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Price FOUR Annas.

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

What's New in the News?

Prefer Dark Girls

At a meeting in Tuticorin on 10th June 1953, the Madras State's Chief Minister Sri C. Rajagopalachariar than whom there is no wiser statesman today, advised young men to develop a preference for dark girls. He said India was a country of dark girls and many families would be ruined if no tolerance was shown towards dark girls. "It is wrong to imagine that only fair complexioned girls are beautiful" said he "you should not think that colour adds to beauty or that there is any beauty in colour. Further, how do you know that a dark girl is not more intelligent than a fair girl?"

The above observations were made at a meeting at which he deprecated the modern craze and taste for white sugar and polished white rice in preference to the infinitely more healthy and valuable brown jaggery and unpolished hand-pounded, slightly brown coloured rice.

●

Adenoids and Cortisone

Dr. Herman Semenov addressing a meeting of the American Academy of Ophthalmology and Otolaryngology in Chicago quite recently, said that he found adenoids (masses of lymphoid tissue) were subject to hormonal influence and that cortisone, one of the new synthetic hormones can be used to hasten the disappearance of *adenoids in adolescents* Usually adenoids disappear during adolescence, through the action of body hormones. If they do not, cortisone may be used to hasten the process.

●

The Poor Blind

A recent survey showed that the existing institutions for the blind in India have accommodation for only 1212 persons out of a total blind population in the neighbourhood of 2,000,000—*i.e.* six out of every 10,000! The rest of the unfortunates are condemned to the mercies of a cruel fate and a heartless society. There are no nursery or kindergarten schools for blind children, no rehabilitation centres for the newly blind, no provision for workshops which employ the blind, no social security schemes, no homes for the aged blind, and no overall plan to cover all age groups and categories of the blind.—(*The Indian Express*, 24-5-'53).

●

Not Too Late at 92 to Become a Father

Dr. John D. Hullinger is 92 and calculates that in his country-practice at Clinton, Iowa. he has delivered more than 3000 babies Now his 32 year-old wife, whom he married a year ago, has told him he is going to become a father himself shortly. Mrs. Hullinger told reporters "we hope to have a big family".—(*Nafen*, 1-6-'53).

●

Short Term Medical Course in Madras State

Sri A. B. Shetty, Madras Health Minister said at Palmaner (Chittoor District) on the 3rd June 1953, that the shorter medical course for training young men as ordinary physicians to afford medical relief to the vast rural population, would not be started in the near future, as Government was still examining the scheme and the opinions from various quarters did not favour such a scheme and many felt that the money and time spent on such a scheme will not be commensurate with the results.—(*Daily Press*, Madras).

●

New Drug for Blood-pressure

Ciba Pharmaceutical products announced on the 26th May 1953, that a new drug developed by their research scientists was very effective for prolonged treatment of high blood pressure. 'Serpasil' was isolated from the root of the Indian herb known as *Rauwolfia serpentina*, which has been used in Ayurvedic Medicine for hundred of years in India to treat a variety of illnesses from insanity to high blood pressure. The announcement was made by Dr. F. Yonkman, the firm's Vice-President in charge of Research.

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A Journal Devoted to Healthful Living

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THE POPULATION AND EDUCATION PROBLEMS OF INDIA

"THE population problem of India" was one of the themes discussed at the International Seminar on the Human Implications of Development planning organized by the World University Service which was held in Mysore on the 9th of June 1953.

Sri Dr. S. CHANDRASEKHAR of the Baroda University pointed out in his opening address that the growth of population in India during the fifty years preceding the latest census (1951) revealed an average increase of 15 per cent and that there were no indications that this rate would decline. He also stated that the statistics showed a steady decline in the death-rate. An increase of about 5 millions every year was expected to take place.

The appalling rate of infant mortality in India is a most disconcerting feature. 175 out of every 1000 babies die soon after birth and we have in India, the unenviable spectacle of 35 per cent of children born dying before the age of five. The average expectation of life is only 32 in India and the mortality amongst mothers was also very high, being two hundred and twenty thousand per annum.

The poverty stricken condition of over 50 per cent of the population, (only 160 out of the 362 million people in India have enough to eat) account's for the chronic malnutrition and for the high incidence of deficiency diseases in the country. The per capita annual consumption of clothing in India is 16½ yards as compared with 600 yards in the U.S.A. Twenty millions of the 362 have no houses to live in.

In the discussion which followed Dr. CHANDRASEKHAR stated in reply to a question, that the relation between food and fertility was not clearly established though an investigation conducted by a demographer of Japan, showed that rice diet led to increased fertility.

In his address on the "Reconstruction of Education in India," Sri Dr. SRIMALI of Gwalior stated that there was a conflict in their ancient culture as typified in their heroes of old, which Mahatmaji attempted to eliminate through basic education by making craft work the medium of education; it was also meant to bridge the gulf between the intelligentsia and the working classes. The bold new scheme of elementary education, which is being introduced in 35,000 out of the 38,000 elementary schools in the Madras State, aims according to its sponsors, to "give full scope for the development of their intelligence and skill while allowing them ample opportunity and freedom for play". There has been considerable opposition to this scheme from several quarters but RAJAJI the Chief Minister who is convinced of the necessity for this historic change, told a conference of District Educational Officers, District Board Presidents and Inspectors of Schools that, if they carried out the new scheme properly, the entire life of the village would greatly improve and there would be an integration between the school and the village. He pleaded for a better understanding of the value of his new scheme by the teachers, trained in a previous generation, who should make up their minds, as veteran generals, that it was a good cause.

It is most essential that in any sound scheme of educational improvement or reform, the education imparted should be integrated with the ideals of truth, nonviolence and diginity of labour and with the significance of spiritual values in a secular democracy. We cannot afford to neglect or minimise the need for spiritual and moral training in schools, particularly in those of the elementary grade where children of impressionable age are given basic education.

The Tuberculosis Germ is Browbeaten but not Whipped

What the tubercle bacillus thinks of the antibiotics used against it, would make interesting reading. To date it may be said that 50 years of unceasing application of all the various preventive and therapeutic measures conceived by human ingenuity has failed to bring about full control of this baffling little bug.

There is great danger of over-estimating the value of these statistical studies of the past fifty years. The phenomenal reduction in U.S.A. death-rate is encouraging but the whole story is not to be found in the available figures. *The mortality rate as a guide has never been fully dependable.*

In all probability it will require five or even ten years to determine the long range efficiency of the new therapeutic agents. In the meantime, we are reducing the death-rate through the prolongation of life, but the rate may rise again especially if the ultimate results of modern therapy are disappointing.—(*J. Oklah. Med. Med. Assoc.*, 1952).

DRUGS WITH TAGS

Lt. Col. G. CLARKE, M.R.C.S. (Eng.),
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PERIODICALLY the layman reads of a new "wonder drug" which is going to do great things in the treatment of some diseases. A little later, he reads that although undoubtedly valuable, it is not achieving as much as was hoped for, or he may hear of an occasional case in which a patient has reacted adversely to a new drug, even died from it. What is he to believe ?

Chemotherapy for instance: When Paul Ehrlich, fifty years ago, gave the name to chemical substances which attack microbes inside the body, he was well aware of their potential dangers, for he realised that drugs that kill living organisms—microbes – inside the body, might harm the human organism too. He compared such drugs to a surgeon's knife, seldom used without some risk to the patient.

Ehrlich's Salvarsan was followed by synthetic compounds for treating sleeping sickness, then came the anti-malarials, Pamaquin and Mepacrine, and a long list of others in their train, cut to pattern by chemists, who build and test various likely molecules until the right one for a particular purpose is found.

In the 1930's the scope of chemotherapy was widened through the discovery of the sulphonamides by Domagk—drugs which successfully treated some of the most dangerous diseases, notably pneumonia, puerperal fever and meningitis.

In 1940 the antibiotics achieved even more brilliant results extending the resources of chemotherapy to such a degree that the doctor now has drugs for almost all infectious diseases except those due to ultra-microscopic viruses; for example, there is no specific for poliomyelitis, influenza or the common cold.

There is however no drug which has not at some time poisoned some people, and it has occasionally taken a series of deaths to drive home Ehrlich's warning of the dangers of these potent medicines.

Recently the *British Medical Journal* opened an editorial with the words: "The widespread use of new drugs before possible side-effects have been studied is a frightening feature of modern medicine."

A furthur drawback to most of these chemotherapeutic drugs is the tendency of microbes to become insensitive (resistant) to them. How exactly this happens is a matter of debate. There are two theories :—(*a*) that a heritable change in the make-up of the microbe may be directly induced by the drug or (*b*) it may be that only naturally resistant strains survive. This drawback can be countered by the use of two or more drugs in combination, but when resistance does arise it may be irreversible, and then it will not affect only the patient immediately concerned; for his

resistant microbes pass into circulation and may infect other people.

There are now at large a few strains of microbes which can resist most of the antibiotics and all the sulphonamides. It has even been suggested that in the end these drugs will do more for the health of the germs than for the health of humans !

Sir Alexander Fleming, who was recently in Madras, and then toured the U.S.A. with his new Greek wife, vigorously defended his antibiotic in April last when doctors there told him that strains of bacteria resistant to penicillin were emerging everywhere, and that these may breed diseases for which penicillin can give no relief :—

"The trouble is not that it makes the microbes resistant, but rather that some people become sensitive to it. The penicillin still works on germs, but the patient sometimes becomes too uncomfortable to permit its use... in these cases the cure may be worse than the complaint."

The only important bacteria that have shown significant resistance, Sir Alexander insisted, are the staphylococci (which cause boils and wound-infections) and he denied that these have become resistant after exposure to the drugs. These strains were resistant all along, he argued, but made up only 2·3% of the streptococci, now they are involved in 50% of cases treated in hospitals and 10% of those treated outside, but only because penicillin has killed off the other strains.

One concession he did make—penicillin is being used too freely all over the world in cases where it can do no good, especially in common colds.

The Physical Changes Occurring During Sleep

During sleep there are a number of bodily changes taking place. The pulse and respiration are slowed. The muscles are relaxed excepting the flexors of the fingers and the muscles around the eyes. The eyeballs are rotated upwards and the pupils are contracted. The blood pressure is reduced and the amount of carbon dioxide is lessened in the air breathed out. The body temperature falls while the digestive processes, sweat glands and sexual functions continue activity. The most commonly accepted theory of sleep is the circulatory theory which states that sleep is due to peripheral vaso-dilatation and consequent cerebral anæmia. There is a diminished blood supply to the brain during sleep.—(*Psychology* by J. H. Ewen).

Our Obligation to the Young

It does not make much difference with most of us old fellows, what happens. We will get by somehow. It has been going so slowly that we don't feel any restrictions on our liberty, but we owe an obligation to the young to see that this generation is not the one that surrenders the torch of liberty because, after all, we are only part of a stream of history.

Common sense as well as our consideration of our own importance, our own small importance should bring us to realize that the past and future are one indivisible whole.—(Raymond Moley in *Nebraska. St. Med. Jour.*, Sept. 1952).

The Psychology of Sexual Disturbances

(IV)

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I PROPOSE in this concluding article to deal with impotence and sexual deviations and also indicate the methods of prevention and cure of sexual disorders by psychotherapy. I also wish to request the readers of HEALTH to express their own views on the various aspects of the subject, in short articles or letters which will receive due consideration by the Editor in the matter of publication.

Impotence in men is the counterpart of frigidity in women, and is not so common. Forty out of every 100 men are reported by Strauss (*Br. Med. Jour.*, 1, p. 679, 1950) to have some degree of disability associated with their sexual lives. Some cases of impotence may reveal only occasional lack of taste for or pleasure in coitus, with no decrease in their ability to have erection; others may have normal desire and taste for coitus but fail to obtain erection; sometimes it is inadequate or subsides too quickly. Frequently ejaculation is premature or retarded and even painful. There are many who lack potency in the face of sustained interest and yet others who have neither the desire nor the ability.

Shame, guilt, taboos, ignorance and fear tend to produce impotence in men, as they cause frigidity in women. They destroy the capacity in both sexes for a happy marital life and for the enrichment of love which would emanate from that source. Many persons who lack the capacity, have been unwilling to discuss intimate personal difficulties freely and frankly even with their own doctor or psychologist of standing, much less with their intimate friends and relatives. Impotence, unlike frigidity in women, is more likely to wound a man's pride, and to lower his feelings of self-esteem. From very remote times the male has prided himself on his 'virility', whereas the female has aquiesced meekly in frigidity and in the extraneous circumstances leading thereto.

Cases of impotence having an organic basis can of course be dealt with by suitable treatment aimed at removing the causal lesion. But cases which have their roots in emotional disturbance, constitute over 90 per cent of impotence in the male, which in reality is a "protection against the person's own threatening emotions". The person who, on his nuptial night, is tired, excited and is perhaps a little apprehensive, may on that occasion find to his great embarrassment that he is unable to have an erection or that he gets ejaculation, before or during the commencement of the sex act. If this person is

however, a normal healthy individual without being tortured by nightmares or neurotic fears about his virility, the impotence of the nuptial night gives place to self confidence and subsides as the couple get adjusted to each other, may be in a few days or weeks. Fear of pregnancy and probable danger to the life of his wife, may and often does cause inhibitions and impotence in the husband. This is again a case which will get remedied with experience and knowledge of worldly affairs. Early sexual aberrations and masturbation before marriage,—the sense of guilt aroused thereby—often cause impotence. This is particularly characteristic of males, who received chastisements from punitive elders, "for their early sexual curiosity". It is common knowledge that anger or deep-seated hostility towards the wife or even towards her parents may render a man sexually weak or powerless. The husband's unwillingness to give pleasure to such a wife will result in his suppression first and impotence next of his sexual desires. Such persons generally transfer their affection to other women, with whom they are able to have normal sex meetings.

Again persons who have come to regard their wives as their mothers or sisters, fight shy of intercourse with their wives. Benedeck and Alexander writing in *Psychosomatic Medicine* (1950) consider that "premature and retarded ejaculation are merely forms of impotence".

Sexual deviations:—"It has long been thought by many that the man who resembled a woman and acted in an effeminate way was frequently a homosexual; similarly lesbians are frequently thought of as rather masculine in their actions and appearance. This led to the theory" says Dr. Silverman "that there was a hormonal basis for homosexuality". "The sexual deviate is an emotionally disturbed person who seeks to relieve his tensions by distortions and displacements of his sexual outlets. "He is not born a deviate; childhood experiences were largely responsible for the development of a neurosis affecting his whole personality of which the patient's homosexuality or other disturbance is only one of several manifestations", says Ivemey in "Homosexuality" an Auxiliary Council of Psychoanalysis publication.

Dr. Silverman finds that most of the sexual disturbances have their origins in childhood. When Freud first predicted his idea of the sexual life of the child he was condemned and ridiculed but time has proved him correct. If sexual expression is essential for wholesome healthy development of personality, there should no longer be any emphasis laid on repression and condemnation but the pendulum should swing towards providing knowledge, guidance and control of the sex forces. "We must cease to invoke painful and distressing emotions of fear, shame and guilt and instead we must try to understand the sexual make-up and nature of the human being and formulate a workable scheme of harmonious relationship between sexual needs, love and work". In these pregnant words Dr. Spurgeon English, M.D., Professor of Psychiatry at the Temple University Medical

School, has stated his views about sexual behaviour in the light of its relation to love. The family is essentially the guardian, keeper and perpetuator of love among its members and unless the "sensuous expression of that love is encouraged to develop, there will be little love to perpetuate."

As sexual difficulties have thus been shown in most cases to originate from childhood experiences Knight's ideas (*Bulletin of Menninger Clinic*, 7:26) on their prevention are enumerated here for the benefit and guidance of our readers:—(1) There should be a good home atmosphere, absence of bickering before the children, and consistent affection and discipline by both parents to *all* the children. (2) It is important for parents not to influence a child of one sex toward the behaviour appropriate to the opposite sex. (3) Stories of how difficult their birth was and how the mother nearly died, should never be told to children, particularly to girls who, quite apart from feeling guilty about having caused such pain to the parent, may also develop a great fear of their own future pregnancies. (4) An unembarrassed attitude regarding bathing, toilet training, masturbation and sexual curiosity should prevail. It is probably wise to allow children of opposite sexes to witness each other in the nude while bathing, before the eighth or ninth year of life and *not* thereafter. (5) Questions about sex should be answered correctly when they are raised and in an unembarrassed way, since children pay more attention to the tone of voice and attitude, than to the actual words. (6) Children should not sleep in the parents' room; hearing the sounds of intercourse, or witnessing the act may be very frightening, as it is often interpreted by little children as an aggressive act. (7) Mothers should prepare girls for the onset of menstruation by unemotional explanation of its purpose in the economy of Nature. (8) Excessive and insistent warnings and preachings of chastity, and of the "beast-like" quality of men, inhibit the young girl very greatly in her later social relationships."

Dr. Silverman, concludes his very valuable and instructive dissertation on the Psychiatric Aspects of Sexual Disturbances by saying:—The study of sexual disturbances has only recently been removed from the shroud of shame, mystery and bias in which it has been cloaked. Many patients may be helped by kind, straightforward discussion of the problem and truthful reassurance. Some of the emotional disturbances causing these problems are not apparent to the patient who is only aware that he is "anxious or nervous". In these cases the physician will have to evaluate whether he is going to undertake the psychotherapeutic treatment of the case himself or whether he wants to refer the patient Often a private discussion between the general practitioner and psychiatrist about a given case will give the practitioner leads and cues on how to do his own treatment. The frigid women and impotent men were not born with their respective difficulties. It is possible for them to be helped."

It is of the greatest importance

therefore, that the doctor should be told of *all* the facts of a patient's sex life. Many men and women who go to the doctor complaining of a variety of ills are really suffering from the effects of several sexual difficulties. Complete co-operation between doctor and patient is never more essential than when the search is being made for the psychological causes of sex ills. The right attitude to adopt in the words of Dr. Eustace Chesser, M.D., an eminent London physician and one of England's most reputable marriage counsellors is this :— (1) Believe that a cure is possible. (2) Believe that your doctor can help you to it. (3) Believe that you can assist in the good work. (4) And after that, just stop worrying which does not help at all. And act on these beliefs. *(Concluded).*

Cancer of Lung Now Most Common Form in U.S.A. and Methods of Its Detection

WRITING in the *Journal of the American Medical Association* for October the 25th, 1952, Drs. Louis H. Clerf and Peter, A. Herbert. of Philadelphia, state :— " During 1948, cancer of the lung caused more than 16,000 deaths in the U.S.A. The treatment of such cancer, most prevalent in men between the ages of forty and seventy years, depends upon early diagnosis and immediate institution of suitable therapy.

Lung cancer presents no characteristic clinical picture. In its early stages, the disease may show no symptoms and its onset may be so insidious that it may not be suspected by either the patient or his physician until the case is hopeless. The most common first symptom of lung cancer is cough. This cough is, by and large, of an irritative character, may be troublesome at night and is often unproductive of sputum (phlegm).

Blood in the sputum should never be disregarded, as it may be a sign of lung cancer. Other factors indicative of lung cancer include pain or discomfort in the chest region, shortness of breath, wheezing respiration, and abnormal chest shadows in X-ray pictures. Although hoarseness, weakness, and weight loss are not of themselves of any significance in detecting lung cancer, their presence should merit further investigation when they are observed in conjunction with the other symptoms detailed herein.

X-ray studies of the chest are unquestionably the most important single diagnostic aid in determining the presence of lung cancer. When abnormal findings are seen, a bronchoscopic examination is also made. This latter should encompass visualization of the bronchial tree, microscopic examination of the tumour, and a microscopic study of the secretions, which should include sputum, spontaneously discharged bronchial secretions and bronchial washings. We prefer the latter form of secretion as we were able to get a positive diagnosis in 476 of 540 (88·3%) patients, by using this procedure."

HILLS AND HEALTH

KRISHNA KUMAR GUPTA. M.A., L.L.B.,
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'SPEND your summer in the cool and bracing climate of the hills' is something agreeable and soothing to the ears. Those of us who can afford, should go to the hills which signify rest and recreation where one easily forgets the heat and dust of the plains. The scenery and climate of the hills are lovely and bracing. During the summer months the hills help to maintain health.

In summer the hills hum with human activity. Of nice physical features, natural beauty, enchanting views and exhilarating climate, there is no dearth and these by themselves conduce to health.

The great Himalayas and other mountains in the country have a number of health resorts. Mussoorie, Nainital, Ranikhet, Simla, Srinagar, Darjeeling, Shillong, Ooty, Coonoor, Kodaikanal, and Yercaud are the many excellent hill stations in India. Every hill station has something to command it and one often finds it difficult to choose. It is therefore, wise to visit them all, one during each summer.

The very first few breaths of the cool and bracing mountain air, drive away the blues and put one in a perfect holiday mood.

Hill stations are usually sweet and pure spots. The green glory of the hill slopes captivates the heart. Variegated and gaily coloured beautiful flowers all over the hill sides, the sweet chirpings of the pretty birds perching on the trees, and the commanding beautiful panoramic views, all of them together hold the holiday maker in a trance, as it were. The hills are not for the "stay at homes"; they are for people who have a roaming spirit and who always keep their eyes and minds open to the beauties and caprices of Nature and her hidden treasures. All of us do need a holiday every year and should, if possible, get away to the hills, if we wish to escape the din and dust of the cities, the smoke and smell of our industrial towns and the modern stresses and strains of every day life. If you go to Assam, you will be surrounded by scenic beauty and enveloped by the soothing verdure, and you can see the hill tribes, among whom will be found tall, well built, fair complexioned good looking men and women. Dance and drama are in their blood. They have an instinctive sense of aesthetics which the modern civilized folk, with their sophistications can never hope to possess. They move about leisurely and happily with the abandon of youth, and full of high spirits, and good cheer.

Some of the hill stations offer excellent opportunity and facilities for boating, yachting, riding skating, fishing, hiking etc.

Governor Sri K. M. Munshi wrote of the hill stations. "I think I would lay myself down in a floating boat..to let the beauty sink into me.....for I experience a

widened consciousness. The walls of my egoistic self vanish and I feel the spirit manifesting itself in nature of which I become no more than an insignificant pin point."

To the same effect is the following observation of Sir Homi Mody :—

"For people like me, who have spent their lives in the crowded towns, a visit to.....hills is a never failing source of relief and happiness and I cannot tell you how greatly my wife and I have looked forward to our periodic sojourn to Nainital".

It is wrong to say that hills bring about no change in health and that they merely enable one to get a bit mentally refreshed. Hills *do* give you health if when you go there, you eat well, take plenty of exercise and rest, and lead a clean and regulated life, free from mental worries.

Complaints are often made of inadequate food, paucity of friends, bad drinking water, trouble from bugs in rest houses, heavy rains, and the consequent impossibility of walks in the hills. But these are not really insurmountable. At good hill stations there is no dearth of cheap and wholesome food, nor of luscious and delicious fruits and fresh nice vegetables. Provided you are not a snob or a prig, you can meet and make a few select good friends there. Hill stations are not solitary lonely islands. Further, you really do not need many friends while out there, for it will not conduce to the much needed mental and physical rest which one hopes to get in the Hills; it may even detract from the very purpose of a quiet and peaceful holiday. The Municipal or other local authorities at hill stations usually provide a plentiful supply of clean and pure water. Still better natural water can be had from the hill springs. Bugs are really nasty pests but modern disinfectants and insecticides are fairly cheap and potent. Any insect pest can thereby be controlled. Rains do come, and are necessary for ensuring green foliage and excellent water supplies to make your stay, enjoyable. It is sufficient to have as much walk as may be possible between the rains.

The credit for the establishment of hill stations, their growth and beautification goes really to the Britisher and we should not stint in offering a mead of praise and thanks to him.

With the exit of the Britisher from India, we have been witnessing a regrettable fall in the hill exodus during summer in recent years. We should not allow our health resorts and beauty spots, to be neglected or scraped to please the cynics. Foreign tourists —whom our Government wish to encourage in visiting our hill stations, would not alone fill up the entire gap in our hill economy; nor would the upper class return tickets issued by the Railways for journeys to the hills on payment of one and a half fares and available for three months attract a sufficiently large number. There should be similar concessions also for tourists travelling in the third class. Greater and more amenities, besides travel concessions, would alone attract tourists and health seekers to the hills. Honest and efficient tourist guides at important hill stations sponsored

by the State will greatly add to the amenities needed. A month's holiday to every worker, every year is a paramount need, if he is to maintain his health and turn out efficient work during the rest of the year. If it is possible for him to spend this holiday in a hill station, it is well and good and to this end every effort should be made by the States, local bodies and individuals, to provide adequate facilities at a reasonably cheap cost.

The Patient-Physician Relationship

In various quarters, some lay and some professional, positive opinions have been expressed concerning the current relationship that exists between the patient and his physician. From these opinions the definite impression is gained that there is a disturbance in that relationship as we have known it for many years. It is felt that this change is not great and certainly not universal, but its occurrence is too widespread to be ignored.

The underlying cause of this imbalance is a bit difficult to determine—many factors seem to have had a hand in bringing about the change. Among these are the impact of the recent war on many of us who were exposed to a necessarily socialistic type of practice for from three to five years, an increasing desire to seek further knowledge and training in one specific branch of medicine, rather than to continue on in general practice, or, in other words, the growing trend toward specialization, and a certain sense of futility, engendered by the existing chaotic economic state and by a mounting tax rate that threatens to reach confiscatory levels.

Which one of these is predominant as a causative factor is immaterial. The fact remains that, in response to the influence of one or more of them the patient, as an entity, has been placed in a shadow; that he is being regarded less as a fellow human being who is agitated in spirit whether he be physically or mentally ill, than as a clinical condition; to be treated intelligently and to the full satisfaction of a normal conscience and, then, sent on his way, forgotten. However, the consensus is that this relationship is improving, not degenerating; that the pendulum has passed its extreme and is returning toward normal, and that soon there will again be the happy blending of "The Old Humanities and The New Science".—*(Jour. Mich. State Med. Soc.*, 1952).

Moody:—"I left school because I couldn't learn anything. The teacher was too fat."

Allen:—"How did her fat prevent your learning."

Moody:—"Every time she turned round, she wiped everything off the blackboard."—(*Radio Review*).

The Feeding of Children in Health and Disease

THE incidence of disease and death amongst infants and children in our country is indeed very high as will be seen from the vital statistics published from time to time by the Central and States Governments. The care of the child during his early life, from birth to four or five years—the pre-school period — necessarily devolves on the parents, particularly the mother. In our country malnutrition among children is a most common feature. This is largely due to ignorance and poverty. The majority of our Indian children are from the low-income groups and their food is nearly always poor both in quantity and in quality. These families are unfortunately rich in child-wealth, though poor in the worldly possessions necessary to safeguard and maintain that wealth.

The vast majority of mothers are ignorant of the proper methods for conserving and utilising their meagre resources for the proper maintenance and care of their children. They do not understand food values nor how the same amount of money they spend ordinarily (*e.g.* buying large quantities of rice), can be made to go a longer way and provide better and more nourishing food without extra trouble or cost. The ideal food for the baby from birth for about 8 months, is the mother's breast-milk and no supplement is needed if the mother is healthy and adjusts her feeding habits to suit the needs of her child. The food for the child from the eighth month onwards should consist of small helpings of rice with a little ghee, dhal and butter milk or curds, vegetables and fruits. Cow's milk should be given compulsorily in addition, twice a day to the growing child till he completes two years. Those who can afford, should supplement the child's diet with cod or fish liver oil, twice a day, and orange juice once a day. Curds or/and butter-milk should be given along with rice twice a day. Tomato juice is a very good substitute for orange juice, as the latter is not within the reach of the poor. They can safely give one or two tomatoes a day (the skin alone peeled off) to children who have cut their teeth. After the second year, the child should be made to partake of the family *menu* which should contain adequate *proteins*—which is woefully deficient in our South Indian diet, particularly of the poorer families. Meat protein is high grade protein, but it is not within the means of the vast majority of people in these hard days. So the proteins necessary for growing children, should be found from milk, dhal, nuts, vegetables, dried fruits etc., which contain them in adequate quantities. A variety should be provided without stick-

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ing to a monotonous diet. Milk and milk products should always form daily articles of food for the children. Our daily routine *menu* utilises enough oil in its preparation and the additional requirements for children will have to be supplemented by milk, ghee and the liver oils.

Besides attending to these essential rules, the children should be made to observe and practise regular habits of life—bowel movements, rest, sleep, exercise and play in the open air. They should be encouraged to feed out of their own leaves or dishes from the age of one year onwards. They should not be spoon or hand fed by the mothers or grand-mothers, who delight in filling the stomachs of the children, to bursting-point, and thereby ruin their children's health. Too much of sweets should be avoided; particularly they should not be given between meals. The chlidren should not be abused or punished just before or during their meals; for, their digestion will be greatly upset and the children will get sick, peevish, fretful and more troublesome to the parents.

The feeding of children when they fall ill or feel seedy, is usually a very difficult problem and many parents do not know what is a good and suitable diet and what is not, during illness. Children admitted into hospitals, receive the proper diet suitable for their particular condition; at home they do not. The sick child needs really an especially good diet to enable him to pull through his illness. Diarrhœa, vomiting, colic, fever, bronchitis, pneumonia, dysentery, measles and small-pox are amongst the common ailments which affect the very young children from birth to 5 years of age. Parents should know that (1) during illness (particularly, diarrhœa, dysentery, vomiting etc.), the children are dehydrated (*i.e.*, lose considerable quantities of water, which is withdrawn from the circulating blood) and are subject to severe disturbances in their acid-base equilibrium, (2) the resistance of their bodies to infection, is ordinarily low and not as fully developed as in grown-ups, (3) the hydrochloric acid content of their gastric juice is usually less than in adults, (4) the sugar-storing function of the child's lever gets readily exhausted, leading to giddiness etc., (5) fat can never be tolerated during illness by children, (6) the increase of temperature beyond 102°F. in children has a profound effect on their appetite. If parents would bear in mind the above facts, they would soon appreciate the special virtues and curative properties of good home-made cleanly-handled butter milk as the best and cheapest diet for children in nearly all ailments. It may be sweetened if necessary and administered without any reserve. It has adequate sustaining calorific value nearly equal to milk and other patent milk or malted foods. Its fat content is low and so butter-milk is best tolerated in illnesses of children. It has an agreeable taste and flavour and aids in restoring the acidity of the gastric juice by means of its lactic acid content. It is particularly useful when other foods or the sight of them induce nausea in children. The

lactic acid in butter-milk is a powerful killer of infective organisms like those of cholera, typhoid and dysentery. It prevents gas formation due to putrefactive germs in the intestines. It also helps to digest the proteins easily. Butter-milk is very easily prepared and all Indian women know how to make it and keep it pure, clean and free from souring (which is usually caused by extraneous germs). It contains 2·5% of proteins 3·4% carbohydrates and only 0 5% of fat, as against 3·4%, 4·9% and 4·0% for cow's milk and 2%, 6·4% and 3·6% for breast milk respectively. Butter milk may therefore, be safely used in the following illnesses of children with considerable benefit:— Diarrhœa due to any cause, bronchial asthma, eczema and urticaria (all of allergic origin) and also acute infectious diseases, like measles, whooping cough, small-pox, enteric fever, liver enlargements and in any febrile condition associated with general weakness. It is the ideal food to give to children with (கடி) enlarged livers—a common condition met with in South Indian children.

Fruit juice may also be given when indicated, while butter-milk can be given under all conditions either alone or along with sago or rice conjee or with twice boiled rice. Broken parboiled rice (புழுங்கலரிசி ரொய்) is the best for making thin porridge for invalid diets, both to children and adults. This is any day better and much cheaper than the fashionable imported foods which cost a great deal and confer no special benefits.

First, Do No Harm

Good physicians are aware of the importance of making a diagnosis. It is essential for rational therapy. Everyone knows that meningocillin doesn't work for typhoid fever. Typhomycin is the drug of choice.

However, there is the rare M.D. to whom the making of a diagnosis is a fetish. Oliver Wendell Holmes describes him as the kind of doctor who approaches the patient with the attitude of a bird flushing the covey of quail. There are no extremes to which he will not go in order to make or prove a diagnosis. This is not always to the patient's best interests. The diagnostic endeavour may be painful, expensive and, at times, dangerous. The wise physician balances the value of various diagnostic procedures against the discomfort, expense, hazards and practical usefulness in treatment. At the same time he asks himself, "what is wrong with this patient?" He also asks himself, "If and when I know, will that knowledge be of benefit to the patient? Does he have something I can cure or alleviate? Can he stand 'the cure'?

The proper balance between curiosity and conservatism is hard to attain but a little common sense will do much to spare the patient possible needless discomfort, expense and danger. After all, over 2000 years ago Hippocrates advised, "First, do no harm".—(*Bull. Col Acad. Med.* Quoted by *West. Virg. Med. Jour.*, Jan. 1953).

CONNEMARA 21 AUG 1955

FOOD AND EFFICIENCY

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DOCTORS' prescriptions usually end with the direction "three times daily, before or after meals", based on the custom of many having three meals a day. But of late the view is gaining ground particularly in Western schools and industrial concerns that it is better to have smaller meals at frequent intervals during the day as they are found to promote alertness and general well-being while large heavy meals at one sitting generally produced post-prandial drowsiness and physical and mental inactivity.

Frequent and small feeds are usual in infant feeding and in the feeding of adults suffering from certain digestive disorders *e.g.* peptic ulcers etc. Let us examine the rationale underlying these variations:

The effect of the quantity of the food on the emptying time of the stomach has been recorded as early as 1937. Meals twice and thrice the size of a "standard" meal involved only 17% and 38% longer emptying time respectively. Thus the larger meals were held inside the stomach for relatively shorter periods owing to the fact that the increase in the food intake produced greater distension of the stomach which stimulated it to more effective contractions. The standard meal therefore remains in the stomach for a relatively longer time in relation to its size and it will, therefore, be better digested than larger meals.

An ordinary mixed meal is normally emptied by the human stomach in about 3 hours. This emptying time seems to depend less on the characteristics of the individual than on the composition of the meal. It has been conclusively proved as early as 1936, that for meals rich in carbohydrate, the average emptying time was just over 2 hours and that high carbohydrate meals leave the stomach sooner than high-protein meals.

That environmental temperature may influence gastric emptying time and that the emptying time was shorter at a high temperature was the finding of Henschell in 1944. This would rather suggest that quicker gastric evacuation is possible in the tropics than in the colder climates. Col. Hunt, the leader of the recent successful 13-man British expedition to the Mount Everest, said while leaving London that at "an altitude of 25,000 feet a climber tends to lose the promptings of appetite, thirst and relaxation of sleep." This phenomenon may be due to the change in the temperature or in the atmospheric pressure or both. Henschell's observation also suggests that enervation frequently associated with hot weather may be partly due to the early commencement of 'hunger contractions' resulting from more rapid gastric evacuation.

When the stomach is *nearly* empty "hunger-contractions" set in. Hunger contractions occur

most quickly after those meals that take the least time to leave the stomach. At first they are comparatively feeble; they become stronger after some time especially in younger children. In a young child they may cause considerable discomfort and actual pain. In older people they may be associated with a feeling of general weakness and emptiness, slight and dull headache and sometimes also nausea. I will not be surprised if future scientific research shows that the nausea of pregnancy is probably a manifestation of an accessory hunger phenomenon due to the shorter emptying time and consequent hunger-contractions. Laird *et al* in 1931 found that a special meal of milk between the first two meals postponed hunger contractions with a consequent reduction of nervousness in 53 nervous children.

The results of controlled scientific observations by Carlson, Haggaard and others show that long periods between meals may result in irritability, tension and diminished mental concentration. Indian labour management would do well to profit by these and other experiments carried out at the Yale University, and increase productivity and minimise absenteeism, loss of man-power and man-hours and idling time in the factory.

After a heavy meal *e.g.* the main meal of the day, there is generally a post-prandial drowsiness, lack of coordination and a disinclination for mental and physical activity. This is manifest in offices and factories in a "flattened-out" production curve, during the couple of hours following the heavy meal.

Recently a regimen of six meals daily for workers in heavy industries in the United Kingdom has been recommended on the basis of the consideration that when men are doing exhausting physical work, they benefit if their blood-sugar level is prevented from falling. The latest comes from America: - as a result of experiments at the Yale University, certain American employers are considering the substitution of two half-hour "lunch snack" periods in the morning and afternoon for the present one-hour-midday-meal period. "They believe", says *Management Review*, "that the change might eliminate the loss of efficiency and productivity which now takes place late each morning and afternoon.....The problem may have an important economic bearing, since under the present system the workers are off-duty during the busiest part of the day."

If the total food eaten daily contains all the necessary nutrients in adequate amounts, the actual composition of each meal does not matter very much. It has been demonstrated that provided the total protein intake was adequate, there was no need for additional protein for the performance of moderate muscular work. It is also on record that on a high carbohydrate diet, there was no progressive change in efficiency, while on a high fat diet, efficiency progressively decreased. The nutritional and energy intakes of Indians are deplorably low. "Tropical" nutrition differs from the "normal optimum nutrition" in that a shortage of protective foods results in a greater consumption of cereals, rich in carbohydrate.

The four main reasons for the poor nutritional status of Indians are:—

(1) The low economic level of the people preventing their importing additional foods; unsuitable and deficient diet, is thus the main cause of susceptibility to illness.

(2) The high incidence of tropical diseases incapacitate the people to such a great extent as to impair their economic efficiency.

(3) The population-pressure is so intense as not to permit a better utilisation of the land by the introduction of cattle.

(4) Illiteracy and ignorance make educational programmes difficult. "Lack of knowledge, and neglect of health in early life pave the way for chronic and incurable illnesses in later years."

Enormous sums of money are being spent by governments and the public on medicines, tonics and vitamins to cure illness. If our population could be provided with *the right food* in suitable and adequate quantities there would be no need for supplements of vitamins or for treatment by medicines.

The South Indian diet is particularly rich in carbohydrates, the protein and fat portions being very low. If efficiency and productivity and the general well-being of our people should improve, the protein content of our food should be greatly increased. A glance at any table of food-values of the common cereals, nuts and fruits is enough to show that the best way to increase the protein content of our diet is to eat more of wheat, pulses, nuts and fruits and less of rice.

The effect of food on sleep may now be considered. Sound sleep is indicated by slower sleep-movements and it has been shown that a warm drink of milk or even of warm water induces quiet sleep and a high fat diet increases movements during sleep. In a study of eight children and eight adults, Laird *et al* showed that a light cereal supper, produced the least and a hard-to-digest supper the greatest movements. The sleep of children, he found, was affected to a greater extent than that of the adults. In order therefore, to get sound and refreshing sleep we should have a supper of light cereals and warm milk and avoid heavy meals containing an excess of fatty foods.

Our ancient Hindu concept of the *Brahmacharya, grahastha vanaprastha* and *sanyasi* had the regimentation of food and food habits as the cardinal principle. The brain workers were enjoined to be strict vegetarians with a view to their abstaining from a high-fatty and rich diet which would not conduce to a proper discharge of their duties in the social economy. For a similar reason manual workers were encouraged to be non-vegetarians, as they needed extra-rich protein food to enable them to work without fatigue. How very discerning and prophetic was Socrates is manifest from his writings *e.g.*:— "By eating what is sufficient man is enabled to work; he is hindered from working and becomes heavy idle and stupid if he eats too much."

JAI HIND.

A modest confession of ignorance is the ripest and last attainment of philosophy.—(*R. D. Hitchcocks*).

A Privilege to be a Doctor

IT is a great privilege to be a doctor. That man is fortunate who earns his living in an occupation which can be so fascinating and satisfying as the practice of medicine, in spite of all the inescapable hard work and heavy responsibility involved. Nothing can be of more absorbing interest than people.

The doctor also has those rare moments when he is certain that he has saved a life or restored another to a state of health and usefulness. He observes at first hand the gradual development of new knowledge in scientific medicine, and the slow but gradual solution of its intricate problems. While engineers have been striving to invent and perfect new machines which are marvels of ingenuity and complexity, doctors have been dealing for centuries with the most amazing machine of all. The perfection and precision of its automatic regulations is something which most competent and scientific engineers have been unable to duplicate.

The miracles of chemistry which the tiny microscopic cells of the body perform constantly should lead any thoughtful physician to develop a feeling of awe, wonder, and humility. If he is not so affected he must be spiritually dead. The fellowship of science which passes all borders of race and nation, and which shares its new knowledge freely with all is another of the great privileges which we enjoy. In times like ours when so much of the world's treasure and so much thought and effort are being expended on the development of destructive machines, it is refreshing to be part of a profession which is striving instead to preserve life and to restore health and happiness to mankind. —*(Rhode Island Med. Jour.*, 1952).

The Green-Eyed Twins: Envy and Jealousy

PEOPLE squander in envy and jealousy enough vital energy to make them perfectly charming and lovable if it were properly directed. You should remember that another may have more money, beauty, brains than you; yet when it comes to the rarer spiritual values such as charity, self-sacrifice, honour, nobility, of heart. You have an equal chance with everyone to be the most beloved and honoured of all people.

One of the sanest, surest and most generous joys of life comes from being happy over the good fortune of others. Practically every quarrel which has wrecked or split a religious institution or cult, and created another denomination has been due, not to an honest difference in doctrine but to one group's jealousy of the power and influence held by another. Envy is what inclines us to be more ready to speak evil of the virtuous than of the wicked. A jealous person is one who debases himself in the vain and ignoble effort to discredit others.—(*Archibald Rutledge*).

Grow Old Gracefully

The main problems which accompany the process of growing old and which predispose to psychogenic disorders of varying degrees are :—(1) concern over health; (2) worry over finances ; (3) fear of losing security and credit; (4) loneliness and a fear of not being wanted ; (5) a feeling of having outlived one's usefulness ; and (6) fear of losing the place formerly enjoyed in the home and community.

The specific measures which are important and arise commonly are:—(1) the diet is frequently deficient, particularly in *proteins.* Many old people fight shy of protein-containing foods, like meat, dhals, nuts, etc., on the plea that either they cannot afford to buy them or that these foods do not agree with them and cannot chew them. Adequate protein is most essential and must be taken in some form suited to each. It is usual to find mild œdema (generalised slight swelling) of the body, which is usually believed to be due to congestive failure in the aged cardiac patients. Treatment usually fails to correct the condition. If the protein in the plasma of the blood is not restored. The aged patient has usually a poor appetite, and because of the pre-occupation of the aged, with foods that they think disagree with them and cause constipation, they alter their diets in an attempt to relieve these fancied troubles. Rarely do we find an old person, who does not give a history of long standing constipation. Long years of belief that copious and frequent bowel movements are necessary to keep fit and healthy has focused their attention on the bowels and no amount of explanation can dispel this fallacy. Sub-clinical vitamin deficiency is probably more common in the aged than in any other section of the population. The use of vitamins in this group as a routine procedure is most justified. (2) The aging process causes many physical changes in the body, which may be invisible, but changes in appearance which are unsightly could be prevented as far as possible. The stooped posture can be prevented with proper exercises and deep breathing. Blemishes on the skin should be removed before they become large. Facial contours can be maintained with properly fitted dentures.

Dr. H. Seidel in his book "*Rehabilitation of the Handicapped,*" makes certain very useful recommendations. The aged person, according to him, should :—

(1) Continue to work at his vocation and retain his accustomed position in society as long as possible; (2) avoid sedentary habits and inactivity continuing with whatever open-air activities or hobbies he may be accustomed to; if he has none he should acquire some ; (3) engage in systematic daily exercises designed to prevent or overcome physical deformities ; these should include the practice of deep breathing ; (4) make full use of helpful

devices such as hearing aids, spectacles and dentures; (5) keep the face and body free from unsightly blemishes; (6) always maintain self-respect and dignity, be jealous of his appearance, dress neatly but not gaudily and retain good manners; (7) continue to maintain contact with life-time friends and learn to make new ones; (8) follow good body hygiene and sanitation; eat sensibly—a well-balanced diet of nourishing food; (9) seek medical advice at frequent intervals and carry out in full the advice given; (10) above all avoid despair and an outlook of futility; and Fear God and keep his commandments; for this is all that is required of man.—(From *Texas State Journal of Medicine*: Jan. 1953).

Older Citizens Needed

Today, more than ever, the nation needs every man and woman to help build our defences, sustain the civilian economy and keep our families strong and healthy. *[This statement perhaps applies with greater force to the Union of India.* Ed. Health]. The middle aged or elderly person or the chronic-disease patient who can take his or her place in the ranks of the employed should have every opportunity to do so. We need our older citizens and we want them to be able to make the fullest use of their capacities for a fruitful, rewarding and happy life.

Health maintenance and rehabilitation are essential also for those who cannot engage in profitable employment. As the demand for productive manpower in all fields increases, the restoration of invalids to the point where they can care for themselves and even assist in household tasks, will release many younger adults for essential jobs. It will decrease dependence on the young which is never a happy situation for elderly parents or their sons and daughters.—(L. A. Scheele, M.D. in *G.P.*).

What's Wrong with Grown-ups?

(As Related by Some Ten-Year-Olds at School)

(1) Grown-ups don't do things theyr'e always telling children to do—like pick up their things, or be neat, or always tell the truth.

(2) They never readily listen to what children have to say. They always decide ahead of time, what they are going to answer!

(3) They interrupt children all the time, and think nothing of it; if a child interrupts a grown-up, he gets a scolding or something worse.

(4) They gossip a lot—but if children do the very same thing and say the same words about the same people, the grown-ups say, children are being disrespectful.

(5) They always talk about what they did and how much they knew when *they* were ten years old—and it usually sounds as if it could not have happened the way they say. But grown-ups *never* pause to think what it's like to be ten years old *now*.

(6) They pry into children's secrets; they always think it's going to be something bad; they never think it might be a nice surprise.—(*Reader's Digest*, June 1953).

ASPIRIN: A Warning Against Promiscuous Use

THE evidence of a doctor in a recent court case was well publicized in the *London Evening News* of the 5th February 1953 and other evening papers. It concerns the use of *Aspirin* the most popular drug of the present fashionable age when self-doctoring is rampant. It may be and is well termed the '*Aspirin Age*'. According to the news published in the *London Evening News*, the doctor said in his evidence that "the symptoms relating to the drug were a slowness in understanding what was said to him and in forming his words.' He continued "that in my opinion was due to aspirin poisoning and possibly some slowing of the heart"; the report in the press went on "When Dr. Norton said that every one who took two five grain tablets of aspirin might be rendered unfit to be in charge of a car, Mr. Lawton asked, Do you realize this will be a great shock to the public and the manufacturers of this drug?"

The shock, in the opinion of "*Health for All*", has long since been overdue. The general public have come to consider this an innocuous drug; this is in large measure due to the fact that it may be purchased anywhere from the village *pan* shop to the city's departmental stores, with no warning marked on the container about its possible risks.

Says the Editor of *Health for All* (May '53), "In the U.S.A. the laws relating to the words used in advertising this drug have to be much more carefully chosen than they are here and it is unfortunately true that when adverse effects from it are noted in the medical journals, as does occur occasionally, the general public remain uninformed. This London doctor should receive our best thanks for having the courage to tell the public some of the facts in plain terms."

Note by Editor: HEALTH, Madras:—But this popular drug has its sphere of usefulness, when judiciously used under proper medical advice and prescription. New evidence suggesting that under special conditions, it produces about the same effect as the costly '*miracle drugs*', Cortisone and ACTH, was presented at a recent meeting of the American Heart Association held in New Jersey. It is believed to stimulate the adrenal glands to release their own hormonal products. ACTH does the same. In treating rheumatic fever, it was found that aspirin and ACTH had about the same effect, and in fact it was observed that when used under medical supervision and control, aspirin gave rise to fewer side-reactions than ACTH, which is ever so much more expensive.

Blessed are they who have nothing to say,
And cannot be persuaded to say it.—(*James Russell Lowell*).

*

Manners are the happy ways of doing things —(*Emerson*).

The Economics of Ill-health

NO one appears to have pointed out that, whereas ill-health is costly, good health cuts out the need for remedies and entails therefore, no cost to the individual. Those interested in the sale of cures and remedies for sickness and ill-health have clearly obscured this point by talking about the cost of health. We talk about the mounting costs of the Health Service, whereas if it were *truly a Health Service* the expenses would tend towards the other direction.

"A report in the *New York Times* of the 11th January 1953, illustrates how this works out in commercial enterprises: "Increasingly diversified production is indicated for the United States drug industry in 1953 as a result of sharpening competition and price reduction in antibiotics, the so-called 'wonder drugs'. Consequently more attention will be devoted to other drug specialities". Note the effect of sharpening competition and price reduction. The report goes on :— 'Mr. Emelin, President of Schenley Laboratories, Inc., said 'this year pharmaceutical manufacturers will devote an increasing portion of their time to investigation, production and sale of non-antibiotic drugs, products packaged under a Company's trade name and intended for the treatment of specific ills. Among types of non-antibiotic specialities were hormone products which are rising in sales and drugs for treating cardiovascular disorders, mental disturbances and the chronic diseases of old age". N.C.P. pertinently points out that the real interest is not directed towards a state of health in which the individuals will require no further medication; it is building into the future an expanding business founded on the increase of ill-health and its perpetuation. In support of this contention, he quotes another paragraph from the same report: "As a result of the recent rapid advances in medicine, particularly the discovery of pencillin and other antibiotics, for effective combating of disease, drug sales in U.S.A., have soared from 157 million dollars in 1939 to more than 1100 million dollars in 1952".

From the point of view of good enterprising business this may be an admirable performance; from the standpoint of good health it is clearly an example of how to miss the point in logical deduction. (N. C. P. in *Health For All*, May 1953).

Parting Shot on Motherhood

The eloquent preacher had just addressed the ladies of the congregation on "The Glory, the Beauty and the Sanctity of Motherhood". Coming out of the church Mrs. Riley, the mother of eight, said to Mrs. O'Hara, the mother of 13, "Marvellous Sermon, was it not?"

"It was so, Mrs. Riley, a grand sermon, a moving address, and would to Heaven Mrs Riley, I knew as little as the dear man himself, about the subject".—(From *Dirt Roads to Stone Posts*).

What is this Chlorophyll ?

(That Is So Much Advertised These Days)

THE sale of preparations containing "chlorophyll" manufactured largely in U.S.A., is now enormous and the increasing demand has astonished even those who sell them. One reason for this is the interest taken throughout North America in the use of drugs and disinfectants which may improve health. A second factor which has played a great part in accounting for the large sale of chlorophyll preparations in U.S.A. is television. [In India the main reason for the increasing demand and supply of chlorophyll-containing preparations, particularly tooth pastes is the craze for something new which is widely advertised as possessing miraculous properties Ed : HEALTH]. In many parts of the U.S.A., television sets are nearly in every home, and the sellers of these preparations have made the fullest use of this medium to advertise their wares. Young men and young women appear on the screen to explain that "you must have a nice breath, I don't mean just for kissing" and this is possible if you chew chlorophyll tablets or use tooth-paste containing chlorophyll or take chlorophyll in one way or another. This advertising has succeeded beyond all expectations ! Many Americans must surely know that in chewing six chlorophyll tablets a day, each containing 100 mg. they are taking *no more chlorophyll than is present in a fraction of an ounce of cabbage or other greens* !

That is one side of the picture. What then is the other ? Evidence is stated to have been obtained that chlorophyll dressings reduce foul odours in wounds. The evidence, presented in 1949, in a report to the Council on Pharmacy and Chemistry of the American Medical Association was principally based on the general impression of the staff and the patients of surgical units ; a few tests were made in which, for example three to six independent observers were asked to classify the wounds in four grades according to smell. Gruskin, who used his own patented "substantially pure water soluble chlorophyll" in normal saline solution or as an ointment, stated that it was effective in reducing odour in over 1200 cases of suppurative infection, mostly of ear, nose, and throat. The cases were not described. Goodman found 60 mg. of chlorophyll powder with 300 mg. of activated-carbon or kaolin reduced the odour of colostomy (cutting of the colon) more than did the adsorbents alone.

The composition of these chlorophyll extracts is not known and it is indeed very difficult to analyse organic preparations of this kind. In the known extraction processes, much of the magnesium of the original chlorophyll is likely to have been removed and copper may have been substituted. Methods of standardization have been developed for measuring colour only but simple methods for

full detailed analysis are not available. The extent of absorption and the results of metabolism in the human body have not been fully elucidated. A large portion must be excreted with the stools.

The action of chlorophyll in the tissues can only be surmised. Glasser quotes a report that chlorophyll increases the respiratory metabolism. Chlorophyll derivatives might modify metabolism or react with specific compounds, producing a decrease in odour. But this can be no more than a guess about the mode of action of a substance which is unidentified, is difficult to characterize or to trace in the body and is claimed to produce an effect which cannot be assessed in any way except by subjective impression.–(Condensed from an Editorial in *Br. Med. Jour.*, pp. 1086-87, Nov. 15th, '52).

Sex Differences in Illness

It is a curious fact that although women live longer than men, they have more sickness. Some figures on this are given by Dr. Theodre R. Van Dellen, of Northwestern University in the *Chicago Tribune*. They were gathered by social workers in thirty-five city blocks in Baltimore. The residents were visited once a month for five years. The women had an average of 753 illnesses lasting a day or more per 1,000 of population; the men, 545. The female sex had more cases of neuritis, neuralgia, nervousness, diseases of the thyroid gland, liver and gall bladder. Men were more afflicted with stomach and duodenal ulcers, bronchitis, hernia and certain heart conditions.

In another survey, covering 289 persons, it was found that men and women at sixty-five, had four times as many attacks of illness as the group between the ages of twenty-five and thirty. Married people have the best health record. Single women after twenty-five have much more disabling sickness than the married ones.—(*Good Health*, U.S.A., April 1953).

BOOK REVIEWS

Principles of Child Care (From Birth to Five Years)–*A.H.A.S., Health Forum Series No. 2.* (By Dr. SOMENATH BOSE, M.B. (CAL.) D.C.H. (LON.), Visiting Physician, Children's Department, R. G. Kar Medical College Hospitals, Calcutta).

We have received from the Secretary of the Azad Hind Ambulance Service, a small booklet on the principles of child care, written in easy flowing style by Dr. Somenath Bose, one of Calcutta's popular pædiatricians. He has rightly stressed the importance and value of breast feeding of infants and the necessity for preparing the mother physically and psychologically during her pregnancy, for nursing her child for the first six months atleast. He deals also with the prevention of diseases in children, the formation of regular and healthy habits (eating, playing, sleeping, bowel movements etc.) and the normal psychological and mental development of the child during the first five precious years of his life. Dr. Bose has ably presented all relevant details in a short compass. We congratulate the publishers on their laudable venture in publishing short pamphlets on important aspects connected with the maintenance and improvement of the health of the nation. T.N.S.B.

LIBRARY 6 AUG 1953

Pleasant Topics from Periodicals

True Happiness

Some have much and some have more
Some are rich and some are poor,
Some have little and some have less,
Some have not a cent to bless
Their empty pockets, yet possess
True riches in true happiness.

John Oxenham, *Indian Express*, 31-5-'53.

Character

If I take care of my character my reputation will take care of itself —(*D. L. Moody*).

No amount of ability is of the slightest avail without honour.—(*Andrew Carnegie*).

The great hope of society is in individual character.—(*Channing*).

Character is the diamond that scratches every other stone.—(*Bartol*).

Character is higher than intellect.-(*Emerson*).

There's nothing so fatal to character as half-finished tasks.—(*David Lloyd George*).

Deft Definitions

1. *A bachelor* is a man who has never weakkened during a week end.—(G. L. Knapp in *Mag. Dig*).

2. *An optimist* is a man who marries his stenographer secretary, thinking he will continue to dictate to her" —*(Typo Graphic)*.

3. *A good education* is one which enables you to get into more expensive trouble.—(*Judge*).

4. *Adolescence* is that period when a boy refuses to believe that someday he will be as dumb as his father (in the presence of his mother!)—(*Your Life*).

5. *Sense of humour*:—What makes you laugh at something which would make you mad, if it happened to you.—(*King Features*).

6. *Traffic* is "where you sit in your car and watch the pedestrians whiz by."—(*N.A. F. Mag.*).

7. *Desk*:—Waste paper basket with two or more drawers —(*M Star*).

8. *Map*:—A piece of paper to help you to get lost.—(F. Boston in *R. Digest*).

Women are Women

"She told me" a woman complained to a friend "that you told her the secret I told you not to tell her".

"Well", replied her friend in a hurt tone, "I told her not to tell you I told her".

"Oh dear! "sighed the first woman" Well, don't tell her I told you that she told me".—(*"Ladies' Home Journal"*).

Plain women are always jealous of their husbands, beautiful women never are.—*Oscar Wilde.*

Doctrine is nothing but the skin of truth set up and stuffed.—*H. W. Beecher.*

Figures won't lie but liars will figure —*General C. H. Grosvenor.*

There is nothing so pathetic as a forgetful liar.—*F. M. Knowles*

* * *

You tell your doctor that you are ill
And what does he, but write a bill,
Of which you need not read one letter:
The worse the scrawl, the dose the better.
For if you knew but what you take
Though you recover, he must break.

—*Matthew Prior.*

* * *

It is a woman's business to get married as soon as possible and a man's to keep unmarried as long as he can.—*G. B. Shaw.*

1. The first signs of spring are the blooming idiots along the high ways.—*Newsletter*

2. The faults of others are like the headlights on a motor-car They only seem more glaring than our own.—*Hudson Newsletter.*

3. One trouble of today is that so many people try to learn the tricks of the trade instead of learning the trade.—*Reader's Digest*, June '53

4. *Rare disease*:—As doctors hovered anxiously nearby, a three-year-old boy patient at a children's hospital in Denver, left his wheel-chair on direction and began to walk —clutching both hands tight against his waist

"Can't you move your hands, son?" asked the solicitous doctors

"No" said the boy.

"Do your hands hurt" asked the doctors again

"No".

"Will you try and move your hands for me" asked one kindly doctor.

"No", replied the boy "I have got to hold up my pyjama trousers".—*News Weekly* in *R.D.*, June 1953.

5. A father told his son at school that he was too busy to read long letters and requested him to be brief. The boy promptly replied 'S.O.S., Rs. as. ps., R.S.V.P."

6. Her clothes are so designed that she is always seen in the best places.—(*Ora E. Anderson*).

7. What a glorious garden of wonders this would be "said G. K Chesterton to his American friends when he first saw the lights of Broadway, "to any one lucky enough to be *unable* to read".—*What I saw in America*, G.K.C.

8. A clever man tells a woman that he understands her; a stupid one tries to prove it!

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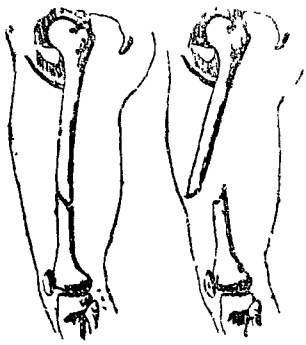

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