

Edited by

Dr. U. RAMA RAU & Dr. U. KRISHNA RAU, M.B., B.S.

Published in English, Tamil, Telugu & Canarese.

Editorial and Publishing Offices: 323, Thambu Chetty St., G. T., Madras.

Annual Subscription Re. 1/8 Post Paid. Foreign Rs. 2.

HEALTH OF THE CITY OF MADRAS DURING 1930

The report of the Health Officer of the City of Madras relating the health of the City during 1930 has just been published. A perusal of the report has put us in the way of temptation to make a few comments and observations thereon, with a view to acquaint our readers in Madras as to the real state of health of the City and also to point out the best means of improving it, mostly by co-ordination of efforts both by the rate-payers and the Corporation authorities without which the public health problem in any country will remain for ever an unsolved problem.

"No health department state or local, can effectively prevent or control disease without knowledge of when, where and under what conditions cases are occurring." Such knowledge is gained from the vital statistics or record of birth, death and disease rates, maintained by the Health Department. In the collection and maintenance of these records,

the Health Officer is handicapped in many ways. For instance, birth statistics are generally unreliable, for unless every case of birth is attended to by a qualified doctor and certified by him, there is no means of knowing it. No doubt, in Madras, the parent or nearest relation of every child born, is compelled by the Act, to have the birth registered in the Office of the Registrar of Births and Deaths, established by the Corporation and any failure on his part, entails his prosecution. Cases, however, escape registration, in spite of the vigilance of the Corporation staff, who go on their rounds daily verifying child births in their respective localities. It is of the utmost importance, therefore, that every case of birth is registered and this constitutes an essential duty of the rate-payers and citizens.

As regards death rate, the system in vogue in the city is somewhat perfect, as every individual who is dead must

either be burnt or buried in any one of the several Corporation cemeteries or burial or burning grounds, where a watchman is permanently stationed day and night to record the deaths and notify them to the Registrar and no case can consequently be missed. It is at the same time incumbent on every citizen to report the case of death to the Medical Registrar and any violation will involve him in a criminal prosecution.

The morbidity or disease rate again, is inaccurate and unreliable. "Since a large proportion of cases of notifiable diseases are never seen by a physician, the Health Officer, in order to obtain reporting sufficiently complete to give him dependable information as to the true prevalence of disease in his community must make every effort, through educational measures toward developing the habit of voluntary reporting on the part of the general public."

Now, regarding the vital statistics of the City of Madras, we find the birth rate for 1930 to be 48.5 per 1000 of the population as against 43.7 in 1929, the highest ever recorded up till now. This increase may in all probability, be due to the increase in the population of the City of Madras as shown in the census of 1931, (i.e. 5,28,791 including Mambalam in 1921 to 6,46,533 in 1931). The death rate was 43.2 per 1000 as against 42.4 in 1929. The slight increase is explained away by the Health Officer as "due to the adverse effects of the unusual rain that broke out during the last quarter of the year." But still, the death rate is horrible and is a clear indication of the fact that Madras is quite unhealthy, and effective sanitary measures must be taken to bring the death rate down to what is prevailing in all the civilized cities of the world. The infantile mortality rate

(i.e.) deaths of infants below one year of age was 243.9 per 1000 live births registered as against 256.6 in the previous year, the total number of deaths being 6,258. This too is appalling. "The main causes" according to the Health Officer's report, "contributing to the infantile deaths were respiratory diseases (2165), Premature births (1772), Dysentery and Diarrhoea (744), fever and convulsion (613) and also deaths from debility and marasmus. Over-crowding, ill-ventilated tenements, extremes of weather, artificial feeding, poverty and ignorance act as the chief exciting causes for respiratory and bowel diseases." These causes must be removed and this removal is mostly if not entirely in the hands of the citizens themselves.

Among the principal causes of mortality in the city, we find respiratory diseases contributing the largest quota, 5256 being reported under this head. Diarrhoea, and Dysentery (3556), fevers (1961), Nervous diseases (1128), Tuberculosis (1075), enteric fever (126), Malaria (283), Small-pox (188), Measles (16), Kala-azar (32), are among the other causes of deaths mentioned in their order of frequency. We therefore see that most of the deaths in the City of Madras are due to infection, over-crowding, bad housing, bad water and poverty. Of these, poverty is the economic factor which probably prevails all the world over. Over-crowding and the other contributory factors are perhaps directly or indirectly under the control of the Health Officer. We will now discuss the various measures that have been taken by the Health Officer with regard to these.

Taking over-crowding first, though it does not primarily concern the Health Officer, it is part of his duty to co-ope-

rate with other heads, in the Municipal administration to see that over-crowding is prevented as far as possible in the City of Madras. In George Town and other areas, congestion has gone to the supersaturation point. It is unbelievable that any more over-crowding is possible in these areas. To make matters worse we have in Madras a large number of slum areas—nearly 150 in number—which are probably the source of all trouble in Madras. We know that efforts are being made by the Municipal authorities for the improvement of these slums. The Corporation and the Government have recently finished a scheme for the housing of the poor in Boghipalayam for nearly 200 people at a cost of nearly Rs. 2,00,000. This would probably be an ideal, but may we ask whether the funds of the Corporation will ever permit them to finish in the near future, their dreams about converting all slums into such ideal tenements? It will probably take a hundred years before these schemes do materialise. May we suggest that in the interests of public health it would be better if the Madras Corporation will, as a temporary measure relay the roads, provide drains, fit up street lighting and construct flush-out latrines, in all those slums. This probably is what every slum requires at present. The difficulty will probably arise in the case of private owned slums, which are unfortunately the largest in number, but we are sure the Corporation authorities will use diplomacy, if not coercion, in these cases and in the interests of humanity make these slums better supplied with air, water, light and drainage. The Madras Corporation has also instituted the Mambalam extension for the relief of congestion, but may we ask if they have succeeded in their ideal? We are afraid that the men reaping the benefits

of the Mambalam extension are the rich and middle classes, who have shifted from decent houses in the city to the bungalows in Mambalam. The next important contributory factor is probably conservancy. It has been often complained and, rightly too perhaps, by the Health Department of the Madras Corporation, that when the question of retrenchment arises it is the conservancy system that is always the sufferer. May we remind the Councilors and the authorities that the removal and disposal of rubbish, dust, filth, and faecal matter is the most important duty of the Corporation. Where there is filth, there are flies and diseases. The water carriage system of sewage disposal is nearing completion and we are glad to say that the Corporation has decided to fit up flush-out latrines in every part of the city, but they have been in one year able to finish only one division. When is this scheme going to be completed? Would it not be wise for the Corporation to allot a large sum of money for the rapid completion of these schemes? Machinisation of conservancy removal has been adopted on such a meagre scale that by the time the old rubbish carts are replaced by the lorries it will be more than a quarter of a century at the present rate of progress. We are for machinisation, but let it be done systematically and quickly for otherwise there will be trouble. The disposal of the rubbish is a problem which the Health department will have to tackle and we will certainly endorse the Health Officer's warning that it should occupy the minds of every citizen who has interest for public welfare.

In the next article, we shall deal with the maternity and child welfare work in the City.—*Dr. U. Krishna Rau, M.B. B. S. Associate Editor, Health.*

JALANETI OR YOGA NASAL TOILET

BY

SHRI YOGENDRA

Founder of Yoga Institutes in India and America, Post Box 481, Bombay

(Continued from page 15, Jan. '32 Number.)

In my last article, I promised to treat of the various simple methods which the *yogins* in India employed to eliminate poisons from the body. Discussing the possibilities of Eternal Youth, I remarked that the modern scientists are unanimous on this issue and that the possibility has been recognized provisionally. The essentials are: elimination and nutrition. We will first treat of elimination or *suddhi* which is imperative to the hygienic life of a *yogin*. It is needless to discuss here the importance and means of taking care of the teeth, mouth and the tongue which receive the primary importance in the daily toilet. The measures recommended by the practical *yogins* for this purpose are elaborated in my work *Yoga Personal Hygiene* and those who desire details may refer to chapter third of this volume.

What I propose to treat in this article is with reference to nasal toilet so uncommon among the civilized races. That this should have been known to the *yogins* in India some thousands of years back is a great revelation to the modern health teachers. It is only lately that water sniffing is becoming a fad with physical culturists and nature-enthusiasts.

Sufficient attention however has not yet been directed to hygiene of the nose which is wrongly supposed to be the least important organ by physiological texts, while, on the contrary, it is the main external organ which keeps active

even to the last movement of our earthly existence. Nasal toilet has, therefore, not become so common as the cleaning of the teeth and mouth even though both are equally important.

It is agreed that many of the diseases such as tuberculosis, measles, scarlet fever, influenza etc. can be prevented by taking good care of the nose. From the medical and hygienic point alone the importance of nasal cleansing cannot be over-estimated. To keep the nose in a healthy state, the one condition which is essential is that the nostrils must be open for the passages of air. As observed in the previous article, the *yogins* realized this great need. Immediately the student of *Yoga* has passed through his initiative stages and the study of over a dozen postures of *Yoga*, the practical *guru* considers it advisable to initiate the novice to the care of his nose.

Of the eight distinct modes of nasal cleansing, preference is first given to the process known as *jalaneti*. The ordinary *jalaneti* of the *vyutkrama* type is non-injurious, non-irritating and absolutely simple in operation. This could therefore be easily recommended to the ordinary laymen and the same could be followed even without the practical directions of a *yoga* teacher. This simple water-sniffing of the *yogins* is supposed to eliminate congestion in the nasal passages besides improving sight and the optic nerves, according to the *Hathayoga* authorities. This.

claim has now been corroborated by the findings of the modern physicians like Dr. Lindhahr, Dr. Mayer and others who recommend the process of water sniffing for every day practice.

Just when you wash your teeth, both in the morning and in the evening, do not forget to clean your nose also with tepid water. Take a glass full of water and put in one half a tea-spoonful of table-salt. Stir it up properly and pour some in your inverted palm and inhale the same (as in suction) through one nostril at a time (see frontispiece). The water inhaled will either come out through the same nostril or the other, or through the mouth. Repeat this water sniffing process two or three times and practise it alternately through the other nostril. Then blow your nose of the watery discharge (taking care to close only one nostril at a time).

This *jalaneti* will loosen up the clogged mucus and dirt that has accumulated and hardened in the air-passages and which works as nasal obstruction to the free movement of air that finally leads to a number of diseases.

Opinions are divided as to the advisability of too frequent nasal cleansing. But the *yogins* maintain that the mucous membrane of the nose could be made cold proof only by this process and that in course of time the danger of irritation will disappear soon the membranes become hardened by constant practice. Thus, apart from mere purification and elimination of poisons from the nasal passage, the process of *jalaneti* stimulates the tiny nerve endings in these passages.

The other processes of nasal cleansing which the *yogins* follow and which have greater physiological value have

been referred to in my work mentioned above. Besides this simple method, the following important observances if strictly carried out, will help the individual to maintain this organ in a healthy state :

1. Never breathe through the mouth, for mouth breathing is extremely dangerous. Mouth breathing allows the entrance of dust and microbes of pneumonia, bronchitis etc., directly into the lungs. The adenoid growth and polyps are chiefly due to this faulty habit. In case there is obstruction in the nasal passage, which is mostly the case, attend to it first. If you still have this bad habit, try to get over it by practising deep breathing through the nose (as suggested in *Breathing Methods*). Or keep the mouth closed, at least during the night, by tying a handkerchief around and over it.

2. Picking of the nose is another bad habit, for it leads to nose-bleeding due to finger nail injuries of the mucus membrane of the septum, causing small crusting ulcers. Further the hair follicles at the nasal entrance also get infected by the finger, and boils result.

3. Again snoring during sleep is a sign that the individual is wasting energy and that he is approaching either apoplexy, heart trouble, kidney congestion or some other ailment of a serious character. A snorer is dangerous because he is a veritable fountain of a germ scatterer. To stop this, lie upon a hard mattress on either side. Never sleep on the back ; and to get to this habit, tie the towel so that the knot comes directly in the small of the back.

4. Do not be afraid of fresh air. Make friends with moving air (the *yogins* prefer an outdoor life except

when they are engaged in concentration), but see that you do not expose yourself to a local chill for a prolonged time. A cold of any kind is usually a catarrhal disease of germ origin and should be avoided by keeping the extremities warm and the nose perfectly healthy.

5. Do not smoke; but if you do, do not blow the smoke through your nostrils. It deadens the delicate mucus membrane and the tiny cells which work as a natural preventive against microbes and warm the air to a necessary temperature before it reaches the lungs.

6. When you blow the nose, do not blow through one nostril at a time; blow through both, and remember not to press your fingers on them.

7. If in a stuffed, crowded or dirty place, breathe lightly i.e., do not allow the air to go too deep into the lungs. This can be helped by taking in short breaths and increasing the number of respirations. If of a very short duration, and you can however hold your breath till you pass through such an occasion, so much the better. Then when you are out of the danger-zone, take in a few fresh air-cocktails.

MARRIAGE AND PREGNANCY IN TUBERCULOUS GIRLS

By

DR. J. DURLABH DHURUV M.S., F.R.C.S., D.L.O.,

Surgeon to Sir Jamshedji Jijeebhai Hospital, Bombay.

India specially offers best opportunities to study visceral and osseous tuberculosis in all its aspects from peculiarity of social habits of people, housing conditions, general environments, child marriages, poverty and dietetic errors.

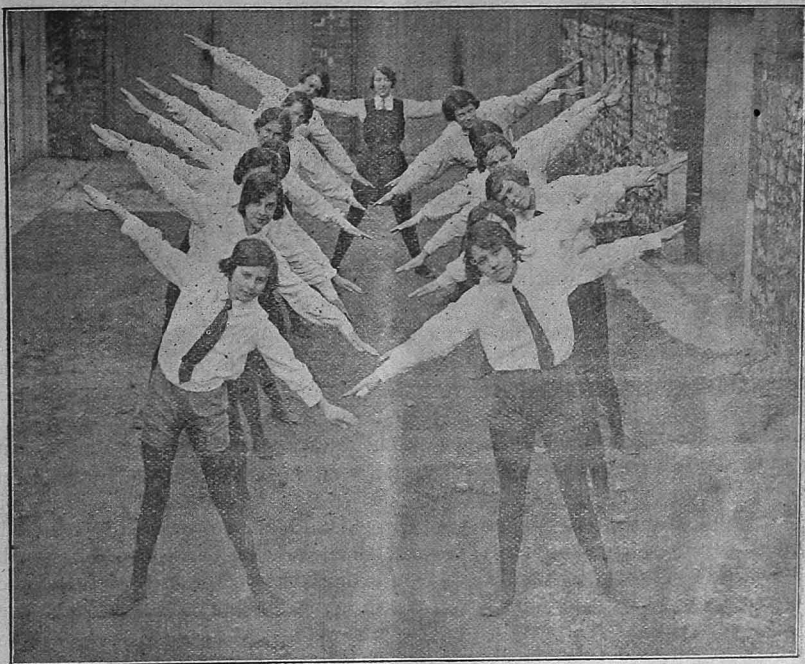
The girl is the more unfortunate victim in the family. She is more or less used as a servant girl, has to cook, cleanse the house and as a rule is forced to lead an indoor life. Girls who take to school have better prospects of health as they have less physical labour, more fresh air to breathe, and perhaps have more friends and consequently more holiday excursions and outdoor visits.

The seeds of tuberculosis are usually sown at a very early age amongst children. Someone in the family is suffering from open tuberculosis and young children who are not completely segre-

gated from such subjects get infected at a very early age. It is customary amongst Indian parents to spend more money after boys than girls. An average girl's health is usually neglected by her parents, she perhaps gets less nourishing food than her brother and she has to lie in darker and less ventilated rooms than are available for her brother. From a clinical experience both in Hospital and Private, we are convinced that tuberculosis is more common in our girls than boys and we have critically examined this matter from an aetiological standpoint. The rapid and vigorous growth that a girl attains during her puberty masks the effects of incipient tuberculosis in her but that evil and perhaps the most unwise system of child marriage soon enforces upon her all the duties of a wife that

necessarily involve tremendous mental and physical strain at a critical epoch of her life when the foundation of her physical growth has not yet been completely laid.

We have found the truth of this fact that girls in a pretubercular stage, girls who are anaemic, underweight, of poor development and growth soon break down after marriage. They develop a



THE MODERN GIRL IN EUROPEAN COUNTRIES IS SO ENERGETIC !

This is one of the series of pictures taken at the Redland Collegiate School, Bristol. The young girl pupils spend a very enjoyable "lesson" every week jumping over "horses" and indulging in all the healthy exercises of gym drill. They wear a most picturesque dress composed of white "shirts" and black "shorts."

O. P. S.—A striking glimpse of the gym class at Redland Collegiate School.

very intractable form of Pulmonary or Bony Tuberculosis which is almost impossible to cure. They cannot have rest, they are between two stools—parents and husband—and easily come to the ground. Such girls should never be married; that is the strongest attitude to take. Such marriages have proved and are continually proving a

standing nuisance both to parents and husband. They have wrecked so many houses and families. It is a great pity that parents of such girls try to conceal the physical disability of their daughters, lest they may not be accepted in marriage by youths of their community. Such a state of affairs is deplorable, the parents of such girls on the contrary

try to give them away in marriage as quickly as possible so that they may be saved the bother of looking after their health. They may have other reasons besides this; they may be in fear that their tuberculous daughters may not be acceptable when the disease has advanced or they may be under the delusion that they may get over it after marriage. There is no doubt that a few tuberculous girls have improved considerably after marriage. But in these cases, the conditions of the husband, his mode of living, social environments, food etc. have been chiefly responsible for such a satisfactory result.

It is a paternal crime to marry such girls. If that crime is already committed, these girls should be kept strictly from their husbands till the last trace of the disease is over. This in an average case would mean three years. Tuberculosis of various organs in the body, of bones, joints and glands progresses at a very rapid rate after marriage and even after surgical or medical relief these lesions are liable to reappear on slightest breakdown in general health. Local rest of the affected parts is absolutely essential for healing of tubercular lesions and this is quite impossible for a girl living with her husband.

There she is under the control of so many ignorant elders in the family that her fate there is like that of a deer surrounded by a host of huntsmen who would never allow her local rest. The health of such girls would considerably improve if their marriages were cancelled for the time being and later on they were married after complete cure of their conditions. In certain

incurable forms such girls may remain life-long spinsters and spend their time as musicians, lecturers, swadesh sevikas nurses, doctors or preachers.

A few words towards parents. Tuberculous girls deserve special sympathy at their hands. I have known instances where a tubercular girl developed a deformity in her back and the mother drove her out because she could not serve the mother nor she was marriageable. Why should we not open homes for such invalid unmarried girls where they could not only be treated but converted later into useful members of society?

Tuberculous married women should not be allowed to become pregnant. They themselves would break down and they would in their legacy leave children of a poor, weak and unhealthy constitution. Tuberculous married women should have either their uterine tubes dissected out to avoid pregnancy or they should continually remain away from their husbands. Some of the most incurable forms of tubercular infections have been encountered by us in married women who are continually bearing children.

It is a great tragedy that suppression of menses in the tuberculous women is taken as an evidence of pregnancy and this view is encouraged by ignorant lady doctors. Tuberculous sterile women should not be in a hurry to get children; it is a great pity that some practitioners do intrauterine manipulations in such patients to help pregnancy with often fatal results. They must realise that the soil is unsuited for the seed and any attempt at pregnancy in such subjects should be vigorously discouraged.

THE MANAGEMENT OF TYPHOID GROUP OF CASES

By

DR. ANIL KRISHNA CHOWDHURI M.Sc., M.B.D.T.M.,
Govt. Research Scholar. Cal. Med. College, Calcutta.

It is said that enteric group of cases has got no treatment; and all that is needed is good nursing. It is quite right that these fevers have got no treatment, that is specific and rigid, but it requires intelligent medical attendant who can tide over the dangers and difficulties that may occur in the long continued course of the disease. The physicians in these cases may be aptly compared to the helmsmen, whose integrity and good instructions may steer the patient through the troubled waters of haemorrhage, perforation, secondary infection smoothly. Good nursing is also very essential. From day to day I have to see typhoid cases in private practice. The people at some places and specially the poorer classes, I find, are absolutely ignorant about the A, B, C of nursing and make everything topsyturvy, with the result, that, cases terminate fatally, due to their lack of scientific knowledge of nursing and sheer negligence.

In the case of an enteric fever patient, who is nursed at home and not removed to hospital, the following rules should be observed as closely as possible. The isolation of the patient is very necessary and only intelligent attendants should be admitted into his room. Great cleanliness should be observed, by the attendants. They should keep their hands frequently washed, in Carbolic lotion (1 per cent) and should wear easily washable dresses, which should be clean and discarded and sterilized immediately, if accidentally soiled by discharges from the patient.

The motions should be received in a bed-pan with a lid and disinfected as soon as passed the disinfectant being slaked lime which is easily procurable. The lime is mixed with water so as to make a thick "white wash" and added very freely to the excreta. Phenyle may be used in place of lime. Whatever disinfectant is chosen, it should be used very freely and a little should always be put into the bed-pan before it is used. Typhoid bacillus multiplies even nine feet below the surface, so burying the faeces without disinfection must not be thought of. After action of the bowels, the patient's nates should be cleansed with cotton wool soaked in spirit and boric powder is dusted all over.

Soiled linen and mattresses should be sterilised with 2% carbolic lotion and kept in boiling water for half an hour, and then washed with soap.

It is also a good plan to cleanse the mouth two or three times a day with glycothymoline or listerine. By examining the tongue and the gums the attending physician can easily detect how far the patient is being nursed methodically. The cleaner the mouth, the better the nursing.

The sick room should be well ventilated and the air of the room may be freshened by placing pieces of blotting paper saturated with eucalyptus oil or pinol. The feeding vessels should be frequently cleansed with boiling water. The room should be washed, and all dust removed by wet cloths wrung out in 5% carbolic lotion or phenyle.

Having established these prophylactic measures, we may next consider the best means of carrying out the nursing of the patient himself.

The patient should be kept absolutely at rest in bed from the very beginning of the fever. Removal to any distance, and even from one bed to another, for the sake of being nursed properly, must be resisted. The physical effort and exhaustion attending a long journey in the early stage of the fever, and constant change of bed in the later stages, have compromised many chances of recovery. The bed should be comfortable and soft or bed-sores may soon be induced. A waterproof cloth should be under the sheet. It is as well to cut the hair short in severe cases, since it is apt to fall out during the illness, and cold applications to the head can be better applied if they are needed. The bony points on the back and buttock should be daily cleansed with absolute Alcohol and powder applied in order to avoid the formation of bed-sores. The state of the bladder should be noted in cases with defective consciousness and the amount of urine daily measured.

The question of diet is the most important one. The function of the digestive organs are gravely impaired, if food is given that the patient is unable to assimilate, it will decompose in the stomach and intestines, become a local irritant and augment the fever or may lead to haemorrhage and perforation, and add seriously to the discomfort and danger of the patient. Excess of zeal in feeding the fever patients is the cause of much of the intestinal troubles that complicate these cases. Gruel, milk, brandy, beaten up eggs etc. are given the patient in rapid succession to accumulate in his intestinal canal and form a fermenting

mixture; while pure boiled water, one of the best eliminators and antiseptics, is often withheld. Tympanites and painful flatulent distention of the bowels naturally arise from such feeding. Excellent a food as milk is, it may at times excite much irritation of the ulcerated and inflamed intestine, and be passed by the bowel quite undigested. The nurse should always be on the look out for this, and in order to avoid it she should always give the milk freely diluted with some alkaline water, such as vichy or apolinaris, or a convenient cheaper plan is to add a powder containing 3 grains of bicarbonate of soda, three grains sodium citrate and 3 grains of common salt. This will not only aid the digestion of the milk, but it will add certain necessary salts to the food which, in the absence of vegetable foods, the patient does not get, and common salt is an excellent antiseptic.

If, notwithstanding these precautions we find troubles, it is best to discard milk as a food entirely and substitute milk-whey. This can readily be done by boiling each pint of milk with one table-spoonful or two of lemon-juice and straining through muslin. Or we may try whether peptonised milk is well tolerated—the method of preparing this should be well ascertained from the attending physician. Barley water is a good drink and a food to the patient. It should be boiled only for 20 minutes otherwise the undigestible cellulose coating of the corn will be dissolved and will add much to the discomfort of the patient. Coconut water in India acts not only as a diuretic but at the same time as a good food. Due to its alkalinity it acts as a common alkaline mixture. Administration of fresh green

cocoanut water should be established freely and early.

Solid food is a poison to these patients and the attendant on no account should give it to the patient without the permission of the medical man. The blood in Typhoid is poor in water, and the free supply of pure water to the patient is an urgent duty. As, however, his food will be all fluids we may conclude that at least 4 pints of fluid including food and drink should be given in the twenty-four hours. Food or drink should be given every hour—drink one hour and fluid food the next—about 4 ounces each time. Water is the sheet anchor of treatment and “water inside and water outside” should be the motto of the attendant.

As regards the method and temperature of the bath and sponging, it should be strictly in accordance with the direction of or in the direct presence of the medical man.

The physician should be at once called in, if the following symptoms arise:—

- (1) High continued fever for several days.
- (2) Delirium, mental torpor, drowsiness or any mental trouble.
- (3) Vomiting and excessive diarrhoea.
- (4) Blood in the stool or black tarry stool.

- (5) Diminution in the amount or sudden cessation of urine.
- (6) Tympanites or great flatulence.
- (7) Occurrence in sudden fall of temperature.
- (8) Sudden severe pain, collapse or fall of temperature.
- (9) Signs of great exhaustion, such as, weak, irregular pulse, a dry, brown, tremulous tongue, sinking in the bed, muttering delirium, or a low, somnolent mental condition, with motions and urine passed unconsciously.

The stage of convalescence in Typhoid requires the most careful watching. The craving for solid food must therefore be steadily resisted, and for ten or twelve days after the temperature has become normal no solid food should be given—because the question of ‘hurt’ intestine is not wholly to be forgotten. The constipation must not be allowed to go on and the administration of an enema of soap and water or olive oil should be resorted to. Nothing promotes rapid convalescence and return of strength so much as reclining for many hours a day in the open air—of course, in favourable weather. Some stimulant is usually needed during convalescence, which the doctor must prescribe.

LEAD-POISONING CAUSED BY HANDLING LEAD LINING TEA CHESTS.

STEPHENS, G.A., M.D., B.S., B. S. LOND.

The case of a man of forty years of age, suffering from lead poisoning acquired by emptying tea out of lead-lined boxes over a period of twenty-six years, is of particular interest. The usual method of entrance of lead is in the form of dust or fumes. In this case, the lead was apparently taken in the form of lead oxide, which may adhere to the fingers or by inhalation as dust. The condition from which he suffered was wrist drop; and, although it took nearly twenty-six years to produce its effect, the accumulative action of lead oxide has been sufficient to result in so serious a paralytic condition. It is suggested that if the amount of lead oxide formed in tea chests be large, then the dust mixed with tea may give rise to lead poisoning among drinkers of that tea.—Abstracts of Current Public Health Literature.

FAULTY INFANT FEEDING AND THE DISEASE IT GIVES RISE TO

BY

DR. S. B. GOTTOSKAR, *Certifying Surgeon, Ahmedabad.*

Ignorance is the cause of disease, in certain cases we know the cause and use measures to prevent the disease but in other cases we still do not know the causes and hence we suffer. So far as diseases of children are concerned ignorance on the part of the mother is the cause of good many diseases in children. Infantile tetanus so common in villages and small towns where deliveries are attended upon by old women who assist labour and cut the cord of the child by dirty instrument is a case in point. Owing to this old practice, thousands of children die of this disease all over India. It makes its appearance on the sixth day of the birth of the child. It is so much dreaded by women-folk that there is a regular practice in Hindu families of propitiating the deity on the sixth day to ward off the disease.

In this short article I desire to describe another disease which Indian mothers dread but it attacks their children nevertheless owing to the improper way of giving cow's milk to the child. The disease that I shall now describe is infantile biliary cirrhosis or Daba as it is called in Kokan. This disease occurs in those children who are fed on cow's, goat's or buffalo's milk or any milk other than that of the mother from its birth. If the mother gives her child her own milk continuously for six months and then gives other food, that child will never suffer from this disease, but the mother must have enough milk when she has been feeding the child. It is only when other milks are given that the disease sets in. Why?

Surely, there must be some cause and we should go deep into the matter of giving milk and find out where the mischief lies. An European mother gives cow's milk also to her child from the first but her child does not suffer from this disease but when her Indian sister does the same thing, her child suffers from it. Why? Now we shall take the composition of cow's milk and see whether the European way of giving cow's milk and the Indian way are the same or do they differ and if so, where?

Cow's milk contains 3% proteins 4.5% sugar and 3.5% fat. Mother's milk contains 1.5% proteins, 6.5% sugar, 3.5% fat. When the European mother gives cow's milk to her child from the first, she dilutes it by half, as milk without dilution will be too strong for the child; her Indian sister does the same, she dilutes also by half. So far both are doing alike but now comes the difference. The European mother adds sugar, fat or cream to the milk so diluted to make up the deficiencies occasioned by dilution. For 3 ounces of the diluted mixture she adds one teaspoonful of sugar and one teaspoonful of cream. Now what does her Indian sister do? She boils the diluted milk and then takes out all the cream that comes to the surface and does not add sugar (in many cases) to the mixture fearing that addition of sugar may cause round worms. While in the case of the European mother she gives cow's milk to her child in right proportion as it should be given, her Indian sister removes the most valuable part of

the milk viz., the cream instead of adding more of it to the mixture as the former does. Everybody knows that cream is essential to our well-being and our mothers put so much in our milk when we are older. The Indian mother does not realize the importance of it to her child when it is quite young. The European child grows plump because it gets enough good milk rich in cream while its Indian fellow is a thin, emaciated creature because it does not get good milk to satisfy its hunger. The so-called milk it gets, is nothing but milk and water mixture deprived of cream and sugar (in many cases). The European mother again makes the proportion of water less as the child grows and by the time the child is six months old she gives it pure milk without any dilution. Indian mother on the other hand starts on this half milk and water mixture devoid of cream and sugar for her child since its birth and goes on giving the same mixture without making any alteration though the child grows a year old or more. As a consequence of this feeding, the Indian child does not get sufficient milk to satisfy its appetite, is always underfed, thin, emaciated, constipated requiring laxatives or purgatives or rectal syringes every day. It suffers from constipation because there is not enough residue left in the intestines to pass out. Gradually the liver and spleen get enlarged and the disease sets in. When the mother sees the abdomen of the child prominent, she gets alarmed and runs to the doctor to ascertain whether the child is suffering from the fell disease and if it is so, for a remedy.

You will see from the above that the European child is born and brought up

in India in tropical climate like its Indian brother but the former being properly fed, is immune from the disease while its Indian fellow being ill-fed and underfed suffers from the disease. The disease is therefore due essentially to a faulty diet in giving cow's milk. I assert from my sixteen years' experience of this disease that if every Indian mother will give cow's or any other milk in the proper way there will be no more of the disease. I have seen families in which the disease occurred in previous children and deaths due to it but when the milk was given in the way that is given by the European mother i.e., in the right way according to my suggestion the disease did not occur in subsequent children. Great and persistent efforts are however necessary to induce the Indian mother to give cow's milk with cream to her child. She stoutly opposes it and so do all old women of the house. They are not prepared to change the method which has been practised in the family for a long time. Even in some cases a doctor's and husband's advice is set at naught. Only a doctor knows how very difficult it is to induce an Indian mother to give up an old method and follow a new one.

The practice of taking off cream (and in some case sugar) is very common in India. I have found it in Bombay, Kōkan, Central India, Gujarat, and I learn that is also common in Madras. Doctors should educate the public in this matter especially, our women. The more our women learn about the right way of artificial infant feeding, the more quickly will the disease disappear. The disease is born of ignorance and this knowledge will surely kill it.

CARE OF THE EYES

By

DR. T. P. SUNDARAM, L. M. & S.,

Resident House Surgeon, Govt. Ophthalmic Hospital, Egmore, Madras.

The eyes are the windows of the brain. It is through them that impressions of the world as they are, are transmitted to that wonderful manufactory of Intelligence which is the sum and substance of life. The happiness of existence would be but little were it not for these tiny organs. That life must indeed be a poor life that knows not what light is nor its blessings. Such being the case can anyone afford to disregard the eyes? Is it not a serious duty that we owe to ourselves and to our Creator to try and do our best to preserve our eyes from diseases and accidents that not only interfere with the power of good sight but also mar the efficiency and progress of our life? Perhaps several beautiful lives are lost upon the world due to sheer ignorance on our part and especially is this so with regard to children who easily fall victims to blinding diseases.

To take children first. There are six important causes of blindness in children which all parents should know and for which they should seek immediate medical advice and treatment. They are as given by the Public Health authorities—Smallpox; Purulent ophthalmia, occurring a few days after birth; Congenital syphilis; Keratomalacia (a food deficiency disease that causes emaciation, diarrhoea and smokiness of the eyeball and the black of the eye); Irritant remedies and Trachoma (granular lids). If only parents take it into their heads to seek medical treatment the moment they notice anything

wrong with the eyes of their children a good many cases of blindness can be saved. Children's eyes are delicate and plastic and easily yield to conditions favouring defective vision. Longsight is rather very common in children though shortsight seems to be rare before the age of 10. There is another defect called astigmatism which causes blurring of objects. For these, suitable glasses should be worn as otherwise the eyes may grow weaker in sight. Children's eyes should be kept scrupulously clean. They should be dissuaded from looking at the sun and gazing at dazzling objects. They should not be allowed to read small prints and should be taught the correct postures for reading, writing etc. Above all, they should be properly fed and allowed plenty of exercise, fresh air, sunlight and sleep.

Now, let me tell you something in general about that common ailment, eyestrain. This is the result of application of the eyes to close work for several hours a day without much rest. It also occurs as an after-effect of severe illnesses. The outstanding symptoms are: headache; redness of the eyes; occurrence of styes; blurring of print and objects; frequent blinking of the eyes; twitching of face; sometimes giddiness and nausea and spasmodic movements of the head. The proper thing to do in this case is to get the eyes tested for errors of refraction, to cultivate the habit of reading only in good light and to give enough rest to the eyes. Daylight is best and most of

the work should be done during the day. Glare should be avoided from whatever source it may be.

A few words as to the toilet of the eyes. The importance of rest can hardly be overrated and is of especial need after hours of close work. Looking at distant scenes has a peculiarly soothing effect, since it brings about relaxation of the eye muscles. Reading in a recumbent posture is bad practice as it leads to eyestrain. Persons working at boilers, engines, motors, turning machines etc. must protect their eyes from excessive heat and injury. Frequent witnessing of moving pictures brings discomfort to the eyes. The first duty in the morning should be to wash the eyes and face. Also every time they are exposed to the wind and dust the eyes should be washed in clean cold or warm water. The particles of dust which may contain infection-producing germs accumulate at the corners of the eyes and if not removed may irritate and give rise to sore eyes.

The eyes should be saved during convalescence after severe illnesses. People who work in workshops, and manufactories must protect their eyes by suitable shades from accidents, injurious rays, irritating fumes and gases and from gritty particles. Working in poorly lighted rooms should be condemned; so also reading under flicker-

ing light or in moving vehicles, and gazing at bright reflections and mirages. Twilight study may bring on night-blindness and should never be indulged in.

The acuity of vision should be tested from time to time and especially between the ages of 35 and 50, for presbyopia. This is a symptom of old age and consists in an inability to read at the usual reading distance of 13 inches to ordinary printed matter. This difficulty is more pronounced at night time in artificial light and the person holds the paper or book a little further away than the usual distance. Suitable glasses should be worn for this defect.

For any disease of the eye medical advice should be sought without delay, as certain diseases require early diagnosis and timely treatment in order to save them. Such are: Glaucoma (i.e. which there occurs a growing tension in the eyes accompanied by headache narrowing of visual field, nausea and vomiting); Phlyctenular keratitis i.e. growing haziness of the black of the eye); Gonorrhoeal ophthalmia; Progressive myopia; Granular lids; and extreme strabismus or squint. All accidents and infective conditions of the eye should receive immediate medical attention so that serious complications may not follow in their wake.

COFFEE KILLS A GREAT SOLDIER.

Napoleon I was a great coffee drinker but a moderate eater. He took his meals very irregularly, just as opportunity offered, often in a standing position, and ate rapidly, often swallowing a meal in seven or eight minutes. He died of cancer of the stomach.—Good Health.

LAUGHTER

BY

PRAKASH DEV A. SHARMA, Ex. F.A.O.H., M.P.L.A.Inc.,

Final year Medical Student, N. M. College, Bombay.

The faculty of laughter is perhaps the most important and useful of all faculties, that a human being can conceive of. It has been given to us to serve a singularly wise and significant purpose. This faculty could be looked upon from different points of view by people belonging to different schools of thought and hence the interpretations are varied and interesting. All great men in the domain of prose and poetry have interpreted it differently according to their angle of vision and outlook.

It is Nature's device for exercising the internal organs and giving us pleasure at the same time. This act commences in the lungs and diaphragm, setting the liver, stomach and other internal organs into quick vibration. The heart beats faster, which after increasing the circulation and respiration, gives warmth and glow to the whole system. Laughter brightens the eye, expands the chest and tends to restore that exquisite poise or balance, which we call health. In fine, it is the sum total of the harmonious action of all the functions of the body.

We know it too well that a jolly physician is often better than all his pills. By association of ideas, I am reminded of a physician, who was styled as the "*Laughing Doctor*". Dr. Arud Khurud resided in a city in the Punjab and was always full of smiles, presenting the happiest kind of appearance. His good humour was said to be contagious. His presence, his cheerful and hopeful advice were all, that his patients valued most. The "*Laughing Doctor*"

was a very successful practitioner of his place despite his dealing sparingly in drugs.

A smile is rightly said to be a wonderful aid to health. Emerson's smile was a perpetual benediction upon all, who knew him. "The most completely lost of all days" said Chamfort, "is the one in which we have not laughed". Always laugh, my readers, when you can; for it is a cheap medicine. I dare say that a sunny disposition is the very soul of success.

True Christianity like all other religions is cheerful. Christ taught no gloomy theology. He taught the gospel of gladness and a good cheer.

Sterne said "I live in constant endeavour to fence against all the infirmities of ill-health and other evils by mirth." I am led to think that every time a man smiles, much more so when he laughs, it adds something to his fragment of life. Cheerful people live long in our memory. We remember joy more readily than sorrow and always look back with tenderness on the jolly and cheerful. One must never lose sight of the golden maxims, viz., "Blessed are the joy-makers" and "A merry heart doeth good like a medicine."

Sir Walter Scott, who was always in the habit of saying "Give me an honest laughter," is believed to be one of the happiest men in the world. He had a kind word and pleasant smile for every one and every body loved him in return.

Miss Cheerful cannot be called pretty. Seeing her for the first time one cannot

help thinking—what a plain face! Yet her friends never think of it nor do her people in the home, that is delightfully brightened by her presence. Miss Cheerful's face is seen among the rest in the group picture of a family. Did I say, she is plain? She fairly outshines them all in this picture. Why? Just because she is herself. She is Miss. Cheerful.

It was said of Cromwell, known to us as one of the leading men of action in the eighteenth century; that he never lost his hopeful smile during all the vicissitudes of his life.

"All who joy would win
Must share it—Happiness was born a twin".

This evidently shows how great and indispensable the faculty of laughter is for all of us. In fact, rational people cannot do without it. Mind and body are inseparably related. An optimistic and cheerful outlook on one's disease is a very desirable, nay, necessary factor in bringing about an early recovery. Laughter may justifiably be said to be a panacea for all ills, that human flesh is heir to. Our happy face vibrates and radiates cheer and healthy laughter in all, with whom we associate in our daily walk of life. It encourages the sick, inspires the despondent and fills the sinking soul with a ray of bright hope and happy outlook. Many a soul, sad and miserable, is elevated from obscu-

rity to a higher and prominent rank in life. We know fully well that only a thought in passing, a smile and encouraging word has lifted many a burden, which no other gift could have stirred.

In short, laughter is an all round recuperative tonic. No man honestly striving after success and making a mark in life can possibly afford to do without it in considerable measure. It behoves us all to try seriously and practise this wonderfully enviable trait henceforth and see the world of difference it makes in our lives ere long. This will entail no grave risk or handicap in life for any one. I cannot conclude my article better than quote the following verses of a celebrated poet in this connection:

"If I knew the box where the smiles are
No matter how large the key, [kept,
Or strong the bolt, I would try so hard,
'T would open, I know, for me.
Then over the land the Sea, broadcast,
I'd scatter the smiles to play,
That the children's faces might hold
For many and many a day. [them fast.
If I knew a box that was large enough
To hold all the frowns I meet.
I would like to gather them every one,
From nursery, school and street.
Then folding and holding, I'd pack them—
And turning the monster key, [in
I'd hire a giant to drop the box
To the depths of the deep deep sea."
"It was only a glad 'good morning'
And she passed along the way,
But it spread the morning's glory,
Over the livelong day".

LIGHT WITHOUT HEAT.

Luminosity without heat is a desideratum long recognized and the subject of much research and speculation. Its possibility is shown by the light of the firefly and the luminosity of various bacteria and numerous other organisms. Dr. Piram of Berlin has recently perfected a lamp which promises to aid in solving an efficiency of thirty per cent. while our present lighting means waste of nine-tenths of the current energy in heat.—Good Health

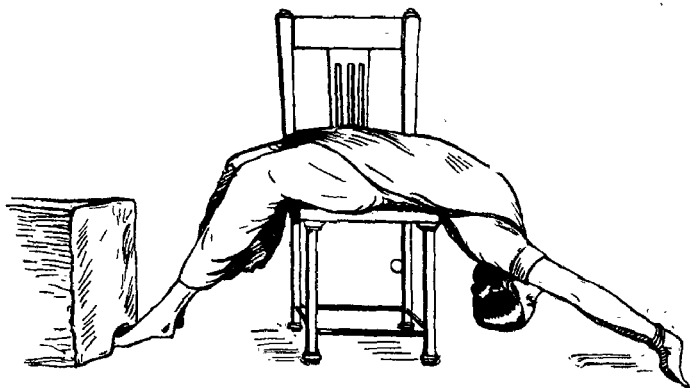
A VALUABLE EXERCISE

HOW TO PERFORM

1. Sit upright on a chair sideways, with the toes under some heavy object, arms raised above head.
2. Gently lower the body backwards as far as you can, without undue strain, until the fingers touch the floor.
3. Return slowly, without jerking, to a sitting position.
4. Breathe normally throughout.
5. Repeat four to six times.

This exercise will prove of the utmost benefit in a variety of ways.

It is very valuable for strengthening the muscles of the back, chest and stomach. Complaints which have their seat in these parts of the body, and which have their basis in muscular weakness, are therefore much benefited



THE BACK BEND.

by the regular performance of this movement.

For those unaccustomed to "physical jerks" the performance of this exercise

may prove difficult, and it should, therefore, be approached carefully.—*Health for All*.

ENURESIS.

(INVOLUNTARY DISCHARGE OF URINE.)

An exceedingly common and distressing complaint which is being studied at the Lincoln school clinic is enuresis. Dr. D. C. Lamont, M.O.H., writes: "Children found to be suffering from this complaint are given a thorough physical examination and advice is given as to removal of predisposing causes. In a few cases, phimosis is present thread-worms are a more fre-

quent exciting cause, and enlarged tonsils and adenoids are present in 40 per cent. of these children. In certain cases the cause is simply lack of careful training and attention to personal hygiene. When all these abnormal conditions have been investigated there remains a large proportion of children who suffer from enuresis with no apparent physical defect. In these

cases, 51 of which have been investigated, two lines of treatment have been tried. Thyroid gland tablets have been given to 20 children over periods of months—the results have been discouraging—in only two cases was there any improvement at all. In all probability the dosage was too small, as in no case was more than half grain given per day. The other method of treatment by giving a glucose and lemon mixture, according to MacLean's prescriptions, has had excellent results. In the case of eight children there was a complete cure after 42 dessertspoonful dose

given four times daily. Twenty others required a second course of treatment before a cure was effected and the remainder require the medicine at intervals, else the disease recurs. In no case where glucose and lemon has been taken according to instructions has there not been an improvement. The mixture is supplied to the clinic in large quantities and is very cheap. It is hoped to carry out investigations on many more children at Lincoln during the current year.—*Medical Officer.*

TROUBLES WHICH BRING ON INSANITY

Insanity is one of the most dreadful of all diseases. Medical authorities have now learned that much of it could be prevented by proper guidance and advice in periods of great mental stress. At a meeting in New York City of the Association for Research in Nervous and Mental Diseases, Dr. C. A. Bonner, superintendent of the Danvers State Hospital, Hawthorne, Mass., gave the result of his studies into the causes of one hundred cases of manic-depressive psychosis or emotional insanity.

The illness in twenty-five cases was due to friction or unrest in the family life; in fifteen, to unemployment,

including the loss of savings and other financial worries; nine, to recent deaths of relatives or friends; sixteen to anxiety over the health or conduct of some member of the immediate family; seven to emotional stress of unnamed type; five to reaction to unavoidable conditions, and six to disappointment in love. In the other cases, no cause could be found.

Dr. Bonner said that women appeared to be more susceptible to mental disorders than men.

Of course everyone goes through some of these conditions from time to time. But with a normal stability, there is no disaster.—*S. in G. Health.*

BOOK REVIEWS.

Care of the Teeth and Mouth.—(Price 4 annas.) **Care of the Ear.**—(Price 3 annas.) Published by J. C. Basak, 363, Upper, Chitpore Road, Calcutta :—

These are cheap popular books on the very important, but often neglected subjects of 'Care of Teeth and mouth,'

and 'Care of Ear'. The booklets are written in simple, non-technical style and are worthy of perusal by the lay public, for whom they are chiefly intended.

The Setu and Rameswaram :—
By N. Vanamamalai Pillai, Rameswaram, Price Res. 2-12-0 nett.

This is a good guide book to intending pilgrims to Rameswaram. A pilgrim especially from the Northern India visiting Rameswaram is bewildered in the same way as one from the South is, when he visits, say Benares, and a book of this kind, which is not only exhaustive but also authoritative, will be of considerable help to him in his pilgrimage. The author has spared no pains to make it interesting reading. Besides, the book is replete with illustrations. We heartily commend the book to our pilgrim readers.

Thy Self Thy Doctor :—Published by the *Saraswathi Sangam*, 28, *Pidariar Koil Street*, G. T. Madras. Price *annas Eight*.

This book inculcates Nature's method of curing diseases. As the title of the book itself indicates, everyman is his own doctor, and can himself get cured of his ailments without drugging, if he lives in Nature's way. Among the contents of the book there are chapters dealing with 'Celibacy and Health,' spiritual basis of Health, physical culture and Health, faith cure, fasting as a cure &c which are really interesting. The book deserves to be widely read and digested.

Nature's way :—A means of Health without medicine—By *Reddie Mallet*—Published by *Watts & Co., Johnsons Court, Fleet St., London, E. C. 4*. Price *1/ nett. Cloth Bound 2/ nett.*

This is a very interesting book, where in the author assures perfect health and happiness to mankind not by drugs and medicine bottles but by proper diet. Dry feeding, i.e., the eating of meals without drinking water at the time, taking fruits and vegetables and com-

plete mastication of food are the three natural means of attaining health, so says the author. A specimen dietary for the day is given in the book. The book is well-worth perusal.

Personal Hygiene and Care of the Skin.—Published by *J. C. Basak*. 363, *Upper Chitpore Road, Calcutta*. Price *Rs. 1-8-0. Pages 336*.

The care of the skin is as important as the care of any other part of the body and the author has given in the first two chapters of the book, the functions and structure of the skin, the remaining parts being devoted to personal Hygiene a subject closely associated with skin and its care and cleansing. The contents under Personal Hygiene are many and varied and will be found highly useful to laymen.

Sanskrit-Tamil Dictionary :—By *Brahma Sri. N. E. Venkatesa Sarma*—Published in two parts—I Part Price *Rs. 1-12-0; copies can be had of Mr. N. E. Duraiswami Aiyangar, Neman Village, Tirumushi P.O., Via, Poonamalle*.

This book supplies a long felt want, especially to people of Tamil Districts, who do not know the Devanagiri Characters in Sanskrit, but are only acquainted with the 'Grandha Script'. The days of committing to memory and reciting Vedas and other Sanskrit literature without understanding their full import are long past and in order that people may clearly understand in their mother-tongue, the meaning of Sanskrit words they use, this book will prove to be of immense importance, as a book of reference. We strongly commend it to our readers who know or are learning Sanskrit.