HEALTH

ESTD.. 1923

A JOURNAL DEVOTED TO HEALTHFUL LIVING

CONNEMARA PUBLIC LIBRARY
14 AUG 1956
MADRAS
17
2-53

Contents

VOL. XXXI. No. 6, JUNE, 1953

Health is Wealth—Editorial
Does Your Child Grow and Develop All Right?
Women are Different
New Lives for Old Eyes

Price FOUR Annas.

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

What's New in the News?

"Isoniazid"—Not a Wonder Drug after all

Tuberculosis patients pictured a year ago as dancing in their wards after treatment with the "wonder drug," Isoniazid have since died, a medical specialist told Senators in Washington on 13-5-'53

Dr. Robert Anderson a Government employed tuberculosis expert, declared that the drug had "not come up to the high hopes many once held for it," but "Isoniazid" did "provide another weapon against the disease".

The key weapon was still "early discovery through chest X-rays", Dr. Anderson, head of the Public Health Service Division working on tuberculosis control, told the Senate Appropriations Sub-Committee.—(*The Mail*, 15-5-'53).

●

Transplantation of Monkey's Heart

A doctor told a surgeons' conference in New York that the temporary transplantation of the heart and lungs of a monkey into a child born with a defective heart might soon become possible as a result of experiments on animals.

The monkey's organ would take over long enough to permit an operation to correct the defect in the child, Dr. Emanuel Marcus of the Chicago Medical School, told the annual Clinical Congress of the American College of Surgeons

Dr Marcus added that he believed such an operation could be tried "within a year" in a desperate case in which a child's life was at stake. But he hastened to add, "I won't say it is going to work."—(*PTI- Reuter*).

●

Acne

Acne, along with greasy skin and blackheads, may be caused by thyroid gland disturbance and 'failure of the bodily chemical economy to manage oils," reports Dr. R.L. Sutton, Jr., of Kansas University Medical School Dr. Sutton says he has found acne controllable by reducing the intake of fatty foods —(*Pathfinder*).

●

Brown Sugar Helps Children

Praise for brown sugar spoken at a scientific meeting made new customers for the product throughout the United States.

Professor W. J. Robbins, of Columbia University, told how he fed tomato roots with white sugar in water; they grew feebly. Then he used brown sugar instead; they grew luxuriantly, sometimes nearly an inch in 24 hours.

Then he used brown sugar on the menu of children and they grew big and strong. He credited vitamins B-6 and H.—(*Parade*)

●

Drinking Milk Quickly

One of our pet superstitions about milk gets a kick in the pants from science. Time and time again people have warned you to drink your milk slowly and in sips so that it will digest more easily. However, recent clinical experiments conducted prove the opposite to be true.

The scientists find that milk drunk slowly engenders more extensive curdling and is therefore more indigestible than if drunk at a faster rate —(*The Commentator*).

●

Mobile Dispensaries for Kashmir Valley

Mobile dispensaries are being organized in the Kashmir Valley to treat patients in far off areas where medical relief is not easily available Under this scheme, specialists in different diseases would tour various areas of the valley to treat patients. Already mobile dispensaries have been organized in Jammu province.—(*Statesman*, Delhi).

●

Dental College for Madras

The construction work of the building for the Dental College is expected to be completed in a month or two. The equipment that can be got from this country has been obtained. Steps are being taken to get the rest of the requirements from America, England and Japan. The University has been addressed regarding recruitment of the staff needed for the College. Now that everything is taking shape, it is assumed that July 1953 will be about the right time to start the College conferring the B.D.S. degree for the first batch of students passing out in 1957.

Ashtangasareeram

By

P. S. VARIER.

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

Apply to :—**P. M. Warrier,**

Managing Trustee and Chief Physician,

Aryavaidyasala, Kottakal, S. Malabar.

TRUSSES FOR HERNIA

Available for single & double Hernias for adults as well as infants.

PRICE :

Leather covered single adult	Rs. 17-8
Leather Double adult	Rs. 25-0
Vulcanite infants single	Rs. 15-0

SRI KRISHNAN BROS.,

323-24, Thambu Chetty St., Madras-1

CONNEMARA PUBLIC LIBRARY
21 AUG 1955
MADRAS

A Journal Devoted to Healthful Living

HEALTH

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

Edited by U. Vasudeva Rau, M.B., B.S.

Annual Subscription: Rs. 2-8. Foreign: Sh. 5. Post paid. Single Copy As. 4.

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

Vol. XXXI JUNE, 1953 No. 6

'HEALTH IS WEALTH'

THE World Health Day which was enthusiastically celebrated in nearly fifty countries of the world on the 7th of April 1953 had for its slogan "*Health is Wealth*". A fund was started in 1949 by the joint efforts of the Economic and Social Council and the General Assembly of the United Nations, for carrying out an expanded programme of technical help to underdeveloped areas, to be utilised by the U. N. and five of its specialised agencies, one of which is the WHO. The main purpose of these joint efforts was the advancement of the general health of the world's population, particularly in the underdeveloped regions so that eventually there will be steady and organised progress in the social and economic conditions and in the standard of living of these people. The WHO should not be considered a fairy godmother, whose magic touch will work miracles. It does not pretend to be one but renders such assistance as is absolutely necessary, only when asked by Governments in need of such help, and at the same time encourages those governments by affording facilities in the shape of personnel or equipment to such administrations to help themselves.

The countries of South East Asia forms one of the Six Regional areas, served by the Regional Offices of the WHO. We are told that "the six nations comprising this S.E. Asian Region, have themselves spent, or will spend a sum of nearly five to six million dollars (Rs. three crores approximately) if they should receive from the WHO a grant of four million dollars (about 2 crores of

Rupees). During 1953-'54 the WHO proposes to spend ten million dollars and the countries which expect to receive the benefit of this grant, have decided to spend from their own resources four times as much. As we pointed out before in our April 1953 issue of 'HEALTH' the anti-malarial campaigns in India (Terai, Orissa and Malabar) have been remarkably successful and produced excellent results in these regions from the hygienic economic and agricultural points of view. In the Terai region alone in U.P., we understand that the area under rice cultivation has increased by 40,000 acres and vast areas of these lands were formerly marshy and highly malaria-ridden and so lying waste. These areas have now been made habitable and colonisation for agricultural purposes has proceeded apace. Equally deadly hot-beds in Burma are also reported to have undergone similar wonderful transformation into agricultural lands.

The WHO has rendered magnificent help in Tuberculosis Control, by training doctors, nurses home-health visitors, and X-ray personnel. Six training and demonstration centres have been established in S.E. Asia, three of which are located in India at New Delhi, Trivandrum and Patna. BCG vaccination is carried out very vigorously, and this campaign is financed by the UNICEF. Over twelve million people have been tested so far in India and about four million people have been vaccinated with BCG vaccine. Other activities of the WHO in India relate to the mass inspection and treatment of yaws, to the erection of plants for the manufacture of penicillin and DDT in our country.

The Health day celebrated this year laid considerable emphasis on the economic importance of good health and the urgent and imperative need for an all-out effort by all concerned to achieve this end. Dr. BROCK CHISHOLM, Director-General of the WHO, pertinently pointed out that, "apart from the fact that sickness in any part of the world can endanger the health of all the rest of the human family, we must realise that it can also affect adversely the economies of far distant countries." Health and prosperity are inseparable and in the battle against disease "there can be no neutrals."

Speaking in the general debate at a meeting of the World Health Assembly at Geneva held on the 11th May 1953, the Indian Union Health Minister RAJ KUMARI AMRIT KAUR said "until the powerfully armed nations of the world adopt a programme of disarmament there can be no money for nation-building activities such as this WHO stands for and no hope of peace". She told the delegates that the world was facing a challenge unparallelled in human history. "The path that lies before us may open an era of death, destruction and sorrow on a colossal scale, and it may lead us to a vista of gloriously expanding prosperity and cultural development in what all the United Nations will share. "It is our duty" said the RAJ KUMARI "to meet the challenge with vision, fortitude and wisdom and turn our hearts and hands to the task of preventing disaster and promoting progress." Paying

a tribute to the retiring Director-General, the Indian Health Minister said "the achievements and results obtained by the WHO have doubtless been influenced to a large extent by the personality of its first Director-General Dr. BROCK CHISHOLM." The establihment of the Regional Offices has served as an outstanding contribution to the study and solution of International Health Problems.

Sleep - Walking

BY A DOCTOR

ONE night while the parents were listening to the radio after dinner, they were startled to see their eldest child, a girl of about twelve, who had gone to sleep an hour earlier, walk into the room. She looked dazed and did not answer when spoken to or take any notice when they went up to her.

Realising that the child was asleep the mother was about to shake her to awaken her, but the father stopped her and picking up the child took her off to bed. After mumbling in a confused way she was soon fast asleep.

The next morning they avoided any reference to the incident, but the mother was anxious lest the child should sleep-walk again and harm herself.

Somnambulism, the medical term for sleep-walking, is an affection of adolescence and rarely occurs after that period. It is not hereditary and not at all serious. As a matter of fact one child in every twenty walks in its sleep. The only reason why it worries parents so much, is because it is such an uncanny experience.

Somnambulism is an emotional disturbance, not a physical one. Nervy excitable children working hard for an examination at school frequently walk in their sleep. Little worries like school-work may appear trivial to grown-ups but to a child they are of great moment and the child has less powers of reasoning. Cinemas and late nights may quite easily be a cause.

The process is the same as that in any unconscious action—like knitting or sewing while listening to the radio—the hands are working automatically while the brain is listening. The sleep-walking child is only half asleep. The part of the brain that controls the body movement is still awake, so a child can dream and act its dream at the same time.

As anxiety is a common cause, children should be reassured with kindness and sympathy. In this as in other neuroses of adolescence, nail-biting, blinking, wetting the bed at night, fidgets, stuttering etc., their regaining confidence in themselves should be the first objective. In bad cases a doctor will probably prescribe a mild sedative mixture and a general tonic.

Two things are bad for the heart:—Running up stairs and down people.—(*Your Best*).

The Psychology of Sexual Disturbances

(III)

Rao Saheb T. N. S. RAGHAVACHARI,
Retired Public Health Bacteriologist,
St. Thomas Mount, Madras-16.

IN the present article I will deal with the psychological aspects of nymphomania, (excessive sexual desire in women) and sterility (childlessness). Nymphomania, hyper-eroticism or hypersthenia, is the name given to a condition of increased sexual activity as opposed to frigidity and sexual anæsthesia. Some eminent authorities consider that a woman who suffers from nymphomania is not a highly sexed person at all. But many believe, not altogether without reason, that such women are generally over-sexed. During recent times, particularly after the advent of the cinemas (movies and talkies) which exhibit glamorous pictures with considerable laxity of restraint and morals, there has undoubtedly been room for this condition to manifest itself with increasing frequency in a much larger number of men and women. When the strength of the sex impulse and activity increases to an abnormal degree in women the condition is called nymphomania.

The average woman, who is not highly sexed normally but who suffers from nymphomania, rarely experiences satisfactory orgasm and there have been cases in all the countries—India is no exception—of women who have had to spend their entire lives in an "inevitably fruitless search for sexual satisfaction". These cases are therefore, to be considered as due to what is called "psychogenic frigidity". By kind and careful questioning by a sympathetic doctor or health worker, the presence of emotional problems may be elicited. Discussion with the husband and about the husband often yields very profitable results. Some of these women will be found to be quite relaxed and happy too, inspite of their frigidity. In the deeply neurotic cases amongst these women, the outlook is not at all good. When lack of sexual satisfaction results only in emotional upsets which are not of long duration, the prognosis may be very much better. The orgasm in a woman, when complete is "characterized at its height by involuntary contractions of the pelvic and perineal muscles." These contractions are very real and cannot be simulated, so their presence or absence and intensity can be ascertained by cautious and careful questioning. Evidence of decreased vaginal secretions is another presumptive sign of frigidity. The converse is not however, true. Adequate vaginal secretions do not necessarily mean that sexual gratification is being obtained. Excessive and constant leucorrhœa (whites) may mask the condition.

Often women with nymphomania suffer also from hallucinations and illusions of sexual objects. "The very sight of man may cause sexual excitement and they may then satisfy the morbid craving by masturbating or simulating pelvic movements experienced during intercourse." The ætiology (causative factor) of this condition is somewhat obscure and so treatment has to be empirical, and directed towards diminishing the *libido*. Harmless but pleasing diversions like painting, writing, knitting, designing and change of environment, withdrawal from erotic and glamorous surroundings and demonstrations, the administration in some bad cases on competent medical advice, of drugs-like, bromide, valerian, quinine and also preparations of the male hormones and above all psychotherapy should all be tried to make the lot of these unfortunates, bearable and even happy.

Sterility.—Infertility is perhaps a better term for this condition. This is a very vast subject and during recent months, we have seen a number of valuable and interesting articles in HEALTH and other popular journals. That emotions are in some way associated with many failures of conception, is a well-known fact. A considerably diminished fertility has been noticed in psychotic women, and cases are also on record where conception took place after psychotherapy. Dunbar in his instructive book on "*Emotions and Bodily Changes*" states that the physiology of the female sexual organs may become profoundly altered by psychological and emotional disturbances. This would lend support to the occurrence of what is known as '*psychogenic sterility.*"

Emotional difficulties, whether pre-existing or subsequently developed during marital life, as a result of childlessness, frequently manifest themselves as sexual maladjustments. In the man, such difficulty may take the form of loss of *libido*, weak erections, quick or premature ejaculations or total impotence. In the woman there may be a lessening of desire, with an associated decrease in the lubricating secretions of her genital organs and even actual spasms of the vaginal muscles, preventing coitus. Emotional difficulties in general are usually deep-rooted; the less the patients get preoccupied with the problem, the better, though self-control may be difficult. "There are women who burst into tears and go into actual states of depression regularly, each time the menstrual flow comes on. They become over-anxious and highly keyed-up for a week or more before the period is actually due: how such tension may affect the functions involved in implantation and preservation of a fertilised egg is not clearly understood but it often does seem a likely explanation for failure to conceive, when no physical reason can be found". [Portnoy and Saltman, (1951) in *Fertility in Marriage.*]

Dr. Silverman of the Colorado University considers that repudiation of pregnancy for any one of several reasons is at the root of cases of psychogenic sterility:—

"(1). Aggressively masculine women reject pregnancy as it typifies femininity and creates a sense of inferiority and subjection

to the male, and in many cases they are unable or unwilling to give up their important careers for the responsibility of taking care of a child. (2) Deep seated hostility towards a husband is often also responsible for failure to conceive. These women are frequently able to become pregnant following psychotherapy. (3) Fear of the physical discomfort and pain associated with pregnancy and labour may cause inability to conceive. (4) Some neurotic, emotionally immature women unconsciously regard their marriages as father-daughter relationships. In such cases pregnancy becomes threatening and dangerous, because it may upset the precarious balance of this abnormal relationship." (*Am. J. Med. Sci.*, July '52).

Dr. Helene Deutsch of New York in her, "*Problems of Early Infant Care*" noted that strong feelings of guilt with their associated tensions are often seen in some sterile women. Their tensions are released with the expiation of their guilt feelings; thus we hear of cases who become pregnant after a severe economic blow. Deutsch further states that in some women "sterility subsides under physical treatment because these women may unconsciously interpret the treatment as punishment."

Infertility in the woman is really a subject for investigation and treatment before declaring her sterile. Apart from the physical causes, such as malformations, blockage of cervix and tubes, which require expert medical attention psychotherapy is most important after ascertaining if possible the cause of the emotional disturbance or tension that stands in the way of pregnancy. Hormone treatment should not be used indiscriminately either on women or men. In suitable selected cases, spectacular results have followed appropriate hormone administration by a competent doctor. "The use of contraceptives" and other birth control gadgets early in married life" delays the discovery of an infertility problem and the institution of suitable treatment to overcome it."

The enforced use of contraceptives by the wife against her own wish, and the consequent mental and physical tension resulting from unsatisfied coitus and absence of orgasm, often result not only in failure to conceive but also in physical dyspareunia (pain) and vaginismus.

The psychological study of sterility is thus a new field. Several problems have been studied and many more remain to be investigated; thus, for instance, as Dr. Silverman has asked "Is it possible that autonomic imbalance (a lack of regulation of equilibrium particularly of the peripheral blood vessels) may also be responsible (as a result of inner tensions) in some cases of miscarriages and premature labour? Can a woman actually reject the pregnancy by autonomic influences upon the uterine muscles?" These and other such fascinating problems require investigation by competent scientists. (*To be concluded*).

Some men spend so much time for trying to make a killing that they forget to make a living.—(Wooden Barrels).

Nine Ways to Make a Marriage Happy

At a meeting of the British Council of Churches held recently in Birmingham, it was decided that there are nine ways to make a marriage happy. And to make sure that as many people as possible know about them this "happy families" code is being sent to Ministers and Churchgoers for talks and lectures :—

Here is the Code :

One :—Parents are called on to establish happy homes for their children, in which religion plays its full part.

Two :—Young parents should be educated in a simple understanding of the psychology of their children and their needs at various stages of their development.

Three :—Parents should accept the responsibility of introducing their children to sex and the facts of human reproduction as suited to their age, truthfully and naturally.

Four :—Teachers and older children should cooperate with parents on sex education.

Five :—School lessons for older children (boys and girls) should include more on home-making and parent-craft.

Six :—Chaplains and all other concerned with the youth of the country in the Armed Forces and in clubs should re-interpret the meaning of chastity and fidelity.

Seven :—Clergy and ministers should be specially responsible for preparing couples who come to them to be married.

Eight :—As just over 30% of all marriages take place in a Registry Office (England), Government should provide those married there, with a book dealing clearly with the meaning of marriage.

Nine :—Churches should press ahead with programmes of education for marriage and family life.

The booklet urged for the newly-weds, is the book, selling six penny, Church of England pamphlet "*The Threshold of Marriage*" which covers every aspect of married life from sex education to balancing the family budget. A revised edition of this is expected to be published soon. —(*The Weekly Mail Magazine*, 2-5-'53).

Pert and Pertinent

In a swank photography studio a society matron was looking at a new picture she'd had taken. "Why that picture's an outrage !" she stormed. "Now I ask you, does it look like me ?"

The suave photographer was flustered for a moment, but quickly regained his composure. "Madam," he said, bowing slightly, "the answer is in the negative."—(*R D.*, 1947).

When a man wants to murder a tiger, he calls it sport ;
When the tiger wants to murder him, he calls it ferocity.—(G. B. Shaw).

EYES

By AUTOLYCUS, A.

To be born is to open one's eyes upon the world: to close one's eyes is a euphemism for *'death'*. And throughout the whole of life, directly or indirectly in metaphor or by analogy, the organ of sight is a constant source of reference. Even the little child has his favourite "Bull's eyes": the eye of a needle, the hooks and eyes of sartorial (dress) consequence, are domestic familiarities.

To the poet, the stars are the eyes of heaven; the opening eyelids of the morn, the daybreak. The more matter of fact find material for colloquialisms in referring to an eyeful, an eye-sore, eye-wash, to the hypothetical green in the eye.

Subtle invitation is denoted by making eyes or giving the glad eye. Emphatic comprehension by the businessman's mortgage-up-to-the-eyes.

The lawyer insists on the value of the eye-witness whose evidence must be accepted as valid in the eyes of the law. The sportsman knows the value of getting his eye in. The soldier in addition to the disciplinary exhortation to direct his eyes, "*Eyes front*", has the marksman's instruction to withhold his fire until he can see the whites of their eyes.

Convenience in figurative phraseology, if not in anatomical correctness, is represented by the eye of faith or of reason; by seeing eye to eye; or in tolerating undesirable situations by shutting one's eyes to them. Although the apple of one's eye has no botanical significance, the horticulturist is remembered by the eye of the potato.

Whether or no, the eye is the mirror of the soul, to the doctor it is the mirror of bodily function. Through inspection of this solitary organ he recognises many serious diseases. The prominence of the eyeballs, the puffiness of the eyelids, the yellowness of the whites of the eyes are some of his signposts. The vacant stare of the mentally defective, the appealing eyes of the consumptive, the shifty look of the drug-addict are all equally diagnostic. And few doctors, however experienced, have avoided the mortification of overlooking an artificial eye.

* * *

"Beautiful eyes are those that show,
Like crystal panes where heart fires glow,
Beautiful thoughts that burn below".

Universal interest is excited in the part played by the eyes in expression and in the possibility of character reading. It is, of course, premised that in "eyes" are included the eyelids, eyebrows, and the eyelashes, in addition to the eyeballs themselves.

The study is complicated by the role of the facial muscles in most of the expressions attributed to the eyes. This is well exemplified in the disease, paralysis agitans (Parkinsonism). The eyes preserve their vitality and their movements are unusually active but owing to the fixation of the facial muscles the expression is mask-like.

Yet it is generally accepted that the essential distinctive character of the face is the upper part of which the eyes contribute the principal feature. They should be large, but not unduly prominent, for the stare of exophthalmos (abnormal protrusion of the eyeballs) is startling and repelling. In men, however, deep-set eyes may be most attractive. Beautiful eyes may compensate for almost all other deficiencies.

I recall the striking appearance of a nurse attired for the operating theatre in the conventional mask so that the eyes alone were visible. And beautiful eyes they were. On subsequent removal of the mask it was only too evident that Nature had been otherwise far from generous. (She was ugly).

In the animal world, it appears that forms of the eyes indicate the same traits as in the human family. Those with large full eyes are more emotional, more affectionate and more active than the small eyed creatures. The eagle and dove are monogamous in their attachments; polygamous animals like the hog have eyes obliquely set and narrow.

Colour:—The colour of the (healthy) eye is provided by the iris, (the coloured circle round the pupil) yet how impressive! The baby has attributed the blueness of his eyes to the sky during his passage to earth; while blue predominates in favour, strong claims are advanced for grey, black, hazel or brown and even for green (inspite of its traditional association with jealousy) Moore's dear gazelle (the antelope of India with large black eyes) had black eyes; and a velvety darkness, although an animal characteristic, has a peculiar charm. Bright, glistening, sparkling, flashing, dull eyes, are the types we speak of; what produces these remarkable variations, yielding unlimited possibilities of emotional expression?

Changes in the size of the pupil are to some extent responsible; alterations in the convexity of the cornea (membrane protecting the ball of the eye) are also contributory, but it is the moisture that plays the chief part.

In excitement the circulation quickens; the eyeballs fill; there is increased secretion of tears bathing the surface. Depression leads to the opposite results. When we talk of laughing eyes, of eyes that threaten, magnetise, pierce like gimlets, or have that quality which as in the case of Coleridge's Ancient Mariner, is more effective in retarding than the grip of a hand, we overlook the accompanying changes in the face.

Eyelashes:—Their contribution to beauty needs no emphasis. When long they cast a pleasing shadow on the cheek and appropriate artificial cosmetic aids may be used to intensify and exalt the effect.

Eyelids:—The skilful use of eyelids in the affectation of shyness, of disdain, and as an aid in coquetry is a precious accomplishment.

Eyebrows:—Above all, the eyebrows have provided the physiognomists with considerable scope. They identify conceit with the eyebrows that meet in the centre. Deepness and firmness of character, they relate, to the distance separating them from the

eyes. Obliquity of outline, they say, denotes obliquity of action.

Their movements, especially when conjoined with those of the forehead are powerful agents of expression, especially supercilliousness. Since very sparse eyebrows are very unattractive, it is difficult to understand the motive underlying the fashion of plucking among certain peoples?—(From *The Broadway: Westminster Hospital Gazette*, March 1953).

Note:—The above is from the second of 3633 essays on 'Eyes' received in a recent competition held in England.

The Nursing Qualities which a Patient Values Most

PEOPLE are rather fond of saying that a good nurse is born, not made. By this they seem to mean that the qualities a patient appreciates in a nurse —sympathy, the ability to put herself in the patient's place, as much firmness as is necessary and no more, the realisation that a patient when ill is relieved, if responsibility for decision is taken from him but may (and should) bitterly resent it when he is convalescent—are qualities which are not taught in our present nursing curriculum and that, if a nurse shows them, it is because they are innate in her or because she has imbibed them from good nurses.

But is this to say that these qualities cannot be taught? The question can be answered in many ways and the answer would no doubt vary according to the person supplying it. One thing is, however certain—that if nurses in training are made aware how important the correct psychological approach is, not only for the patient's recovery but also for their own interest in the work and their value as efficient nurses, nothing but good can come of it. As Dr. Odlum says "There is no doubt that if you can convey a feeling of warmth, of personal interest and kindliness to patients when you first see them, they will feel from the very beginning that you are the kind of person they can feel safe with, and on whom they can rely. They will give you their trust and will then be very much more co-operative, than if they have a feeling that you are a cold, unfriendly person who has not the slightest human interest in them and just thinking of them as only '*a case*'".

It is very essential that a psychological atmosphere of love and security should pervade and surround the child in a hospital ward; if these are absent, incalculable damage can be done to the child's future development.—(From Bookshelf in *Medicine Today and Tomorrow*, March–April, 1953).

Oil Painting in Eighteenth Century America

Back in the eighteenth century many American painters travelled from town to town with an assortment of pictures of men and women, finished except for the face and hair. Thus, anyone who wished an oil painting of himself had to select the body he liked best, and the artist painted his head on it.—(W. E. Golden in *Magazine Digest*).

CONNEMARA
21 AUG 1955

Does Your Child Grow and Develop All Right?

Mrs. SHANTHI DEVI KRISHNAN,
Basavangudi, Bangalore-4.

IN the first report of the *ad-hoc* technical committee composed of representatives of the I.L.O. UNESCO and WHO the following points have been stressed:

(1) "Every child has the right to expect the greatest possible protection against the occurrence of preventable physical handicap before, during and after his birth".

(2) "Every child also, regardless of the nature of his physical handicap, has the right to develop to the maximum of his abilities, despite his disablement".

The Committee emphasised the important role played by economic and social factors in the prevention of physical disability; and also the importance of adequate and readily available public health services, which should include the control of environmental conditions, tuberculosis control, venereal disease control, measures for ensuring proper nutrition and adequate maternal and child health services.

The normal growth and development of a child must be periodically checked and all deviations and short-comings remedied by reference to the family doctor. His close association with the family permits him to aid the family situation by early diagnosis and good medical management. It would be necessary therefore, for the parents of children to recognize the abnormal and have some basis for an opinion to guide them better. It is not enough if they bring forth children into existence; many mothers know that at certain periods of their growth, the babies would do certain things, *e.g.*, the head will become steady and erect about 3 to 4 months after birth, and so on; others do not know.

Dr. Arnold Gesell in his book entitled "Developmental Diagnosis" published by Paul B. Hoeber Inc. New York has given a tabular statement (*see next page*) detailing the performance abilities of the infant and child, in all the four fields of physical, mental, social and personal behaviour. The author says: (1) Check the most advanced behaviours in each field of behaviour (2) They will indicate an approximate maturity age zone. Gross deviation from actual age or marked disparity between behaviour fields indicates the necessity for seeking detailed diagnostic examination by the family doctor.

It will be a good plan for the intelligent parents to characterize their new arrivals at different ages so that the unknown may be compared with the normal, on the basis of the data furnished in "Gesell's table". Thus the average child of 6 or 7 months must be able to sit up in the erect posture on the ground or in a small low chair; he would bang objects in his hand against the ground or on the chair and

thrust everything into his mouth. He should at this age be able to transfer a toy from one hand to another, shake a rattle given to him and tap on a mirror in which he sees his own image. If the child at this age fails to sit up aided or unaided, and does not do so even at the eighth month, it is an abnormality worth noting. "If, however, the child is normal otherwise and does all other tasks well under the other headings, the child may be allowed to progress on its own. But if he is deficient in one or more other respects, his development is certainly *below par* and he needs examination and correction. At 10 months the child is readily able to go from sitting to

Landmarks in Child Development

From Gesell and Amatruda: Developmental Diagnosis. New York, Paul B. Hoeber. Inc.

PRELIMINARY BEHAVIOUR INVENTORY.

No.	Age zone	Motor	Adaptive	Language	Personal-social
1	1 month (4 weeks)	Lacks head control Asymmetric in supine.	Brief eye-following Drops toys immediately	Impassive face Small throaty sounds	Stares at surroundings "Listens" to sound
2	4 months (16 weeks)	Head erect slight bobbing Symmetric supine postures	Incipient approach, rattle Regards rattle in hand	Coos Laughs aloud	Spontaneous social smile Hand play
3	7 months (28 weeks)	Sits, leaning forward	Reaches and grasps toys Transfers toy	Squeals m.m., sound (crying)	Feet to mouth
4	10 months (40 weeks)	Sits well, creeps Pulls to feet at rail	Combines 2 toys Picks pellet, thumb and index	Dada, Mama One other "word"	Nursery tricks Feeds self; cracker
5	One year (52 weeks)	Walks, one hand held	Cube into cup Tries tower, 2 cubes	Two other "words" Responds to "give it to me"	Co-operates in dressing
6	15 months	Walks alone, toddle	Tower, 2 cubes 6 cubes into cup	4–6 words	Points and vocalizes wants Casts toys
7	1½ years (18 months)	Walks well alone Seats self small chair	Tower 3–4 cubes Imitates a stroke	10 words Jargon	Toilet regulated, day Carries, hugs doll
8	2 years	Runs Up, down stairs alone	Tower, 6–7 cubes Imitates circular scribble	Joins 2–3 words Names 3–5 pictures	Asks for toilet, day Puts doll to bed etc.
9	3 years	Rides tricycle Stands one foot momentarily	Imitates "house" of cubes Imitates +	Sentences Gives full name, sex	Feeds self well Puts on socks, unbuttons

Needless to say an inventory is only approximate in its accuracy. It indicates age zones, rather than precise mrturity levels. It is in no sense a formal examination nor a substitute for an examination; but it is a selective, screening device which will serve to indicate those cases which do need a formal developmental examination and watchful oversight (Gesell).

prone and crawling postures." Dr. Sarshik, Pædiatrist of Philadelphia, says "He can now grasp small objects, such as pellets, and enjoys throwing them. He now says "Dada and Mama" waves his tiny hands and does a number of nursery tricks."

At 18 months the child can walk alone in an infantile manner; he seats himself cautiously on a low stool or chair. "A tower of 3 or 4 cubes is built and he enjoys filling the cup with cubes over and over again. He makes a stroke with a crayon and points at a specific picture. Often he feeds himself, and a pull-toy is a favourite."

The most frequent chief complaints at this age are inability to walk and language retardation. Especially language retardation is thought to represent mental deficiency at this age. Frequently an environmental factor is responsible for the slowness in talking. This can be more adequately assured if the rest of the developmental performance is normal and if the factor in the environment is apparent. The 'hearing' must be tested. Normal children usually walk at 18 months. Inability to walk at this age requires serious consideration of some physical handicap, especially if the remainder of the child's development performance is normal.

When 2 years old most children run about the house and go up and down steps and stairs. "They can draw a circular stroke and line 2 or more cubes as a train. Most children use pronouns and speak in 3 word sentences. They are usually negativistic and play together separately." They feed themselves with little or no spilling, help in dressing, and often rip open buttons.

At 3 years of age, the normal child will ride a tricycle. He can draw a cross, knows a few colours, uses plurals, and tells his sex. He can place objects on or under a chair at command. He usually can recite a few rhymes and can put on shoes without lacing or tying them. Emotionally, he is now often pleasant, easy to examine, and does anything if encouraged.

If at 2 or 3 years of age the child does not come up to the normal level as judged by the Gesell's standards, there can be no doubt that the child is retarded. Implicit in early diagnosis is the need for an active case-finding programme. The earlier the conditions are discovered the better will be the results of corrective treatment. Infant and pre-school clinics, kindergarten schools and other facilities for the pre-school child provide in western countries an excellent source of early discovery of retardation and defects. In India, where the general level of literacy is very low and where the bulk of the people suffer from want, misery and ill health, and where preventable epidemic and other diseases levy a heavy toll of human lives and where the majority of mothers are hopelessly ignorant of child rearing and child psychology, there is an urgent and imperative need for the education of mothers attending maternity and child welfare clinics in the basic principles of infant rearing and behaviour rather than in the doubtful methods of family limitation beset with numerous pitfalls.

Vegetarianism of Bernard Shaw and Longevity

AMONG the interesting things revealed by G. B. Shaw's Secretary, Blanche Patch, in her frank biography: *Thirty Years With G. B. S.*, is the fact that during his travels Shaw's non-flesh diet was loyally adhered to.

Mrs. Shaw's ultimatum to the world's chefs ran: "Mr. Shaw does not eat *meat*, *game*, *fowl* or *fish* or take *tea* or *coffee*. Instead he will eat green vegetables, puddings, pastry, etc., cheese and dessert like other people. He likes oranges and salads and nuts— especially walnuts."

Though a fully-convinced vegetarian, Shaw neither fussed nor encouraged others to fuss him over food. "He ate what he wanted, and if what he wanted was not there he just went without. For breakfast he would eat one of the prepared cereals sold in packets, and drank a coffee substitute until it was unobtainable when he consented to accept very weak ordinary coffee.

"In later years he took a fancy for sand-wiches and salads of chopped-up uncooked vegetables, drinking a glass of apple juice or supping a glass of yoghurt afterward, but I never saw him drink tea or plain water .....Between lunch-time and the evening meal at half-past seven he would more often than otherwise drink nothing at all. If he were alone he would never bother about the glass of milk which he might take should a visitor be staying to tea, preferring, after his afternoon rest, to go off to the garden and chop wood."

Latterly, Shaw came to the conclusion that his diet had contained an excess of protein, which the food list made out by his wife, certainly contained.

A strong anti-vivisectionist, he was once attacked by smallpox. This fact was responsible for his famous beard. He could not shave during this illness. Nor did he return to shaving when he recovered, but carried his beard to his grave.

Nor was Mr. Shaw a food reformer for humanitarian reasons. He honestly believed that a vegetarian diet was better for body and mind than a mixed one. Not sentiment, but reason, research, observation, and common sense were his guiding stars.

"At ninety-two he was in as good condition, he remarked with pride, as his meat-eating contemporaries, and it was beyond question that persons who had never from their birth been fed otherwise than as vegetarian were at no disadvantage, mentally, physically, or in duration of life, with their carnivorous fellow-citizens."

"As with reading," concludes his biographer, "so with swimming, cycling, motoring, tramping, log-sawing, hedge-trimming and a very occasional set of tennis, not one of them was undertaken lightly for pleasure; the aim of

each was to increase the efficiency of his existence. The car would be used to save time by getting somewhere quickly, never just for a run round the countryside. The morning swim was to rid him of the energy which, he contended, a vegetarian diet had accumulated in his system ; and, when he found swimming a bit too much for him, he would saw logs for three-quarters of an hour a day."—[H.F.D. in *Good Health* (London), April 1953].

On Prescribing Infant Feeding Formulas

THE chief error in infant feeding is prescribing formulas that are calorically inadequate. This is not so true now as formerly, since somewhat standardized formulas are now used, which usually afford sufficient calories if enough is taken to satisfy the appetite. One is most apt to meet with quantitatively inadequate formulas when many adjustments have been made to meet what appears to be digestive disturbances. Many infants who cry excessively from what appears to be colic are, in reality, underfed. The crying may be due to hunger pains or to increased quantities of air that they swallow as they gnaw at their fists. The swallowed air may pass through the pylorus to distend the intestines and lead to colicky pain. In this situation the indication is for more food instead of less.

Reductions in strength of formulas to correct vomiting; may lead to inadequate food intake, when actually the vomiting may be on a mechanical basis from over-distention of the stomach with swallowed air that the infant is not permitted to belch up before and after the feeding by the procedure of being "bubbled". Whenever an infant vomits within a few minutes after a feeding or during the feeding, the cause of the vomiting is probably over-distention of the stomach and not a formula that disagrees with him. One investigates whether the baby is being "bubbled" properly, and whether the formula is so dilute that he has to take an excessive amount in order to satisfy his appetite.—(Dr. Hughes in "*Paediatrics in General Practice*" quoted in *Cur. Med. Digest*, Jan. '53).

Underfeeding is a Factor in Infantile Vomiting

In a series of 46 infants under 6 months of age suffering from vomiting of uncertain origin, 6 cases were diagnosed as due to underfeeding. These all gave a history of underfeeding, constipation and hunger or crying after feeds and suffered from excessive air swallowing, confirmed by X-ray ; all improved with increased feeds. Relapses might occur if the food intake was again restricted. The cause of the vomiting was thought to be gastric distension from excess of swallowed air. A study of the past histories of many previously undiagnosed cases of vomiting revealed many which could have been due to underfeeding.—(*Lancet*, 1952, 262, 28-30).

The Art of Good Conversation

(Good talk is good fun and will keep you fit and healthy)

— GELETT BURGESS —

THERE is a basic principle which underlies the art of good conversation and that is the avoidance of friction in social contacts, emotional friction caused by irritation, boredom, envy, egotism or ridicule. This is the basis of all good manners. The following set of rules, if carefully observed and faithfully followed will make your conversation a really delightful game and also help you to keep healthy and happy.

1. *Avoid all purely subjective talk*:—Do not expatiate on your health, troubles and domestic matters; and never discuss your wife or husband. Personal gossip and egotism destroy all scope for objective talk on art, science, the day's news, sport etc. The listener will get bored and the talker stands to gain or learn nothing from others.

2. *Do not monopolise the conversation*:—You may be able to tell stories well and attractively but too many of them or too much talk by the same person without letting others join in the conversation, make the hearers grow restless and yearn for more quiet, comfortable talk with plenty of give and take. It was Dryden, the poet who said "Those who *think* too little, *talk* too much". Also remember what Sydney Smith wrote of Macaulay. "He has occasional flashes of silence which make his conversation perfectly delightful"

3. *Don't contradict*:—You may say "I do not quite agree with that", but flat contradictions will effectively stop conversations; you should try to find points of agreement as only then, the subject develops in interest, each one contributing to it. A calm quiet interchange of sentiments, without competition, constitutes really happy, pleasant conversation.

4. *Don't interrupt*:—To interrupt and interpolate your own views while another is talking often leaves the speaker hanging uncomfortably in the middle of his unfinished speech or sentence. There is however, no harm done, if you punctuate his talk with "How wonderful!" "Really marvellous" "you mean she didn't know" etc., as these do not put the speaker off the track.

5. *Don't change the subject abruptly*:—Some people after patiently—and often painfully—waiting for a talker to pause for a moment, jump into conversation with an entirely different subject. The golden rule about this, is that after one stops talking, there should be a brief silence, in which to reflect, grasp and appreciate what had been said. It is the proper tribute to the person who offers a theme or view point for the consideration of the company.

6. *Show an active interest in what is said*:—You should direct not only your ears to the talk to listen well, but also your eyes, your hands and your very posture. There is no surer way to make people like you than to take interest and evince sympathy in their talk. Prolong their subject, ask more about it, and they expand like flowers in the sun.

7. *After a digression revert to the subject*:—Often a subject is missed or gets lost in some conversational detour, without being fully considered. Your ability in conversation lies in reintroducing the missed or forgotten topic. This is not only polite and gracious but shows your real interest.

8. *Don't be dogmatic with your opinions*:—It is considered vulgar to make any definite, decisive statement during conversation. One may speak of anything but never with an expression of finality. The remark is thrown for the next guest to enlarge upon so that no one is guilty of forcing his personal opinion on the rest. "It seems to me" or "Is it not possible that–" shows meekness of wisdom.

9. *Speak distinctly*:—In group talking the one with a low distinct and controlled voice always gets the greatest respect. The eager, temperamental contenders dash up against it like waves on a rock and the rock always wins.

10. *Avoid destructive talk*:—We are all likely to make many unnecessary derogatory remarks. Evil must, of course, be condemned; but try to avoid the desire to raise a laugh through ridiculing others and the tendency to look on the unpleasant side of life. Cynical comments may sound clever but they make other people uncomfortable.

11. *How to create an agreeable conversation*:–The secret is simple. To talk well one must think well. You must think underneath the subject, above it, and all around it. Any one who finds it hard to talk should learn to think about what he sees, hears and reads. As you ponder, associate the subject with your own experience and observations. In order to avoid getting into the rut of "talking shop" you should enlarge your interests by making acquaintances, who are engaged in pursuits and professions other than your own. Develop a curiosity about what has so far been outside your range of knowledge. Read up on subjects that have interested you and that have remained outside your field of view. Every new experience will make your talk more interesting and more valuable. Remember that good social contacts and healthy conversations and discussions help to keep you fit and healthy.—(From *Your Life.*)

Smoking

Smoking two cigarettes is enough to impair a person's night vision, according to Dr. Charles Sheard of the Mayo Clinic. A vasoconstrictor, the nicotine in the cigarette cuts the flow of blood to the retina (of the eye) causing a 15 to 30 minutes delay in the time, eyes require to adjust themselves to dim light. It is because of this that Army Air Forces Training Manuals advise against smoking before night flights.—(*Science Digest, Pathfinder*).

Women are Different

(A Statistical Examination of the Records of the Two Sexes)

LOUIS I. DUBLIN,
(Metropolitan Insurance Co.)

WOMEN today have everything they ever tried to get, legally, socially, politically, and economically. Everything, it seems, except equality. They are not the same as men and never will be; they are different in every phase of life, from conception to death.

Although the old belief concerning the inferiority of women still lingers, the so-called weaker sex is, physically at least, superior. Throughout the entire life span, at each and every year, the mortality of women is lower than that of men. (Nature has attempted to provide for this by arranging that about 106 boy babies be born for each 100 girls). The ratio of female survivals is higher even before birth occurs. Prenatal mortality from miscarriages, abortions and still-births is considerably higher for males.

Except for whooping cough, the infectious diseases of childhood seem to have a preference for the male child. At the pre-school age, scarlet fever, influenza, pneumonia, cerebrospinal meningitis, diarrhœa and dysentery are fatal to him more often than to his sister. Accidental deaths are one and a half times more frequent. Altogether the risk of death is 20 per cent greater for boys of one to four years of age.

At the high school age, boys are still more subject to accidents than girls. Girls, however, are more prone to tuberculosis: 63 per cent more girls than boys die of this disease; organic heart disease strikes them almost equally: 15 boys and 14 girls out of every 100,000 die of it.

In early adulthood, the complications from childbirth *plus* a lessening of the spirit of adventure as boys grow into manhood brings the death-rate of the two sexes closer together; but women have still the advantage: the woman of 25 has a life expectancy of 48 years, while a man of the same age has a 44 year expectancy. If a husband and wife are the same age, the chances that she will be widowed, are 55 against 45. It is common practice, however, for women to marry men older than themselves, thereby further increasing the possibility of widowhood. At age 65, and after, the proportion of women to men is 111 to 100.

Another difference lies in the rate of growth. Until the age of eight, boys are taller and heavier than girls. From eight to twelve the girls begin to catch up and from then until they are 15 or 16 the girls are usually heavier and taller than contemporary boys. Thereafter, the growth-rate is reversed again.

There are also psychological variations and there is a marked difference in character traits and in personality growth, between the sexes at a very early age, as revealed by the studies of Dr. Arnold

Gesell and Amram Scheinfeld. Little girls suffer from anxiety, fears and nervousness, five times more than boys and their fears are of a different category. Boys fear physical injuries. Girls are frightened of intangibles, such as darkness! They are more envious, feel jealousy more acutely, are more subjective and more possessive. Girls have a richer life of fantasy than boys; boys are busier with action. Girls often bewilder parents, teachers and friends by the chameleon rapidity with which they change their personality.

Age for age boys and girls have the same intelligence potential. However, test-makers have noted that in certain subjects, the girls excel, in others the boys are ahead. The favoured feminine areas in pre-school children, are colour-matching, paper-folding, tying bows; in grade school, they are reading and language. Boys are better in sense of direction, in anything mechanical, in arithmetic, nature study; later in history and the sciences. Though girls and boys come out about even, in intelligence quotients tests, their skills and potentials are still not the same. Here as elsewhere, the two sexes are not equal but equivalent; neither is superior, nor inferior; *they are just different.*

When girls enter the labour market, they do not necessarily intend to work for the rest of their lives as men do. After marriage they frequently retire to the home, raise a family, gain control of the family purse-strings. In some countries they possess about three fourths of the nation's spending power. Women lose more time from work as a result of sickness than men. One large company reports that during the year, men lose about 9 days as against 12½ for women; another 7 days in men and 13 in women. This tends to prove not that women are sicklier than men but just the contrary. The illness of women are largely of short duration, while serious illness requiring long absence from work is more frequent among men. Women pamper their small illnesses, stay at home when they have a cold or a mild indisposition. This prevents the more serious illnesses from developing. It may also be one of the reasons why women live longer.

A larger number of women than men *attempt* suicide but men outnumber women by more than three to one in successful efforts. It may be that women do not really mean to kill themselves but only want to draw attention to their grievances, real or imagined!

In the U.S.A., women are the beneficiaries of 80% of all life insurance policies and they also receive 71% of the total estates left by men and 64% of those left by other women.

Child-bearing will always remain the central fact of life for women. It is the basic reason why women save themselves from over-work, protect their health, think subjectively, feel instinctively, react protectively, and emotionally concerning their children; why they desire peace and wish to preserve the existing social structure. *It is the basic reason why women are different.*—(Condensed from *Your Life*).

NEW LIVES FOR OLD

The amazing stories of people who are making "life begins at forty"—and later—come true.

WHEN is a person too old to start life over again? After pursuing a given course for 40, 50, or 60 years, can he suddenly break away and start life anew along entirely different lines?

There are men and women now living in all parts of America who have proved that it is possible to exchange an old way of life for a new one. They have shown that, at any age generally regarded as suitable for retirement, it is possible to experience a rebirth that will make life more joyous at sixty than it was at twenty.

Take Frank Meyers of Havre, Montreal, for instance. At 62, Meyers was known as one of the most prosperous businessmen in the area. From his private office in the town's leading bank, he busied himself with his many financial interests which, at one time or another, included several ranches, a theatre, a bakery, and a furniture store. At night, his luxurious car called for him and drove him home to his mansion on the outskirts of town. Rumour had it that he was worth a quarter million, may be a half-million dollars.

But the amount of money he had accumulated didn't interest Frank Meyers, according to Paul Presbrey in the *Minneapolis Star*. "It's no fun being a wealthy businessman," complained Meyers. "You don't meet enough interesting people that way."

Sources: (*Minneapolis Star*, *Montreal Standard*, *New York Times*, *Look*, New York).

In the middle of a busy day he made an important decision about his future. After winding up his business affairs, he moved into a small apartment in St. Paul, Minn., with his wife, and drifted into the offices of the Brown and White Cab Co., looking for a job. He got one—working 10 hours a day, six days a week (11 on Saturday), at a net average wage of $42, as a cab driver!

Driving all over the city has more than enabled him to meet interesting people. Many of them he helps, either financially or with words of advice drawn from his full and varied life. Drunkards, disappointed young men, broken-hearted young women, worried mothers—all have found Meyers to be a good Samaritan.

During the baseball season, he buys tickets for hundreds of kids. In the center of Havre, his home town, there's a park, two blocks long, named after him. A priest who ministered to Meyers when he was ill now lives in a comfortably furnished parish house which Meyers has built and equipped. And at least two doctors and two lawyers owe their education to the generosity of the tycoon who turned cab-driver.

"I'm happy since I gave up my old life," he observes. "Every day as a cabdriver is an adventure."

If you should drop into the offices of the Wilson Publishing Co., Toronto, Can., (it provides editorial material for 125 small Canadian weeklies), and ask for the editor, you will be led to the office of a pleasant-looking, grey-haired woman.

"As long as you're alive and kicking," says Florence Gunn, who started her journalism career six years ago when she was 59, "it's never too late to start doing the things you've always wanted to do."

According to Zoe Bieler in the *Montreal Standard*, Mrs. Gunn spent the first part of her life raising her family of three children and helping her husband run a summer hotel. When they retired to a small farm outside of Toronto, Mr. Gunn busied himself with his flowers, vegetables, and trees. But Mrs. Gunn was bored. "I told my family that looking after a house wasn't a full time proposition and that I was going to look for a job," she recalls.

Florence Gunn had always wanted to do newspaper work. When she dropped in to see Leslie Wilson, she confessed that she had no previous experience. The publisher was impressed with her alertness and common sense, and offered her the position of editor.

It was a big job which had to be learned in a few weeks from the departing editor. "For the first few weeks I stayed awake wondering how I would ever handle the job," she recalls. "But I soon learned that it was just a matter of working hard, keeping my eyes and ears open, and using common sense."

No one knows better the joys of embarking on a new kind of life than does Dudley Carter, 55, who lives "in retirement" in a little cabin in the State of Washington. Carter is busy reviving the lost art of carving totem poles.

All his life Carter had been a forest engineer and timber cruiser. When retirement came, states the *New York Times*, he was determined to realize his boyhood ambition to become a sculptor. What material could be more suitable for him, he thought, than the giant timbers of Washington?

After he erected a cabin, he built a high tree-encircling elevator, and works on full-size totem poles, which include complicated symbolic Indian figures based on tribal legends. Working with only a set of woodman's double-bladed axes, Carter is staging a one-man revival of the dying art of totem-pole carving.

* * *

Life can begin anew even for the person who dwells in the shadow of death. Ross Wolfe, of Stephenville, Tex., was told that a malignant cancer might end his life at any time. At 57, says *Look*, Wolfe had everything to live for: a large family, a happy home, a successful nursery business. He could have withdrawn from the world and waited for the end to come. But he chose to face death in a different way.

"I decided that the best thing for me to do," he says, "was to stay busy and to do everything I could to keep my family and friends happy. I now realized

that I would have to readjust my life completely....."

That was two-and-a-half years ago, but during all that time there has been no deathbed atmosphere in the Wolf home. From his bed he directs his nursery business, helps farmers in the neighbourhood with their agricultural problems, and helps local boys and girls to finish college or university courses.

For the man who values life in terms of dollars and cents, Wolfe has sound advice: let him change all his wealth into dimes and then go through the pile and select the thinnest, most worn dime.

"He should pick up that dime," advises Wolfe in *Look*, "study it, and do some thinking. When he dies he can't even take that one thin dime with him. The only things he can hope to take with him are the regard of his family and friends, the confidence of men, and the memory that he has been of help to a man who needed help."

Scientists who have delved into the mysteries of longevity often observe that people who lead mentally stimulating lives can delay the time of normal death by many years. "Physically and mentally, boredom is a dangerous condition," they say.

"Not a single lazy man has ever reached old age; old age is reached only by those who lead a busy life."—*Magazine Digest.*

Brittle Nails

WE often see, finger nails in some persons crack and flake at the edges. The common causes for this condition are set forth in an answer given by the *British Medical Journal* (p. 466; 21-3-'53).

Disturbances of general health and nervous conditions may produce such a condition but external agents may also be responsible and often both factors play a part. Among external factors the important ones are:—excessive manicuring; the use of enamels with ethyl acetate or acetone to dissolve them and the use of alkaline cuticle removers. The sparing use of finger-nail enamels may not hurt but they should not be frequently removed. The effect of detergents and degreasers can in part be warded off by protective barriers.

Soaking in warm water and the inunction of olive oil are recommended as local treatment together with attention to general health.

Why Some People are so Touchy

Physiologists have shown that one reason people are so very touchy, easily insulted or grieved, is that they go through life with jaws set, faces strained and muscles tense. This causes them to jump at the slightest noise or the slightest insult to their egos. They say their nerves are on edge, but in reality it is their muscles, from their eyelids to their toes, that are jumping. When all your muscles are relaxed and at ease, your nerves and ego will also be at ease.—(*Your Life*, quoted in *Reader's Digest*).

Magic Casements of the Mind

We should cultivate the power of seeing plain things in a kind of sunlight of surprise; the power of jumping at the sight of a bird as if at a winged bullet; the power of being brought to a standstill by a tree as by the gesture of some gigantic hand.

I know of no better exercise in this art of wonder, which is the beginning of the praise of God, than to travel in a train through a tunnel. At last, after a long stretch of darkness, the wall will suddenly break in two, and give a glimpse of the land of the living. It may be chasm of daylight showing a bright and busy street, It may be a flash of light on a lonely road, with a solitary figure plodding across the vast countryside. Sometimes the darkness is broken by the lighted windows of a house, and for an instant we look deep into chamber within chamber of a glowing human home.

That is the way in which objects ought to be seen: separate, illuminated, and above all, contrasted against blank night or bare walls; as indeed these living creations do stand eternally contrasted with the colorless chaos out of which they came.—G. K. Chesterton in the *Coloured Lands*.

* * *

My father went slowly down the way of life; not because he was indolent, but because he did not want to miss the wonder by its wayside.

"Every time you hurry to get to a place," he used to tell me, "you run the chance of missing more than you gain. The wild things in nature rarely hurry unless they are in danger. How can life be rich for us if we dash through it? Speed will take you somewhere, but when you say you have arrived, that's about all you can say Speed often takes us away from the very things that would do our souls the most good—the beauty of a tiny green fern, the dreamy spring-song of the warbler.—Archibald Rutledge in *My Colonel and His Lady*.

* * *

There is no more useful precept in one's personal self-discipline than that which bids us pay primary attention to what we do and express, and not to care too much what we feel. Action seems to follow feeling, but really action and feeling go together; and by regulating the action, which is under the more direct control of the will, we can indirectly regulate the feeling, which is not.

Thus the sovereign voluntary path to cheerfulness, if our spontaneous cheerfulness be lost, is to sit up cheerfully, look around cheerfully, and act and speak as if cheerfulness were already there. To feel brave, *act* as if we were brave, use all our will to that end, and courage will very likely replace fear. To wrestle with a bad feeling only pins our attention on it, whereas if we act as if from some better feeling, the bad feeling soon folds its tent like an Arab, and silently steals away. —Williams James in *Gospel of Relaxation*. (Quoted by the *Digest*, 1939).

Formula for Youth

DR. FISK writing in the *American Magazine*, asks his readers to keep their enthusiasms and forget their birthdays.

"Celebrating birthdays is a vicious practice" says he "because it keeps reminding us of the passage of time, and time in the minds of most people is what brings on old age. That is a mistake. Your age is not a question of years but of the condition of your body and the state of your mind. As a man thinketh in his heart, so is he. Countless men and women are growing old faster than there is any physical reason for, simply because they think they are growing old."

At the back of this keeping count of our birthdays is a secret dread of them. And at the back of our interest in other people's birthdays is a desire, to assure ourselves that they are growing old just as fast as we are. Women are right when they avoid telling their age in years. Youth is not a matter of years, but of mental and emotional spontaneity and activity. It is tragic the way people set to work to destroy in themselves and in others this wonderful quality of youth. They actually cultivate the indifference and coldness and cynicism which help to bring on old age."

Infections of Elderly Diabetics Controlled by Terramycin

A TOTAL of 70 diabetic patients were treated with terramycin for varied infections by Dr. Joan B. Walker, head of the Diabetic Department of the Leicester Royal Infirmary in England. The antibiotic reduced the need for amputation, relieved pain and eliminated a wide variety of infecting germs from ulcers of the hands, feet, respiratory tract and urinary tract.

Excellent to good results were obtained with terramycin in 46 out of 50 cases of infections of the feet, the most common type of diabetic infection, resulting from reduced blood circulation in that area. Dr. Walker noted that, "swelling and pain subsided very rapidly, with conspicuous improvement in 48 hours." Of these patients, 44 were over 60 years of age, and all but one over 50.

Because of its wide range of activity, its lack of unpleasant side-effects and its ease of administration, terramycin is claimed to be an efficacious and economic drug for control of crippling diabetic infections.—(*M.P.I B.*, May 1953).

Funds for Medical Progress

America has come to realize the value of medical research. In 1951, a total of sixty crores of Rupees was spent for this purpose. This was ten times greater than in 1941. The money was contributed by the federal Government, philanthropic agencies, industry, hospitals and medical schools. In addition, many of the workers received no pay. It is calculated that fossil man lived an average of eighteen years. This had increased to twenty-five in ancient Roman days. In the United States, life expectancy has increased from 49·2 in 1900 to the present 67·3. The advance should continue under stimulus of these expenditures. —(*Good Health*, U.S.A.).

DEMARA PUBLIC

Pleasant Topics from Periodicals

Friendship

True friendship is a lovely thing
In gaiety or sorrow,
It makes the sweetness of to-day,
And brightens up the morrow.

For what is life without a friend,
With whom to share, unblushing,
Your aspirations, hopes, and fears,
And disappointments crushing.

A friend who's there in every need,
As tenderly as ever,
To help you in perplexity,
In counsel, failing never.

A patient, understanding friend,
Who, full of love and pity,
Will cover up your worst mistakes
And make your path less gritty.

A friend who in your happy hours
With you each joy is feeling,
And when success your efforts crown,
The first to praise comes stealing.

Yes, friendship is a source of hope
To gladdened hearts, and troubled,
By which the cares of life are halved,
And all its blessings doubled.

—(Gwen Yeates, *Good Health*, Lond, April, 1953).

Tit for Tat

(1) A bumptious playwright who had a new show opening, sent a couple of tickets for the first night to the Mayor of the City with a note suggesting that the chief executive could bring a friend along "*if he had one*". The Mayor returned the tickets with a courteous letter stating that previous engagements made it impossible for him to see the show on the opening night but he would purchase two tickets for the second performance—*if there was one*. —(Quoted by Harrington in *Sunday Post*).

(2) A salty Maine (a State in U.S A) lobsterman who made a tidy summer income hauling "trippers" (holiday tourists) in his small fishing boat was known far and wide for the yarns he spun. One day a newcomer, an ample (large-sized) widow still sporting her city clothes and manners, raised her voice against the wind and shrilled "Captain ! they tell me you are the biggest liar in the Maine Coast".

"Madame"–the battered straw hat came off in a sweep, the captain bowed in as courtly a gesture as the roll of the boat permitted–"Madame, you are the most beautiful woman I ever saw in my life !"—(Zulma Steele in *R. Digest*)

When to Avoid Operations

Professor William F. Petersen, University of Illinois College of Medicine, warns against undergoing surgical operations in late winter or spring.

"If you will examine hospital records," he said, "you will find that post-operative complications—shock, vascular accidents, infection—occur more often in the late winter and spring. It is at this season that we are more often called upon to operate upon patients, because individuals are more often acutely ill. Avoiding unnecessary or internal operative intervention during this precarious season will help in lowering post-operative infection."

Soon Rewarded

An Aberdonian went into a shop where he was registered (for rationing) and asked for a pennyworth of cheese

"We don't sell pennyworths", said the shopkeeper "Well then, show me two pennyworths" said the Scot This was duly produced on a platter ; the Aberdonian whipped out his pocket knife, cut it into two, put his penny down on the counter, and picking up half of the cheese said "What's the matter with you is—*You are Lazy*" !—(*Twice Told Tales*)

Deft Definitions

Pregnancy is a great detector of all kinds of weaknesses —(*Pearl of Wisdom*).

* * *

Experience is what enables you to realise a mistake when you make it again.

* * *

Hiccoughs : Messages from departed spirits.

* * *

Good Manners

The test of good manners is being able to put up pleasantly with bad ones.—(*Parade*).

* * *

Right Person

Success in marriage is much more than finding the right person; it is a matter of being the right person.—(*Forward*).

* * *

Similar

Church minister : "Don't you ever attend a place of worship ?"

Youth: "Yes, Sir, I am on my way to her home now" !—(*Parade*).

* * *

Tussle

Hillson : "I've just been having a tussle with the dentist".

Wilson : "Who won ?"

Hillson : "It was a draw".—(*Parade*).

* * *

The larger the island of knowledge, the longer the shoreline of wonder.—(Ralph Sockman in *Now to Live*).

Dr. U. RAMA RAU's Hand Book on

FIRST AID IN ACCIDENTS

Revised by : Dr. U. KRISHNA RAU, M.B., B.S.

Explains as to how to render First Aid in Accidents such as :—

Fractures,
Concussion,
Fainting,
Convulsions,
Shock,
Collapse,
Sun-Stroke,
Heat-Stroke,
Asphyxia,
Shock from Electricity and Lightning Shock,
Burns,
Wounds,
Bites,
Snake-Bite,
Bruises,
Strains and Rupture of Muscles,
Poisoning,
Insensibility,
etc., etc.

"कंधे पर की पट्टी"

एक त्रिकोणाकार पट्टी ले लो। नीचे का हिस्सा करीब तीन अंगुल तक आडे मोड दो। पट्टी की बिंदी गर्दन के बाजू में रखो। मोडे हुए हिस्से का मंझल्ल भाग हाथ के बाहरी हिस्से पर कंधे की जोड से करीब तीन अंगुल नीचे रखो। दोनों नोकों को हाथ को घेरकर ले जाओ और बाहर की ओर "रीफ़ नाट" नामक गाँठ दो। एक और विस्तृत मुडी पट्टी ले लो और उसको हाथ का आधार बना दो। पहली पट्टी की बिंदी को इस हाथ के आधार के नीचे से ले जाकर कंधे पर पिन लगा दो।

कंधे पर की पट्टी

A Page of the HINDI Edition.

The book written in popular language and running to 240 pages, crown 16mo with many illustrations, has been found very useful by the lay public in rendering First Aid scientifically in cases of accidents till the arrival of a doctor. Members of the medical profession have found it useful to deliver lectures to lay men on First Aid.

The book is being published since the First Great World War and has run to several editions and thousands of copies have been sold up to now. It is published not only in English but also in Tamil, Telugu, Canarese, Malayalam and Hindi. Mines, Factories, Police Force &c. use these books largely.

Hindi Edition Size Demy I to 16. Pages 224 Price Re. I/-

Others Re. I/- or sh. 2 per copy for any edition. Postage 5 As. per copy extra.

Value could be remitted along with the subscription to "Antiseptic".

CAN BE HAD FROM :

SRI KRISHNAN BROS., 323-24, Thambu Chetty St., MADRAS-1.

Printed by U. VASUDEVA RAU, at the Antiseptic Press, 10, Thambu Chetty Street for the Proprietor & Publisher at 323-24, Thambu Chetty Street, Madras-1.