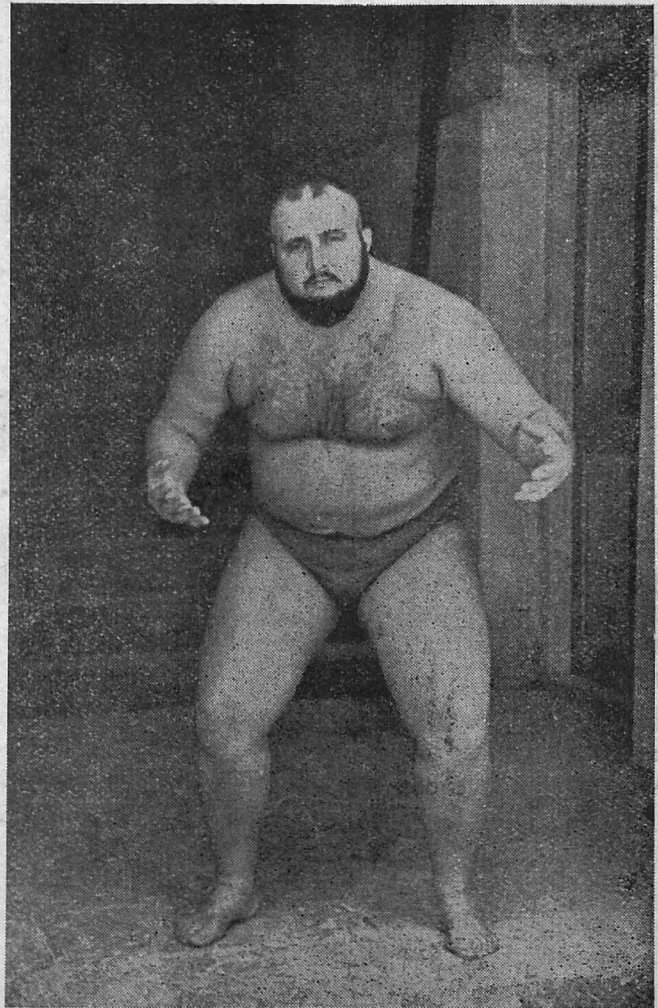
*Karachi.*

Editor, Physical Culture section of the New Outlook (now defunct), I had penned a few articles on Indian Wrestling and how it could be improved. Therein, I had incorporated certain suggestions, the chief one being the initiation of a governing body akin to the cricket control boards, etc., to bring about orderliness in place of chaos

and discussions, arrived at some conclusions, viz. :

that reigns in the conduct of this premier national competitive sport of ours. "If we are in earnest to maintain the reputation that we have acquired in the past in this domain, it is high time that we took stock of ourselves and tried to eradicate all flaws that hinder our progress to that end." "The most urgent need is an organised body of Indian grapplers which can sufficiently convince and influence similar foreign bodies". It is, therefore, a matter of jubilation to observe the formation of the contemplated Association and I cannot refrain myself from congratulating the sponsors of the move.

From the report lying before me I notice that the grapplers, both Indian and foreign, were at a sort of round table conference and had after due deliberations



Picture shows—KING KONG, the famous world champion, who fought with HAMIDA, the champion wrestler of Bhawalpur State, at the recent Wrestling Tournament held in Bombay for World Championship.

- (1) There was to be no stranglehold.
- (2) The "Hammer" lock was permissible, the extent to which it went, being left to the discretion of the referee or the official controlling the match.
- (3) No punching and no twisting of fingers was allowed.
- (4) Holding of "Tights" was permitted.
- (5) Pinning on both shoulders for two seconds meant victory.
- (6) Should any competitor go against any of these rules after three warnings from the official conducting the match, and if the official thinks he should be disqualified, the competitor is disqualified.

It will be noted that but for 4 and 5, the conclusions help only in this that the items are codified whereas so far there never was any code to govern Indian wrestling.

But item No. 4 and 5 each concerns an important factor that constitutes a substantial change in the policy prevailing in the game. As stated already, I had contributed certain suggestions of far reaching import. These may be recounted summarily as:

1. That rolling falls should not constitute a fall as they do now, but that we should import the western custom of holding the pinning position for a definite period of time.

This is covered, I am pleased to say, by conclusion No. 5, cited above.

2. That we discontinue the gripping of 'langot' as a venue of attack. I am sorry to say that item No. 4 contravenes this. I still maintain that this factor shall prove a great hindrance as it has proved in the past in the widening of our field of activity. "While wrestling in foreign lands the Indian wrestler accustomed to this puts into operation certain holds that necessitate a hold on the 'langot' and thus gets disqualified. On the other hand if we get rid of this habit, we can modify the locks that require this holding of the 'langot' and get accustomed to that change and thus wrestle unimpeded and unhampered in foreign soil and under foreign rules.

3. That the contests organised be on the basis of body weight and for two reasons: (a) this shall encourage the lighter artists to cultivate the sport and thus contribute their quota towards the progress of the sport and (b) we shall be ready with a bunch of wrestlers representing each class of body weight to face foreign invaders of various classes of body weights.

There are many more factors—minor and major—that require a detailed scrutiny. I, however, limit myself to the above at present in the hope that a new leaf in the history of Indian wrestling has already turned and that, in co-operation of all interested, it shall be easy to effect an evolution of this age-old sport of ours—wrestling.

### Whose Profession was the Oldest?

A surgeon, an architect and a politician were arguing as to whose profession was the oldest.

Said the surgeon: "Eve was made from Adam's rib, and that surely was a surgical operation."

"May be," said the architect, "but prior to that, order was created out of chaos, and that was an architectural job."

"But", interrupted the politician proudly, "somebody must have created the chaos!"—*Illinois Medical Journal*.

# Publicity and Health Promotion

By Lieut. T. P. Rajan, B.A., B. COM. (EDIN.), A.I.R.O.,  
*Andhra University, Waltair.*

“Among our objectives, I place the security of the men, women, and children of the nation first. That remains our first and continuing task; and in a very real sense every major legislative enactment of this Congress should be a component part of it”.—PRESIDENT ROOSEVELT’S message to Congress—Jan. 4, 1935.

**T**HERE are many hazards and vicissitudes which have to be provided for, and it is the duty of every government whether central, provincial or local, to bestir itself to meet the special needs of the population by “founding, strengthening, and extending the established systems of aid, health care, and social protection.” In spite of the efforts of governments and private agencies, we still hear that several lives are lost owing to the fact that the preventive services are available only to a slight extent outside our cities and towns.\* This is a “sad commentary upon our efficiency as a people, and unfair to a number of individuals who face disease and death” simply because of the lack of an organization for the dissemination of valuable information regarding the prevention of disease. Sickness is one of the major causes of insecurity, and as one writer puts it, “illness has no respect for family incomes.” Loss of earnings and, in many cases, loss of independence may be directly traced to sickness. It is, therefore, necessary for every government to pay sufficient interest to the teaching of health and prevention of

disease among “the lower economic groups” in the country.

Both in India and abroad, public health work consists chiefly of education for the prevention of disease—a result of the evolution of the “germ theory of disease.” Formerly, the authorities and the community adopted a defensive attitude towards disease—they bestirred themselves only after its presence in their midst was an accomplished fact. Even then, remedial measures took the form of quarantining the victim leaving the other channels of infection open. A classic example of this attitude is provided by America where a small town spent \$2500 in fumigating a lumber yard, where a vagrant suffering from small pox was found! Individual resistance having now been found to be a determining factor in the development of disease, public health work has undergone a change. Scientific investigations of diseases have revealed that they ‘follow certain general paths in their transfer from individual to individual, and that prevention is possible by blocking these channels, and by increasing individual resistance”—yet, another sphere where the well known military canon, “the most effective defence lies in taking the offence” applies. To use a commercial phrase, the business of saving life has changed from retail to wholesale; for we are concerned not with rare diseases but with those

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\* “There is a great difference between the conditions existing in Western countries and in India and it is only in large cities like Madras, Bombay, Delhi and Calcutta that serious efforts have been made to establish a connected chain of agencies concerned in maternal and infant welfare.—*Indian Medical Review*.—MAJOR GENERAL BRADFIELD.”

which attack many persons and cause epidemics." Dissemination is, therefore, essential and "what is publicity but dissemination of knowledge whether the knowledge disseminated be that you can get good safety pins cheap at Mr. B's store or that longevity will be promoted and happiness increased through the prevention of disease?"

In every country, and the more so, in a country like ours, the Government has to take the initiative in educating the public through all the avenues of publicity as to the necessity and importance of health promotion. Though much may be done by the Central or the Provincial Government, yet the success or failure of a programme will depend in the main upon the activities of the local governmental unit. Individual responsibility rarely goes beyond the community except in cases of emergency. Public co-operation is essential in all schemes of welfare, and this can be best obtained in a local unit. Unhappily for us, Municipalities do not seem to have reached the stage, where by putting aside all party differences, they can assure the health of the communities, the management of whose affairs are placed in their hands. They have a strange way of postponing action on important matters pertaining to public welfare. In Vizagapatam, for instance, the Municipality does not deserve even to be called, "a provider of sewage and drains." The tragedy is that in our country we concentrate on the establishment of commercial museums all over the province when the crying need of many of the towns is a proper drainage system, an adequate number of public conveniences, and a protected water supply. The Hon'ble Dr. T. S. S. Rajan, while opening a Public Convenience at Egmore said: "I am strongly of opinion that public conveniences are more important to the poor than

food and drink." I wonder what he would say if he was told that barring one or two conveniences, the Municipality in our town had done nothing in this direction.\* It must be remembered that public health work is a speciality requiring a personnel specially trained and with a high sense of public duty. Rumsey in his "Essays on State Medicine" said: "There are much higher functions of a preventive nature than those of a mere 'public informer' which the district health officer ought to perform. He should become the sanitary adviser of the poor in the dwellings. Many removable causes of sickness within their own control would be pointed out during his beneficent visits.

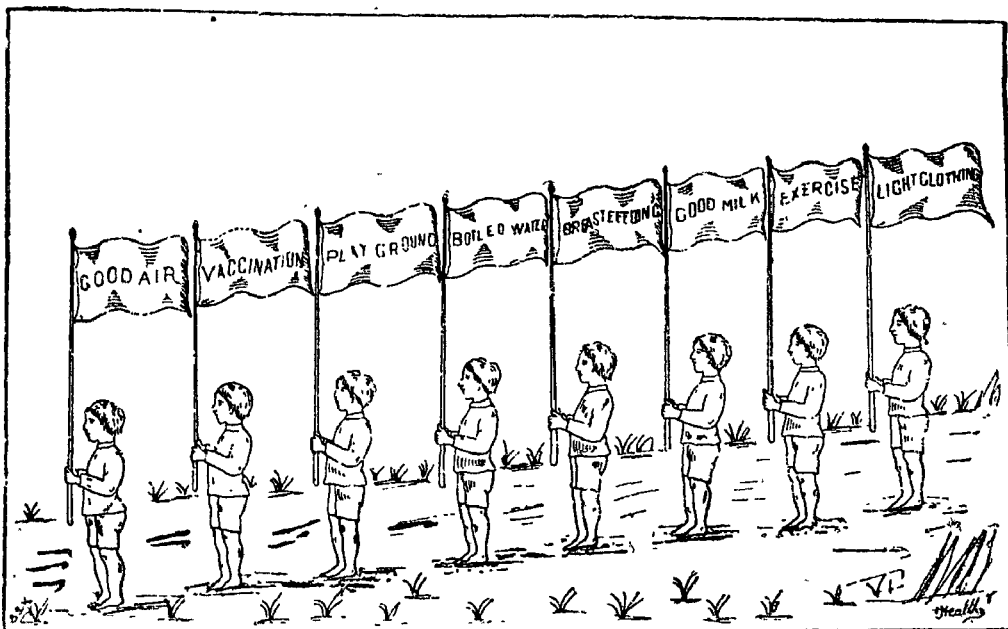
"The state of the apartments of the poor, their clothing and bedding, the choice and preparation of their food, the physical management of their children, their nursing in sickness, would all come occasionally under his cognisance. . . . If the precise cause of mischief were beyond his means of detection, he would direct the attention of the superior officer of health, or the local administrative body, to the matter."

For the direction and stimulation of public opinion, the value of publicity work through the Press cannot be overestimated. Apart from "paid for space" public health departments enjoy a certain amount of free publicity. This is evidenced by editorial comments on the work of the departments and on matters like housing,

\* Public latrines constructed from the Government of India grant for rural development during the years 1935-36 and 1936-37 were satisfactorily maintained in all the districts except Chittoor, North Arcot, Trichinopoly, Madura, Kistna, Bellary, Vizagapatam and Kurnool. It need hardly be stressed that the local bodies in these districts should maintain them properly by appointing the requisite number of maistries and scavengers and should also take steps to extend this scheme gradually beyond the district. (Report of the Director of Public Health, Madras, for 1938 including Administration of Vaccination for 1938-39.)

nutrition, maternal mortality etc. Newspapers, magazines, and professional journals—the heavy artillery of publicity—have to be pressed into service. The future of public health work must revolve round an intelligent territorial use of newspapers. They possess geographical flexibility, rapid action, and practically every person who reads at all will be reached by them. For instance, “Weekly bulletins on the public health condition of the province are regularly published in the local newspapers. Advantage is taken of these bulletins

sparingly used as they are within the economic reach of only a few people. Professional journals offer a tremendous opportunity for the main reason that they permit a detailed treatment of the subject and there is no waste of circulation. Newspapers and magazines can be made to carry short articles on general Hygienic principles couched in simple but expressive language on the lines of those published in the “Hygeia.”—“Doctor’s arm chair Stories—Typhoid, Tuberculosis—Foe of youth”, “A Fool for a Day—Fallacies and Popular Beliefs that are not true and that



HEALTH PROPAGANDA.

to warn intending pilgrims about the prevalence of epidemics at festival centres\*.” It must be noted, in this connection, that the much maligned vernacular newspapers are gradually being used by health authorities and local bodies. Magazines, of course, offer better printing and there are more readers per copy “as they linger for weeks before they meet the generally shameful fate of the printed page in most households”. However, for a long time to come, they must be

Influence Behaviour in a Manner Detrimental to Health”, “A series on the Germs we live with”. Health advertisements may be inserted from time to time in the dailies but they must be so framed that they cannot pass unnoticed. For instance, the following “attention compeller” if inserted in a vernacular newspaper will impart valuable information to an unformed public regarding the cause of tuberculosis—that terrible scourge which shows such a marked statistical association with poverty.—You get Chicken from Eggs, You get Cotton from Cotton and Potatoes from Potatoes:

\* Report of the Director of Public Health, Madras, for 1937, including of Vaccination in 1937—38.

It is just like that and it is the same with tuberculosis. You get tuberculosis from tuberculosis germs or bugs. Nobody can give it to you by sprinkling dust on your doorstep. You cannot get it from anyone who tries to put a spell on you in any way. You can get it only from a person who is suffering from it.\*

Another example of a health advertisement is the one relating to Venereal Disease—a disease more destructive than tuberculosis and about as common as measles.—

Venereal Diseases have three Allies,—  
(1) Poverty, (2) Ignorance, (3) False Social Ideas and Customs.

**Co-operate with the Health De-**

**partment to combat them and fight the Scourge.\***

At the same time, it must be noticed, that knowledge of prophylaxis will do more to wipe out these diseases than “all the righteousness ever crammed between hard covers.” It is commonly said that venereal disease is the wages of sin. But, from available statistics, it has been proved that in many cases, the disease is “transmitted under highly respectable auspices.” The method of preventing the most preventable of diseases,—Venereal Disease—should be based on instruction in processes of cleanliness and disinfection. There is thus a complete lack of realism when authorities try to prevent the incidence of this disease by moral means.

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\* All-India Institute of Hygiene and Public Health, Calcutta.

## FINGER SUCKING

**D**URING infancy, thumb and finger sucking occurs as a natural result of the hand to mouth reaction, which is most prevalent from the fourth to the tenth month of life. There is evidence to show that it will occur in hungry children or in those whose suckling time is insufficient. There is little need for treatment at this age, aside from making sure that the infant is reasonably well fed and is contented. Restraints do little good at this age and are definitely contra-indicated at later ages. From 2 to 5 years, thumb and finger sucking are seen most commonly as more or less simple reactions to boredom, fatigue, illness, frustrations, deprivations and punishments. The habit is definitely used as a solace by the child. Treatment should be largely limited to ameliorating the more obvious sources of emotional dissatisfaction in the child.

All semblance of a power contest between parent and child should be avoided. A direct attack on the symptom is most often of little use. In older children, the symptom is most commonly seen as a part manifestation of a general emotional and social immaturity, which calls for detailed study and a broad programme of personality and environmental readjustment. The pediatrician can do much to allay parental fears and to reassure the parents of younger children as to the harmlessness of the habit. The ill consequences of the habit which have been broad-cast by the alarmists have for the most part, no basis in fact. The deformity of the mouth is characteristic but will usually disappear spontaneously if the sucking stops before the eruption of the permanent teeth.—*American Journal of Diseases of Children.*

# LYING-IN PERIOD OF A MOTHER

**H**EREIN will be briefly considered how the lying-in period of a mother can best be managed to favor the involutions processes, encourage lactation, and promote the patient's general well-being and happiness.

The obstetric room should be light, bright and clean. The bed should have a Gatch frame. Visitors should definitely be limited in number and length of stay. A twenty-four-hour period of complete rest with fluid diet should be enforced even after the least distressing delivery. A tight abdominal binder should be kept in place during this period, and then be removed.

With the beginning of the second day, the head of the bed should be partially raised at the time of meals, and when the baby is put to breast. At other times the bed should be flat, and the prone position assumed for one hour twice daily. Knee chest posture is not advised.

A good, general diet, with milk at meal time, is satisfactory. One or two glasses of milk may also be given the patient at 10 p. m. Between meals, however, milk or other nourishment is not offered for fear of destroying the appetite. Water should be taken freely at all times, even when the breasts are uncomfortably congested.

Mineral oil, one or two ounces, given once daily, and a tap-water enema every second day if necessary, maintain adequate elimination.

Breast-feeding of the infant is of great importance in any programme of maternal care. Depending upon the condition of mother and babe, this should be commenced twenty-four or forty-eight hours after delivery. The initial breast-nursing efforts should be brief, a time limit of five minutes

the first day of the breast-feeding programme being increased to ten minutes the day following and fifteen to twenty minutes, when the milk secretion is fully established. Soreness of the nipples is best overcome by limiting the length of time of suckling, and by exposing the nipple to dry, in warm air for a period after the baby leaves the breast.

Much has been written about the means by which successful lactation may be brought about. A summary of practical consideration is as follows:—

1. Adequate nutrition during pregnancy; generous use of brown cereals and dairy products without excessive concern for weight gain.
2. Psychological preparation; the expectant mother to be educated to a strong desire to nurse her baby.
3. Preparation of breasts; attention throughout antenatal months to accomplish erection and toughening of the nipples.
4. Competent management of labour and delivery; shock to be minimized.
5. Efficient treatment of anæmia if present, before and after delivery.
6. Excitement to be minimized and rest to be encouraged during the entire puerperium.
7. Management of the new-born to insure vigour of suckling; formula feeding to be limited to the second and third day, or eliminated altogether.

During the second post-partum week exercises to strengthen the abdominal and leg muscles are advantageous. Ideally, two full weeks are spent in bed, but most patients are permitted to start sitting up on the tenth day. Throughout the third and fourth week of the puerperium, a



two-hour undisturbed sleep or rest in a well-aired room should be enforced each afternoon—especially if the patient is lactating. Moderate use of the stairs after the fourteenth day is not harmful, and short walks out of doors are invigorating and worth while. Shower baths may be permit-

ted at any time, and tub baths after the third week. Advice concerning these matters and others of similar importance may well be noted in brief letter to be given the patient as she leaves the hospital. The need for office examination at the end of five or six weeks should be stressed.—*I.M.J.*

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## DRAINS AND HEALTH

BY M. CHRISTIAN

MANY householders do not give the attention they should to drains and sink pipes and like arrangements in the home. They keep floors clean, walls nicely decorated, furniture polished, and the outside of the house painted, but often leave drains as an afterthought. Giving them a superficial look-over is to be deprecated; they need the most thorough attention.

No drains or sinks should be allowed to have the slightest smell, for at all times it should be remembered that the drainage system plays an important part in keeping all the members of the family healthy.

Drains should never be forgotten when viewing an empty house. Neither should the situation. As to the latter, the site should never be boggy and sour. Neither should it be too low. Lowness will usually result in smells; for after a winter of rain and snow there is a general tendency for the accumulation of water at the lowest spots. Therefore, when choosing a home, this point should be watched.

When viewing an empty house, it is a good plan to test for smells. In each room cupboard doors should be opened quickly, for usually odours accumulate in such places. If there are indications that bad air is present certain measures should be taken.

But sometimes it is the drains that

are at fault. A very good test is to pour half an ounce of essence of peppermint down an untrapped pipe. Follow this with a half bucket of boiling water. The idea behind this measure is, that the peppermint odour is strong enough to penetrate through all the pipes and out of the defective drain. One has only to walk around the pipe and where the peppermint smell manifests itself, there will lie the defect. All that remains is to inform the plumber, the builder, landlord, or house agent, who will make good the defect, for they realize that defective drains are like a slanderer's tongue—always underneath, and hard to trace. Many death-dealing diseases can come from dirty drains, so everything possible should be done to keep them sweet and clean.

And one should not forget water-butts and tanks which collect rain water. At least, once every six months, preferably in the dry weather, they should be thoroughly cleaned out. The same applies to gutters and spouts. All these collect filth, and all filth in the neighbourhood of the home breeds deadly bacteria.

Drains that have a tendency to smell should be regularly douched out with soda and boiling water. Brushes can be had to cleanse the inlet to drains, which should be thoroughly scoured at least once a week. When

this brushing and hot-water treatment is over, a good plan is to add strong disinfectant to a bucket of cold water and dash it down the drains. Also the iron grates should be kept free from grease, be regularly brushed and, at least once yearly, be tarred or painted.

Drains where there is egress from the outer drains to the house should have scrupulous attention. Therefore, the sink pipes should be looked to. They should be cleansed daily, while simple measures to protect them from getting stopped up should be taken.—*Good Health*, (Lon.)

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## ● Topics from Medical and Health Periodicals ●

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### Science Supports Vegetarian Diet

HATEFUL and horrible as war is, it does at least one good thing: it inspires our food experts to tell the public just what it should know along the line of food values.

During the World War, 1914-1918, the Inter-Allied Scientific Food Commission which met in London, Rome, and Paris, and which was without doubt the most authoritative body that ever met to consider the subject of human nutrition, declared that flesh-foods were not a physiologic necessity—that “no absolute physiologic need exists for meat, since the proteins of meat,” it stated, “can be replaced by other proteins of animal origin, such as those contained in milk, cheese, and eggs, as well as by proteins of vegetable origin.”

And now that Europe is plunged into another great conflict, the same principles are being urged in high and responsible quarters.

“It must be kept in mind,” writes Professor Leonard Hill in a recent letter to the *Times* on food values “that vegetable foods are much the cheapest source of supply for maintenance of health, growth, and energy. In the conversion of vegetables into flesh a large part of the energy is used up by the animal and the people who eat flesh have to pay for this.”

If these facts from one of the highest authorities in our midst, would only sink down into the minds of the British people most of our alleged war-time yea, and peace-time food problems would be solved.—*Good Health*, (Lon.)

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### The Serpent Pays its Debt to Man

WHATEVER it was that the serpent said to Eve there can be no doubt that their descendants have hated one another cordially ever since. And yet snake poison has now been found to be of value as a healing medicine. There are people who have learned how to handle deadly snakes, and to collect from them their venom. The fangs are held over a glass cup, the glands massaged and squeezed. The venom drips out. It has to be dried so that every atom of moisture is removed. Then it is powdered and kept in little glass bottles until it is needed. There are three main types of snake poison used by doctors now. Rattle-snake venom was one of the first to be used, and for a long time it was hoped that it would have great value in treating epilepsy; but it has not lived up to its promise. The venom from moccasins and vipers, on the other hand, is being used more and more to stop bleeding. For example, sufferers from haemophilia—the disease which devastates the male

sex in Ex-King Alfonso of Spain's family—can be very much helped by this venom. If they have a tooth pulled—an experience which would have cost them their lives through uncontrollable bleeding some years ago—they can have it in safety by the use of swabs soaked in moccasin venom. And the dangers from haemorrhage in child birth can be much reduced in the same way. Nobody yet knows what uses remain still to be discovered for snake poison, and recently a Viennese doctor found that the common cold can be relieved by rubbing it on to the victim's arms. Just as moccasin is useful at birth, so cobra venom has been found valuable to make the end of life more bearable. A recent report by one doctor tells of how cobra relieved 115 hopeless cancer patients of intolerable pain. Apparently it affects the pain centres in the brain. Thus the two things brought into the world, we are told, by Eve and the serpent, namely pain in childbirth and the last enemy, death, are now relieved of some of their horrors by the same agency which created them.—*John Langdon-Davies in "Picture Post."*—*The National Health Review.*

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### Bed-Wetting.

“ONE of the commonest causes of bed-wetting is the lack of training in cleanliness in infancy and early childhood”, writes Doris M. Ovlum. “This is the fault of the mother and may be due to sheer laziness and indifference or to an unconscious desire to keep the child dependent (and a baby). Amongst the commonest of physical causes of bed-wetting are extreme acidity or alkalinity of the urine. Thread-worms, and irritation of the parts come next.

The causes which are primary due to the child itself are all psychological. They are nearly unconscious

and not in any sense the child's fault. These include mental defect and emotional attitudes are (1) desire to remain a baby and to be protected by the mother or nurse, (2) jealousy of a new baby and a desire to receive more of the mother's attention, (3) evacuation to a strange home, strange people, specially separation from the mother, (4) hostility and revenge towards adults whom the child regards as enemies.

Bed-wetting during the day-time after the age of five years must be regularly considered as naughty and treated with firmness. In the treatment of bed-wetting scolding and beating have no place. The physical causes, if any must be attended to and punishment when it is given, must be in the form of deprivation of privileges.—*The Medical Bulletin—May 4th, 1940. P. 331.*

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### Decreasing Oiliness of the Hair

It is impossible to reduce the amount of oil secreted by the sebaceous glands, *Hygeia, The Health Magazine* says in reply to an inquiry on how to decrease oiliness of the hair. “The usual advice,” according to *Hygeia*, “is to use one of the popular synthetic liquid soaps for shampoo, because they leave the hair drier than other soaps made from fats and oils. The sebaceous glands are independent organs and their pattern of secretion varies with individuals, the same as any other organic function. During the fourth decade of life the sebaceous glands usually secrete less than before this time, but this is true of most of the secretory organs of the body.

“Shampooing the hair once every other week is a good average, but some excessively oily hair may be benefited by more frequent washings.”—*North West Medicine.*

## Military Medicine in Ancient India

“ When the king goes forth with his army to fight the enemy, or to punish them for their wickedness, he should take a learned physician with him who is a pious penitent, whose prayers will be heard.

“ The physician should examine the food, water, woods and the site of the encampment with the greatest care ; because, it is quite possible that poison has been spread on all these things by the enemy.

“ If he finds poison he should remove it and thus he will save the army from death and destruction. He will find the means for doing this by reading the chapter on poison.

“ Should a disease develop in the army, the physician should resort to every means for its control and especially he should give great attention to the person of the king; because, he represents the entire people and as the proverb says: ‘Where there is no king, the people will devour themselves. The physician’s tent should be near the king’s and his medicaments and books should always be within his reach. A flag should fly over the physician’s tent in order to show the wounded where he may be found ’:—  
*The Vizagapatam Medical College Magazine, Vol. XIII, No. 2, Apr. 1940.*

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### A Kiss

A KISS is a peculiar proportion of no use to one, yet absolute bliss to two.

The small boy gets it for nothing.

The young man has to steal it.

The old man has to buy it.

The baby’s right.

The lover’s privilege.

The hypocrite’s mask.

To a young girl—Faith.

To a married woman—Hope.

To an old maid—Charity.

—*Medical Standard.*

## Honey for Health

Honey consists chiefly of the two *simple* sugars: Dextrose and Lævulose (or Grape sugar and Fruit sugar) which are in about equal proportions. and totalling about 77 per cent of the product. Honey is a potent form of energy for immediate use.

Another important fact about honey is that it has a full complement of invaluable mineral salts, all in a natural state ready for immediate assimilation by the body. It is superior to sugar in that it is already “inverted” by the little bee-chemists, whereas, table sugar requires a long process of digestion for which vital energy has to be expended.

The honey-bees gather the *nectar* from flowers during the honeyflow, which varies in different parts of the country. When first collected, it is very thin and watery and in a crude form, but after our little chemists have been busy on it, it is finally reduced to about 16-20 per cent moisture content.

The less moisture in honey the better, as it will keep longer and better, providing it has been carefully extracted from the honey-combs; it must also be sealed tightly and as air-tight as possible.

Honey has rightly been described as Nature’s Sweet and Bottled Sunshine, and hence it well deserves a place in the larder at all times. Store it in a cool, dry place, free from damp, and keep it away from all articles of a pungent nature. It is best kept in a small drawer or cupboard all by itself.

Young ladies who value their health and good looks, would be well advised to reduce their consumption of confectionery made from commercial white sugar, and to increase their ration of honey instead. Our sweet young things would also be surprised to know that honey is extensively

used in cosmetics, as it helps towards keeping the skin smooth. Then why not take honey direct into the system? It will cost less this way and will probably be of more value also!

Because honey is a highly concentrated foodstuff, some people experience difficulty in digesting it. They should try it in a glass of hot water, flavoured with the addition of a little lemon juice, if preferred. Honey can also be taken with advantage in warm milk and in natural fruit juices. As a general rule, a teaspoonful of honey is usually sufficient to flavour the drink.

All children should be encouraged to take honey, both for its food properties and also to satisfy their desire for sweetmeats. Honey is best taken with meals, preferably in the morning, and it should not be indulged in between meals.

Used with discretion, honey may also be given to very young children. The rather dark coloured honey is relatively rich in natural iron.

Honey is an antiseptic, and disease germs cannot survive for long in it, while, in the treatment of burns and scalds and dressing of wounds, its value has been proved repeatedly.

Honey may be eaten by almost every one, although persons suffering from diabetes and those on special diets, should consult their practitioner first.

Honey is invaluable for athletes, etc., and the success of the Oxford Boat Race Crew in 1938 was attributed to their having trained on honey. They were forbidden white sugar.

Climbers and cyclists have also testified to the superiority of honey over chocolate on account of its greater staying power.

Skilled air-pilots in the United

States of America always have honey for breakfast, and now that bacon has been rationed, we would do well to emulate them.

For athletes in training, 2 oz. of honey per day is usually sufficient. For sprinting, 1 oz. taken twenty minutes before the start, is recommended; while for rowing, 2 oz. should be taken thirty minutes before the start. The same quantities apply in the case of football and boxing, with a little at intervals, if exhaustion is apparent. In long distance cycling and walking, honey can be taken at regular intervals on the road.—*Health for All*.

### Facts about Cancer

BORIS SOKOLOFF, M.D., SC.D., who has been working in the cancer field for twenty years, says:—

1. Scientists today know as much about the diagnosis and cure of cancer as they do about tuberculosis.
2. They know that cancer is not a hereditary disease.
3. Still there exists a predisposition to cancer, the same as in tuberculosis.
4. Cancer is not a germ disease—nor is it of parasitic origin.
5. Cancer is not a contagious disease.
6. Diet seems to have no direct effect on this disease.
7. Cancer is a revolt of cells due to continuous and repeated irritation.
8. Chemical as well as physical irritations frequently cause cancer.
9. Cancer, if detected in its early stage, can be cured.
10. There is as yet no blood test which gives one hundred per cent proof of incipient internal cancer.
11. However, periodical X-ray examinations are of considerable value in the control of cancer.—*Your life*.

## Unsung Guardians of the Nation's Health

FROM the moment when we, urban dwellers, take in our bottles of milk, through every single activity of the day and even when we sleep at night, we are being guarded, watched, and protected from danger and disease of which we are quite unaware. That the water on our tables is pure, that our sewer systems function properly, that when we walk on the streets we do not come in contact with communicable diseases, that when we dine at restaurants our food is hygienically prepared and served—all these we take for granted as our inalienable right and are inclined to resent the taxes which go to pay for them. Countless unsung millions of the laboratory have struggled to bring about this happy state of affairs and countless others are still toiling on our behalf—*Dr. Victor Heiser in "You're the Doctor."*—*National Health Review.*

### Nail-Biting

THE frequent occurrence of nail-biting in children and the possible deleterious effect of the habit on the general health, apart from deformity and frequent infection of the nails, are discussed by J. Schwartzman (*Archives of Pediatrics*, Sept. 1939, 56, 599). This author has studied the causal factors in two groups of children, one consisting of 709 hospital admissions of both sexes between the ages of 1 and 12 and the other a group of 470 boys from a high school, aged 13 to 19 years. The results of the investigation tend to show that the habit of nail-biting is associated with period of nervous stress and strain, and is a conscious or unconscious impulse. The ill-effects of the habit include local infection of the fingers resulting in nail deformities; infection of the mouth; dental defects; and general effects on the system due to contamination from

foci in the germs or mouth and the entry of toxic bacteria into the circulation. Numerous methods of treatment have been suggested *i.e.*, punishment, reward, keeping the nails cut short, local application of bitten substances, mechanical restraints for keeping the hands away from the mouth, the wearing of gloves, and dental appliances for temporary interference with the exact apposition of the incisors. One author has suggested the use of chewing given as a replacement mechanism. Hypnotism, happy associations and occupations and the removal of the basic cause, also appear in the list of remedies. The last named is the ideal method of dealing with the problem but it is often difficult to accomplish owing to the frequent impossibility of ascertaining the actual cause. Combined with this factor education, with encouragement and rewards, and a stimulation of the will power are put forward by the author as being the most satisfactory forms of treatment.—*The Practitioner.*

### Precepts of Life

1. Be true to thyself. Never speak of thyself.
2. When you speak to a person, look him into the face.
3. If any one speaks evil of you, make your conduct such that none believes it.
4. Keep good company or none.
5. Live upto your engagements.
6. Never borrow, if you can possibly avoid it
7. Be civil to all, familar with few, friend to one, and enemy to none.
8. Never interfere in others affairs.
9. Do but don't mind.
10. Have a heart that never hardens, a temper that never fires, a touch that never hurts.—*Vce. Dec.Em.*

## The Declining Birth Rate

DR. FRED GRUNDY, M. O. H. for Luton, believes that social convenience, whether on the one hand it is purely selfish or on the other tinged with a touch of idealism in the shape of a desire to give the best possible start in life to the offspring, is by far and away the commonest motive for birth control. He writes: "Modern conditions of housing, education, and occupation with its demand for greater mobility, place those who limit their families in a position of distinct advantage, and the multitudinous out-of-home pleasures which Western civilization has produced are more readily available to those without families of small children. Our sense of values has been so altered during the last few decades that many women get little or no pleasure out of rearing families, and consequently find mothering young children no adequate recompense for the deprivation of more transient pleasures. Nor is this all: our national ideology has changed. No longer is a large family a sign of success and a ground for respect, but rather are its creators regarded by the man in the street as irresponsible or even careless. Government grants, tax remission and other measures of monetary aid may have some influence but nothing short of a rejuvenated outlook will materially affect the situation. It is impossible to dissociate the present-day prevalence of deliberate abortion from the basic determination not to have large families and I suspect that the now common refusal of women to suckle their babies once they are born is part and parcel of the same outlook. It may be that the present state of affairs is a direct outcome of Western urban

civilization, if it is not a symptom of a sickness which is weakening the bonds holding our Western civilization to life."—*The Medical Officer*.

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## Maternal and Infant Mortality

DR. R. ASHLEIGH GLEGG, M.O.H. reports with satisfaction that the infantile mortality rate, has fallen considerably in recent years in the administrative county of East Sussex, and that, in 1938, it was the lowest ever recorded in the area, being 31 per 1,000 live births, compared with an average rate for England and Wales of 53 per 1,000. He writes "Good housing, a high level of general sanitation, better wages, with consequent better nourishment of parents, and systematic education in the principles of child nurture, have all played their part in achieving this satisfactory reduction in the mortality of infants under one year of age. Further improvement in this figure may be expected from the continuing action of these factors on an increasing number of people. The chief factor is undoubtedly the improvements in nutrition that has been noticeable in recent years. This has been assisted under the Maternity and Child Welfare Committee's arrangement, for the supply of milk to nursing and expectant mothers and children under five years of age. The importance of milk as a food for mothers and young children is now well recognised and the Government have taken steps with a view to extending its consumption." Even more gratifying to Dr. Glegg is the reduction in the rate of maternal mortality to the low figure of 1.55 per 1,000 births in the same area.

—*The Medical Officer*.

JUN 1940

# Health Tit-Bits

## Are you a Baby?

“DON'T act like a baby!”

“I can't help. I was born that way.”  
—*The Kemcol.*

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## What to Avoid

THREE things are to be avoided in life:  
A donkey backways,  
A motor car front ways,  
And a woman always.—*The Kemcol.*

\* \* \*

## Chronic Catarrh

“I SEE you often with a lady,  
Who is she?”

“Chronic catarrh”.

“What does that mean?”

“I got her easily and find her hard  
to get rid of”.—*O'dear.—(Holite  
Humour, London.*

\* \* \*

## Importance of Mastication

IF we were allowed only one dietary  
rule, I should say the most important  
was proper mastication. That is the  
one I myself place foremost.—*Dr.  
Victor Heiser in "You're the Doctor."*

\* \* \*

## The Ten Stages of Drunkenness

1. decent and demure
2. delighted and daring
3. devilish and defiant
4. dense and dopey
5. delinquent and disgusting
6. dejected and degrading
7. decrepit and depraved
8. dizzy and debilitating
9. dazed and delirious
10. dead-drunk.

—*The Medical World. York Times.*

## Alcohol

ALCOHOL kills everything that lives,  
preserves everything that is dead.—  
*Robbins Stockel.*

\* \* \*

## Hunger and Driving

Unappeased hunger, says a Chicago  
physiologist, is a significant factor in  
dangerous driving. Not to mention a  
satisfied thirst.—*Des Moines Register.*

\* \* \*

## Unknown Cures

THREE-FOURTHS of all illnesses are  
cured without the victims ever  
knowing they had the ailment. Out  
of a total of 215 diseases known to  
medical science, there are only about  
eight or nine which doctors conquer—  
the rest conquer themselves.—*Dr.  
Richard C. Cabot.*

\* \* \*

## Clean Mouths

DRS. S. Leonard Rosenthal, Wallace  
M. McNabb and Raymond C. Synder  
of the University of Pennsylvania  
report in *The Journal of the American  
Dental Association* that the  
mouths of animals are normally  
cleaner than those of human beings.  
This is so not because animals take  
better care of their teeth but because  
their saliva contains sodium carbo-  
nate, which is a preventive of trench-  
mouth. The experimenters collected  
and tested saliva from fifty dogs,  
eight cats, twenty-eight pigs, two  
horses, one hippopotamus, two ele-  
phants, two lion cubs, one baboon  
and two young chimpanzees. Always  
there was a low bacterial count com-  
pared with human saliva, with no  
moving bacteria at all. A thirty-year  
old baboon with a very dirty mouth  
had saliva as bad as man's.—*New*