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# HEALTH

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## A STRIKING CONTRAST

UNTIL about twenty-five years ago it was generally assumed that if people had sufficient food to satisfy their hunger, their food requirements are more than met. But then began a series of discoveries of the effect of food on health, the chief credit for which is due to British and American scientists. They brought out the fact that, though the quantity may be ample, if there is a deficiency of vitamins or minerals, many diseases, ill-health, and increased susceptibility to infectious diseases occur. The overriding objective, therefore, in planning for food should be the provision of the food necessary for the nutritional needs of the people. These needs have become known and are the same for all races. It led to the setting up of the new standard. The decade before the war was a period of political controversy in England between those who still held the old idea that if people had sufficient food to satisfy their hunger there was no social or health problem, and those who advocated a food policy based on the new health standard. After free discussion and debate, both in the Parliament and in the Press, the new standard of require-

ments became generally accepted and, at the outbreak of this war, England was moving towards a national food policy based on nutritional needs of the health standard. But even when this controversy was raging, a series of government measures were introduced to improve the nutrition of the people. Schemes for providing cheap or free milk and meals for school children were introduced; Cod-liver oil, dried milk and other protective foods were provided free or at low cost to mothers and children at health centres; and the allowances for children under the unemployment insurance scheme were increased on the ground that the increase was needed to provide a better diet for children. Whatever differences there were in the economic views of political parties, there was complete agreement on the necessity for improving the nutrition of the poor as soon as it was clearly understood that their health could be improved by better feeding.

As a result of the war, conditions have considerably been improved. Various schemes to help people get the food of the standard type have been brought into force. Even this has not satisfied a group of the members of the

House of Lords. They have estimated that, if the people are to be supplied with the food required to satisfy nutritional requirements, protective foods would need to be increased from 25 per cent. in the case of meat to 65 per cent. in the case of milk to provide a diet on the health standard for the whole population of Britain. Official estimates in the United States indicate that the production of the protective foods, e.g., milk and dairy products, eggs, fruits, vegetables and meat would need to be increased by from 15 per cent. in the case of butter to 100 per cent. in the case of vegetables to provide sufficient of the right kind of food on a free-choice basis for the adequate nourishment of the whole population of the country. In the poorest countries, the increase needed runs to as much as 300 per cent. in the case of some of the staple foods.

India, unfortunately, falls under the latter category. Even in ordinary times, a large number of people have not known even one full meal a day. The position has considerably worsened recently. The Press is full of reports that a large number of people are dying of starvation in Bengal and elsewhere. This was kept back from the British public, who claim to hold the responsibility for the good government of India, for long, for too long. But the disaster has assumed such serious proportions that even the RT. HON. AMERY, the Secretary of State for India, had to admit in a speech he made in Birmingham recently that "it has come to us as a profoundly disquieting shock that anything of the kind should be possible anywhere under the British flag or that the people should be dying of hunger in the streets of the Empire's second city." In spite of this candid admission, there is much of *suppressio veri and suggestio falsi*, which we have learnt to associate with his statements by bitter experience, in some of his recent utterances. He has attempted to minimise the shock likely to be caused to the British public by giving incorrect and misleading figures in regard to the number of deaths as a result of starvation. Against his statement in the House of Commons that the weekly death rate in Bengal is estimated at about 1,000 but that it might be higher,

*the Statesman* makes two computations of the province's mortality figure. "According to one it should be 10,710 weekly and according to the other 9,200," and it adds, "the very imperfect official statistics available suggest that might also be higher than our 9,000 or 11,000, which figures have those official figures as their shaky basis." This is not all. Continuing it says: "The continuous appearance of effort on the part of persons somewhere within India's governmental machine, perhaps, out here, perhaps in Whitehall, to play down, suppress, distort or muffle the truth about Bengal is dragging the fair name of the British raj needlessly low."

The governments here in India had been warned sufficiently early by responsible publicists and the Press that unless they act with courage and foresight, a serious situation would develop. But the government machine was slow to move. When the problem assumed serious proportions, its very hugeness baffled them. In the words of LORD STRABOLGI, "once more we saw the fatal disease of bureaucracy-procrastination. They started too late, set up too many committees, thought too long what they were going to do, and in the meantime this horror-man of famine was galloping along" with the result, as LORD HUNTINGDON observed, "of grim stories of patients not wishing to be cured from cholera because their only alternative would be a long-drawn out death from starvation." A remarkable record, indeed! And yet the RT. HON. the Secretary of State for India had the audacity to proclaim from his place in the House of Commons that the Government of India realised sufficiently early the seriousness of the problem and made efforts to tackle it well. Are they at least now fully awake to the seriousness of the situation? We regret to have to say that they are not. They are still tinkering with it. There are Conferences *galore*, but yet they have not touched even the fringe of the problem. They are discussing whether rationing is necessary, whether prices should be controlled? And so on and so forth. Before they come to the main problem and tackle it effectively, we are afraid the situation will deteriorate

still further. Many would not live to taste the grains the Rt. Hon. the Secretary of State for India, in his generosity, manages to send to this country by the end of the year. While the basic problem of ensuring the supply of a suffi-

cient quantity of some food or other, good, bad or indifferent, to each individual is itself in this nebulous and uncertain state, it is a far, far cry to ask for a balanced diet. Oh! The pity of it!

## On Laughing Wisely

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“LAUGH and grow fat” is a hackneyed saying, although it is disturbing to the fat ones among us. But, in man, the laughing animal, laughter has its physiologic, as also its therapeutic role to play in the human economy, as coughing and sneezing. The convulsions of laughter help to dispel mental gloom and boredom, by a sort of psychical massage against the depression of vitality and despondency in convalescents, the bug-bear of doctors. Physically, this internal cyclonic commotion stirs up the organic processes of respiration, circulation, digestion, and of metabolism in general, to be succeeded by a healthful calm that reflexes and regenerates vital activity for a hopeful and expectant outlook on life. Socially, to laugh in concert cements fellow-feeling, brightening our lives and making “the whole world kin,” whatever one’s politics, caste, colour, or creed. Laughter is the most contagious and communicable blessing on earth. A whole gathering roars with almost delirious happiness spontaneously, at professional or inadvertent folly, and more are attracted eagerly to share in the hilarity.

Laughter, besides, is a social corrective against clumsiness and unpredictable folly that meets with prompt ridicule. A careless cyclist who slips on an orange peel, and is found, with perhaps a sprain in an unnatural and inelegant posture in public, excites our laughter first, if also our sympathies later. Who can restrain himself when a Harry Lauder compels laughter by depicting our common frailties and awkward attempts to cover or shake off human weaknesses!

Thus mirth-provoking and harmless reflex deserves to be exploited more for therapeutic (curative) purposes. A doctor is more hopeful about a patient with a sense of humour, and looking at the bright side of things. (A good cry also has a therapeutic value upon occasions, especially to relieve the tension; a tragic play gives much relief especially to many of the weaker sex). There is hardly any risk in indulging in laughter. Only one death has been reported, that of Calchas in Greece, who possibly had too keen a sense of humour for a diseased circulation, or laughed, not wisely, but too boisterously with a mouthful of relishes!

Laughter cannot be dispensed to prescription. A sense of humour is a pre-requisite, and this is inherent in most of us if only we would preserve and cultivate it, rather than

repress it by mistaken conventions muzzling the freedom of the imagination of the child by the parents, and of the subordinate by his ‘Boss.’

The follies of fools, and even of the wise ones moved under stimulation are an invaluable asset to brighten our lives. A free hearty laugh is more salutary than one strictly restrained by snobbish conventions. The guffas clear our gloom as does a cloud-burst. The orientals explode in laughter, often involving their neighbours in the convulsions. The Americans hire a comedian and watch him laugh. The English laugh within themselves, it being not good form to make a display of hearty emotions. Jupiter is said to have laughed for seven days from birth! This is possible only for gods tied by the novel experience of parturition. Falstaff, by his mere presence, caused laughter in others who knew his constitution. Cassius and Iago would only laugh at those who are fools enough to yield to this natural emotion. The court fool is becoming extinct, having taken to fulsome flattery, now more paying than the faithful portrayal of the follies of the great. Wise men are what they are, thanks to the fools! Preserve and cultivate the sense of humour in the young naturally prone to it. Stolid conventions discourage and dull this necessary reflex. A free atmosphere is essential; all inhibitions fatal. Of course, take care to laugh in season. Laugh *with* the great, but never *at* them!

A “kill-joy” or a grouching temperament makes a bad patient. A Falstaff makes for a better prognosis. It is a clever stratagem to laugh at our own follies before others start laughing at them! This involves some sacrifice of self-love.

Laughter is a natural reflex intended to lighten and neutralise our sufferings. If “our sincerest laughter, with some pain is wrought,” then our unavoidable sufferings may yet be assuaged by a cheering outlook, by availing ourselves of this blessing that is at once pleasurable, invigorating, innocent, and within the reach of every one, unlike certain arduous Yoga exercises that are only for the initiated few to practise with severe austerities (amounting almost to a penance), aiming at control or repression of some of our natural reflexes. There is health to be exploited out of the laughing reflex if we plan for it wisely, rather than prevent our natural impulses.

# THE SLUMS

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[We present to our readers a notable contribution on "The Slums" by Mr. Chitale: The first part is published below and the remaining parts will be published in successive issues. Mr. Chitale is an architect of great repute, who has made a serious study of this subject also. We commend his article to the earnest and serious consideration of our readers and the authorities.—ED.]

SLUMS are the products of the machine-age and modern civilisation. The problem became acute with the growth of machinery. As industry developed, the parallel development of the slums became noticeable. Although machinery has great potentialities for good, it contributed the largest single factor in the development of the slums, overcrowding, and a host of other social evils which undermine the fabric of society. The machine and society, both human efforts and products, instead of working together towards the common goal of human happiness and health in full co-operation and co-ordination, the machine exploited social aspects of society. It is said that God created the world, and man built the town. Advocates of industrialisation failed to notice the effect of slums on the mental, moral and physical well-being of society. Complicated problems have worsened the conditions of our homes and their environment. 19th century efforts were directed towards treating the consequences, by medical relief, drugging, and so on. Town Planning came in only in this century to tackle the problem.

Slums are a normal feature of all big modern cities and industrial centres. It is maintained by some, that 25% of the total number of houses in the London area were slum dwellings. The present total number of houses is about 8 millions in England and thus 2 million new houses are required to make possible the demolition of houses unfit for habitation. The Land Enquiry Committee in 1913 estimated that 10% of the population were then living in slums and this must have now increased; it is safe to assess the present number of houses which ought to be demolished at approximately one million. Long term programme for the abolition of slums must take into account the two facts, that the slum problem cannot be tackled until shortage of houses is made good and that the number of worn-out houses increase year after year.

In London and other large towns and cities, it is quite usual to find that when a district ceases to be inhabited by the rich or moderately well to do, its houses are divided up among several working class families without structural alterations and adequate sanitary and water supply arrangements. Houses thus divided constitute almost the worst possible living conditions. Houses built for skilled artisans have now become multi-family houses, for the casual and unskilled labourers.

Berlin had an average of 17 families under one roof at the end of the 19th century and less than one family in 600 had a house of its own. The cellar dwelling folk of German cities varied from 6½% of the population in Hamburg to 7½% in Berlin. In Breslau, Dresden and Magdeburg nearly 50% of the population lived in one room dwellings. On the average, there were 30 people to a house in Paris and in spite of the millions spent on improvement, had a death rate higher than that of London.

According to the census of 1891, 3½ million people lived in England and Wales in overcrowded dwellings and 360,000 people lived in one-room dwellings. In Scotland 50% of the urban dwellings were over-crowded. 900,000 people in London lived in over-crowded rooms in 1891. In Glasgow, one-fifth of the people lived in one room dwellings. In Edinburgh over 50% of the homes consisted of one and two rooms, while in districts the percentage rose to 75. In 1900, in Dublin, 10,000 persons were in need of accommodation. In the industrial centres of England even in 1891, there were armies of over-crowded people, there were in Birmingham 68,000, in Leeds 60,000, in Liverpool 50,000, in Manchester 41,000, in Sheffield 37,000 and in New Castle, Gates Heads, Sunderland and the counties of Northumberland and Durham, a third of their total population lived in over-crowded homes.

The rapid growth of cities had led to overcrowding. Large cities nearly in all countries had their population doubled during the last 50 years, whereas their areas have not. Nor has the number of dwellings kept pace with this increase.

War and epidemic casualties in recent times instead of relieving the pressure on housing, as generally supposed, have really contributed to the trouble. The stoppage of emigration, the returning home of those already migrated and the rural population once in urban areas refusing to return to rural areas have worsened the conditions in urban areas. Housing in these circumstances became a problem which had to be tackled in proportion to the number of households and not to the growth of population. For instance, if the joint family system in India is given up as in European countries, we would need millions of more houses, although there happens to be no increase in the total population.

Modern wars aggravate the problem in another way. They check the progress of the

building industry, and restrictions on building materials lead to a stoppage in the construction of domestic dwellings.

India, predominantly rural, has several cities and towns, where the slum condition is as appalling as in Europe. Even many years ago the problem of over-crowding in big cities drew attention, and the 1918 census showed that 76% of the population of Bombay lived in one room tenements with the density of population ranging from 300 to 600 per acre; on an average 50 families lived under one roof! 100 persons per gross acre are allowed in England and even this is strongly opposed by reformers of housing for a cold climate. 200 persons per gross acre has been adopted in Delhi, where really the density of population must be reduced to 100 or even less because of the tropical climate. Under present conditions, the population per acre in Delhi varies from 200 to 400. Even on the basis of 200 persons per acre,—and even this is too much, as time would prove, a lakh of people need housing accommodation to relieve over crowding in our Imperial Capital, built only recently.

Slums assume five different forms. (1) Houses originally built for one family gradually change into tenements for 2 or more families without structural alteration or addition of sanitary and water supply arrangements. (2) Additional houses are built in close proximity to existing buildings, thus creating over-crowding and greater density in the area with buildings without any adequate provision for sanitary and water supply arrangements. (3) Dilapidated old houses, badly shaped sites and buildings and streets make buildings unhealthy, unsafe, congested, narrow and insufficient and create slums. (4) Tall buildings developed after the road system is laid or during certain stages of town development, lead to the area getting congested as population and traffic density increase. (5) Through a mixture of the above items.

Overgrown and aged cities become worn out in buildings. Public utility services become inadequate, untidy and dilapidated and their effect on the inhabitants becomes depressing. In such towns, the general health is poor, death rate is high, standard of living gets lower than the minimum necessary, vitality of the people is considerably lowered. Disentangling of existing areas becomes difficult and slow.

The evil consequences of slums become manifest as soon as they develop and they affect both the health and morals of the slum dwellers. Inadequacy of houses leads to high mortality from lung diseases and epidemics. Infant mortality also rises; India's rate of 600 per thousand births—the greatest figure said to have ever reached in the whole world, can be attributed to bad housing. Death rate in the country varies from 40 to 60 per thousand of population, and if the victims of influenza numbered 2 millions in India after the last great war, not a little must have been due to bad housing conditions in cities and villages.

In India nearly 80 out of every 100 deaths

are caused by preventable diseases like tuberculosis, plague, cholera, malaria, etc., and between 1890 and 1900, nearly 45 million people died by them. In Europe when the towns were filthy the inhabitants caught plague and other diseases as Asiatics do now. It is said that Indians by their customs, habits and ways of living are found to be the cleanest people in the world as far as personal cleanliness is concerned. But they had to face the new conditions produced by the Industrial Revolution in Europe and its spread in India which created over-crowding and slums. 28 Housing and Health Acts were passed in England between 1850 and 1903 and subsequently Town Planning and Housing Acts gave relief to people, yet over-crowding and slums have remained though attempts were made to eradicate them. In Australia, the Housing Act of 1902 ensured in its fullest measure minimum accommodation per person and family, sanitary and hygienic requirements. Similar Acts were passed in France, Germany, Belgium, Denmark and Holland at the end of the 19th and the beginning of the 20th centuries. With all these efforts the slum problem has not been solved as yet. No wonder without these efforts things in India remain as they are.

Tuberculosis kills 9% of the population of England. In Liverpool, by rehousing the inhabitants of a slum area, tuberculosis mortality was reduced by half. The Registrar-General estimated after enquiry that it costed England and Wales 14 million pounds per annum on this account. Infant death rate, where housing conditions were comparatively good, was 89 in 1912-1916, while in over-crowded areas the death rate was 171 for the same period. In Welwyn Garden city, built on scientific lines, of all the infants born during 3½ years since the first houses were occupied in 1920-21, actually none died nor have any children under five years died in the same period. Dr. Russel, late Medical Officer of Health for Glasgow, pointed out that in the 8 largest towns in Scotland, the general death rate varied in direct proportion to the number of one-roomed homes found in each. In Finsbury the death rate in 1906 was 6.4 in homes of four or more rooms, while in one room tenements it was 39. Rickets and tuberculosis are found to prevail in thickly populated areas in which greatest density of population exists. The Dundee Housing Committee estimated that of about £62,000 spent annually in that town upon health, at least £20,000 went for combating evils resulting from bad housing conditions. The total expenditure on health in Great Britain in 1919-20 was £62 millions and Dr. Addison estimated that £20 millions of this were spent in repairing the evils of deficient housing.

Slum life, by injuring the health of the people, affects their mental and moral development. Of the 7 million children attending elementary schools in England and Wales in 1920-21, it was found that on an average 8% were always absent through illness; of 2,521,000 examined, 40% were suffering from physical and mental defects and 35% under 5 years of age required medical treatment before they could benefit by attending school. Again in

over-crowded dwellings, many of them suffer from lack of sleep owing to noise and the lights kept burning, a large proportion have little chance of home study and show marked effect on their powers of effort and concentration. Constant noise and interruption lead to an unreflective mental state, characterised by credulity, fickleness and inability to reason and concentration. One child in every six was unable to gain the full benefit from the state expenditure on education because of ill-health, while one in ten is mentally backward.

Slums and housing shortage further cause considerable annual loss to the industry and the nation. It has been pointed out in England that housing shortage has hampered industrial enterprise because the workers were unable to get accommodation near the

factory. Men living under unsatisfactory conditions do not get the rest they need, particularly if working on night shifts, and they often suffer from minor ailments which mean a low state of vitality and less output. It is estimated that 14 million working weeks are lost annually through sickness in England. When Lord D'Abernon and Dr. A. K. Chalmers in 1918 made an inquiry into the causes of broken time, it was found that due to housing shortage near works, workers like to live away from works and because of distance they had to travel, they were irregular. Those who lived near were, as a rule, steady in attendance. As regards labour unrest it was found that in each of the eight divisions which came under the survey, a shortage of houses was given as one of the causes.

(To be continued).

## Health of the Industrial Worker in India

S. D. GANDA, M.A., Kasur, the Punjab.

“THE level of health in India is low... The resistance of the population to disease is low. Malnutrition and nutritional diseases are *omnipresent*,” observes Dr. J. B. Grant, Director, All-India Institute of Hygiene and Public Health. And the industrial worker is no exception. Like his agricultural confrere, he suffers from poor physique, he is ill-clad and badly housed. Malnutrition is his lot; ignorance and illiteracy, his bane. Poverty and low wages dog his life; low standard of living is his fate, and he is a fatalist. The system of recruitment to service is typically corrupt, and the employment policy, inhuman. Conditions of work are atrocious, and conditions of living pernicious. Accumulatively, they kill the health of the worker, and the worker along with. There are many factors responsible for this sad state of affairs and they are classified under different heads: food, clothing and housing; conditions of employment and work; and habits.

**Food:**—In quantity, food must be adequate, in quality, it must be perfect and complete. A state of mal-nourishment or under nourishment must be avoided to maintain the human body in proper trim. But food shortage, before the war, was existent in India; during war it has become acute. Food consumption was equally defective; a large number of people, due to poverty, going without two square meals a day; others, who could afford sufficient food, feeding themselves on non-nutritious diet: ‘chapatis and lentils, parched gram and coarse sugar,’ etc. During war, food consumption, like food supply, has deteriorated for similar reasons. Whatever food is still available to the worker is always adulterated and stale. The food-refuse of the city finds its market in the colonies of the labourers.

**Clothing and housing:**—Low wages and po-

verty are the lot of the worker; the war has not improved it because wages lag behind the upward flight in prices. Grant of dearness allowances tends to create a vicious circle in the Indian economy. The poor worker remains, as in the past, inadequately clothed.

The busters of Bengal, the chawls of Bombay, the hatas of Cawnpore, the Dhowrahs of the mining areas of Jharia and Asansol, etc., all, without exception, are overcrowded, accurately speaking, populated to suffocation point. They are the dens of insanitation; bad ventilation and poor light, no provision for water and latrine, dirty lanes and overflowing drains etc., are the normal features of these colonies. They breed disease, spread epidemics, and are the hot-beds of immorality. Ultimately, the whole community suffers.

**Conditions of employment and work:**—Recruitment to service is infested with jobbery, and the notorious jobber, variously known as *maistri*, *sirdar* or *mukadam*, picks the poor, ignorant worker clean as a price for the job he provides him. He shuttles him in his inexorable clutches as long as he remains in the service. Bribery and corruption are the hall marks of this system.

India is primarily a land of unregulated industries; and the labour legislation does not protect the majority of the workers. Conditions of work are, therefore, equally appalling the worker groans under inhuman, conditions; temperature, light, ventilation, sanitation, air, noise, speed, materials, etc. all irregulated and ill-adjusted, telling heavily on his health.

**Habits:**—Unfortunately, the worker is addicted to many harmful habits; smoking, drinking, drugging and self-abuse, uncleanness, irregularity and improvidence. All these factors, in combination, produce Disease and Destitution.

# MATERNAL MORTALITY

## And Its PREVENTION

Dr. T. D. PRASADA RAO, Alur, (Bellary).

*'To preserve the mother for the child, and the child for the mother.'*

IT is an enormous task, only a great force like the state, like an entire people, could cope with it. This apart, the general public should be educated about the various causes which may lead to grave risks to their lives. The importance and responsibilities of *Mother-Hood* and *Father-Hood* should be impressed on young married couple. If the mother is indifferent of health due to any disease, it is highly desirable that she should not, in the interest of her progeny, conceive any more. The husband must be prudent enough to realise the risks to the health and life of his better-half. Accordingly, he should either practise self-control or some form of birth-control.

Before we discuss the toxæmias of pregnancy and some other causes of maternal mortality, let us, for the while, confine our attention, to the anti-natal hygiene which is of paramount importance, in the management of *Child-Welfare*. A pregnant woman, more particularly, should be given advice on the following:—

1. *Dress*:—Garments worn by a pregnant woman should never press heavily on the waist, and should be made of a light material, so that they could be expanded with the progress of pregnancy. As the heart, lungs, liver and kidneys have extra work to perform during pregnancy, anything in the nature of tight clothing which might impede their action, should be avoided totally.

2. *Diet*:—A pregnant woman will require more nourishment. It is better to avoid all rich indigestible and lightly seasoned articles of food in order to decrease the amount of excreta. She should be encouraged to drink plenty of water, with a view to help the elimination by the kidneys. Alcohol is best avoided.

3. *Exercise*:—This is highly lacking in Indian expectant mothers. The natural tendency of carrying women is to rest more than usual. They should have more fresh air and walking exercise daily in order to keep them in good health during their pregnancies, and to increase the muscular activity that will add much to their easy delivery. If, for some reason, the woman is unable to take walking exercise, if her circumstances allow, she should get massaged daily.

4. *Bath*:—A daily bath should be advised, rather ordered. The free use of soap will assist in the elimination of sweat by keeping the skin open. Special care should be taken to keep the vulva clean. Some pregnant women complain of fatigue after a bath; in

such cases, it is better to arrange baths at nights and after, that they should straight go to beds.

5. *Proper Movement of Bowels*:—It is beyond the shade of a reasonable doubt that the risk of toxæmia of pregnancy is enhanced by constipation. Strong purgatives are strictly avoided, since they are liable to cause miscarriage. She should take plenty of vegetables and fresh fruits which will act to the proper evacuation of the bowels; otherwise, mild aperients such as *Cascara Sagrada*, *Liquorice Powder* or any infusion of *Senna Pods* must be prescribed.

**Toxæmias of Pregnancy.**—Toxin is a poisonous substance circulating in the blood of pregnant women, due to the improper elimination. The food that is consumed by the women is digested in the stomach and intestines, and passes into the blood. During this process, certain waste products which cannot be utilised by the system are excreted through the motions; urine, sweat and expired air; but during pregnancy the mother has to turn out an additional work of elimination, i.e., the waste products of her own, and the waste of her growing child which is poured out into her blood. If the process of elimination is defective then these waste products accumulate in the mother's blood and cause certain diseases, peculiar to pregnancy. The main manifestations of these are:—

- (a) Pregnancy vomiting, hyperemesis, gravidarum
- (b) Albuminuria of pregnancy.
- (c) Eclampsia.
- (d) Accidental antipartum hæmorrhage.
- (e) Acute yellow atrophy of the liver.

**Puerperal Sepsis.**—Infection from an outside source has been proved beyond doubt in epidemics of puerperal sepsis. The agencies by which the infection is carried from one woman to another woman are the hands or appliances of the attendant. Puerperal sepsis without any relation to any other cause of sepsis or otherwise follows natural labours, in which an internal examination has not been made; such cases can only be explained by the assumption that the organisms causing the sepsis were derived from the patient's own body. During confinement Indian women are very prone to get infected by pathogenic bacteria, which on gaining entrance into the circulating system of blood causes puerperal sepsis. The commonest source of infection during confinement are:—

- (a) Dirty hands of the ignorant and unclean country midwives.

(b) Dirty rags and bed-sheets used during labour.

(c) Dirty and ill-ventilated rooms in which patients are kept.

The grave manifestations of these above causes lead the mother to unhappy circumstances such as—(1) Child-bed fever, (2) Milk-fever or puerperal fever, which are now-a-days styled as puerperal sepsis. To prevent septic infection, it is necessary that a trained mid-wife or a nurse should be engaged before hand. Very often, even among the educated folk, the house-hold members do not arrange with a trained mid-wife, as a result of which when the true labour pains start, any country mid-wife is called in to assist the delivery of the baby. In such cases she should be instructed to cut her finger nails properly and wash her hands thoroughly with soap and

boiled water and soak the hands in anti-septic lotion (Lysol is preferred), before they are allowed to touch the mother.

**Anti-natal Supervision** is neglected even in the educated classes. With a view to find out the early symptoms of pregnancy, it is necessary that the pregnant woman should consult qualified clinician, or a trained mid-wife at least once in every month during the early stages of pregnancy. The mother who has been properly nursed during pregnancy escapes from septic infections. Anti-natal supervision should be regarded as a part of preventive medicine. The object of this is to maintain the mother in sound health to preserve her pregnancy to term, to avoid difficulty in labour, to ensure the birth of a living and healthy baby, and to help the mother to rear her infant.

## AN AMLA A DAY

R. V. LAKSHMI RATAN (Senior),  
Mylapore.

**INDIAN** gooseberry (*phyllanthus emblica* Linn, *emblica officinalis*), *amla*, *amlika*, *nelli-kar*, *usiri-kar*, is a moderate-sized deciduous tree, met with, wild or planted, in tropical countries. It is a native of India, Ceylon, Burma, Malaya, Java, China, etc., found up to an altitude of 4000 feet. It is sometimes grown in gardens.

**Amla as a Foodstuff.**—The matured berry is used in this country, from time immemorial, as food in a fresh and preserved condition. It is eaten raw, prepared as a pickle, made into *muraba*, or cooked as a sweetmeat with jaggery. In Hindu households, the custom of making *nelli-mullu* (*amla* dried in the sun and then their seeds removed), preserving it when fresh ones are not in season and of using it in food preparations, is still in vogue. In *Andhradesa* it is one of the items of the preserves made and stored for use throughout the year. The intake of raw, uncooked *chutney*, *pachads* or other dishes, made up of fresh or dried *amla* on *Dwadasi* day, after *Ekadasi* fast, is obligatory.

**Amla as a Medicine.**—It is very highly spoken of in the ancient medical literature of India as a valuable therapeutic agent. It is mentioned by Chakradatta and in *Bhavaprakasa*. many preparations in which it plays an important part are described at length. It is used in *Kayakalpa* treatment, and in making *Chavanaprasa*, a reputed medical preparation. According to *Vaidya Manorma*, its (dried berry) powder, mixed with honey or ghee and taken daily at night, will make an old man young. Dymock states Mchamadan physicians esteem it equally with the Hindus. They describe it as astringent, referigant, cordiacal, and a purifier of the humours of the body. The fresh fruit is used in Turkey in inflammation of the lungs. A *sherbat* made from the fresh fruit, with or without raisins and honey, forms an excellent cooling drink that has a diuretic

effect. The special opinion of Civil Surgeon D. Basu, Faridpore, quoted in Volume VI, Part I of the Dictionary of the Economic Products of India by George Watt, was as follows:—"In some cases of disturbed cerebral circulation attended by a burning sensation at the crown of the head, a tendency to headache, confusion of thoughts, and probably loss of hair, I have used, with great success, mustard oil in which *amla* fruit had been allowed to remain for sometime. The oil so prepared was applied on the head; in a few days the burning sensation diminished, the mental faculties became relieved of confusion, and in two cases the hair grew very rapidly on the part." A fixed oil obtained from the berries strengthen and promote the growth of hair. The dried fruit is useful in hemorrhage, diarrhoea and dysentery. In Persia the juice of the fresh fruit is employed as vermifuge; it is generally given in doses from 1 to 3 drachms. The juice of the fresh fruit mixed with ghee is a good restorative tonic. The seed burnt, powdered and mixed in oil is a useful application for scabies or itch. The leaves are, in Baroda, used as infusion with fenugreek seeds in chronic dysentery and as a bitter tonic. The essential oil distilled from the leaves is employed in perfumery. According to Anslé, quoted in Watt's Economic Dictionary, "the umbelled yellow flowers of this species have an odour much resembling that of lemon-peel and are supposed, by the *Vaidyans*, to have virtues of a cooling and aperient nature." Ayurvedic and Unani physicians should be consulted in regard to these and other preparations and of using them as medicine.

**Dye and Tan.**—The *amla* fruit and leaves contain colouring matter. The fruit, leaves and bark contain tannin.

**Domestic.**—Chips of the wood and small branches are used to clear muddy water effectively. The wood is durable under water;



and partly for this reason and partly because it is supposed to clear muddy water, it is considerably employed in making well-rings.

**Agricultural**—Well seasoned wood could be used in making agricultural implements.

**Sacred**.—According to Kartik Mahatma and in *Virat Kaumudi* also the feeding of the poor in *amla* grove, the Virat and worship of the *amla* tree, are mentioned as sacred.

**Vitamin C in Amla**.—According to Health Bulletin No. 23 (1941 edition) *amla* is very rich in vitamin C and is probably the richest natural source of the vitamin. The fresh *amla* juice contains nearly twenty times as much vitamin C as orange juice, and a single *amla* is equivalent in vitamin C to one or two oranges.

**Preparation of Amla Powder**.—The heating or drying of fresh fruits or vegetables usually leads to the destruction of most or all of the vitamin C originally present. *Amla* is exceptional among fruits because of its very high initial vitamin C content, because it contains substances which partially protect the vitamin from destruction on heating and drying, and because its juice is strongly acid. Acidity has a protective action on vitamin C.

Hence it is possible to preserve *amla* without losing much of the vitamin.

An easy and effective method is to mince the *amla* and dry it rapidly in the sun, after which the dried pulp is powdered. *Amla* powder prepared in this way may contain from 10 to 16 milligrammes of vitamin C per gramme. Some loss of vitamin C occurs in the *amla* powder on keeping, the loss being accelerated by heat and moisture. But in spite of this it usually remains a good source of vitamin C for several months. It should be stored in as cool and dry a place as possible.

**Amla as Food**.—*Amla* contains tannin. In the mouth, it is astringent and in stomach astringent and irritant. It is therefore advisable to use *Amla* as food mixed with curd or other bland foods.

#### References.

1. Dictionary of the Economic Products of India, Volume VI, Part I, by George Watt.
2. Indian Materia Medica by K. M. Nadkarni.
3. Health Bulletin No. 23.

## MILK, AN INDISPENSABLE ELEMENT

Lgr. S. NATARAJAN, Weightlifter, Coimbatore.

IN my previous article (August '42), that being a prelude to this, I wrote at length about the various compositions of health-foods and milk in particular and I also stressed much on milk being recommended by medical men to patients. Here, I will say something more of milk, which has got, so to speak, two sides, i.e., bright and dark sides. Of course it agrees with a few, never fully with others. Surely it is an excellent article of diet. In combination with rice, milk is the best food factor. It contains, what is called the internal secretions of thyroid gland. If it is heated above 70° centigrade and if it is cooled at once, it will be of much use, since it contains good nutrition. *Carbohydrate and fat* being natural foods of the body, occur together in milk. Since it is an actual food, *thorough mastication and insalvation are essential*. Hence it should never be drunk and bolted down the throat. It does not lose its injurious *bactericidal* properties. It can be adopted to the infants only to a certain extent. In combination with any other food, it should never be used except in case of rice. If such a kind of practice is made, it will be well and good. If it is not digested, then an acid residue will be found in the stomach, which will be converted into curds which are instrumental in shattering health. This is a *highly-germed fluid*. It will be, we are aware, very difficult to get pure and clean

milk, since it partakes of the nature of the stuff taken by the cows, which may suffer from disease. One most important thing about milk is, it is of *constipating tendency*.

The taste and appearance of milk is to be studied. Good milk is opaque, say whitish or yellowish-white. It is also free from any odour or taste. The addition of water to milk,—this is a common routine or habit in town—changes the taste vastly. To find this kind of illicit addition, lactometre may be used and specific gravity determined. It should be noted that milk should always be boiled before it is taken in. The weather also plays an important part in turning the taste of the milk. It is sour in hot weather. Hence it is always expected to experience a change in quality. Doctors and celebrated writers say that *there is nothing better for infants than mother's milk*. Hence the stress is laid that infants should entirely be fed on mother's milk until they are eight months old. It is also further said that no mother should nurse a child beyond 12 months, since after that time the nursing substance in milk lessens. The consequence of this is that the child is ill-fed. This kind of underfeeding results in *eye-diseases* and in short there will be an *all-round physical deterioration*. Up to the period when the front teeth are cut out, i.e., when the child is 8 months old, the child cannot digest starchy matter well.

People also cannot use condensed milk as diet for children. The policy of using such condensed milk should be discouraged. In the process of preparation milk is deprived of a large part of water and fat. Children also will be found to grow. But since there is no quantity of salt, bones do not grow properly. *Consequently there will be physical deterioration in the beautiful build of the body.*

In the previous paragraphs, I have mentioned that our foodstuffs contain various materials which stand for the growth of the body. There are three kinds of water or juices, which are necessary to digest the various food materials found in the foodstuff. They are, (1) *Juice*, that is found in the mouth (*Saliva*), (2) *Juice in the stomach*, (3) *Juice* that is found in the *intestines*. These juices digest the food materials and make them mingle with blood, which supplies the parts with food materials. That is why, we should fully masticate the solids before they actually go in for the regular process of digestion. The masticated substance enters the stomach *via* gullet with the juice. The substance thus reached will take at least 4 hours for complete digestion. *The rule that we should not take in food again especially within this time is mainly due to this.* If the foodstuff in the stomach is not properly digested, it gives a very bad smell and consequently a pain is felt in the abdomen. A change is felt in the regular abdominal function. And we should not be in a hurry while taking meals. *"Unless one has a pressing engagement with his own funerals, there is no sense in his hurrying on with the meals,"* observes Mr. Horace Fletcher of America, the greatest authority on diet. The greatest of poets, William Shakespeare has rightly observed thus, *"Men dig their graves with their teeth."* So we infer that we should thoroughly masticate the food. If we are not adhering to this principle, certainly a fall in faculties will be the outcome. *Morbid and effete matters should be eliminated and integrity of body maintained.*

The Romans, the Greeks, and Persians had only one meal a day. That is why they were

very strong and healthy. *Doctor Troil of America in his book "Digestion and Dyspepsia" says that, "one meal a day is the life of an Angel, two meals the life of a man and three meals the life of a beast."* The British Prime-Minister, Mr. Gladstone, it is said, used to masticate each morsel of food 32 times. And what we take in, should not be accelerated, since it will spoil the mastication. And we should not take too much since too much of anything is always bad and dangerous. The stomach should not be fully loaded. It must have an inter space, so that it can digest what it gets in. We must also have a fixed time for meals. The food should always be taken only when it is warm. If the food is cooled, flies which wander above the ditch, latrine and butcher shops will sit on it, making it harmful to health. Having taken in a food, which has been already poisoned, the first thing we will experience is what is called indigestion. From this stage, various diseases will sprout out and man will become a prey to disease. He is to go in for a doctor, he has to suffer, and so on and so forth. The foodstuff he takes in, should also include water, a *subsidiary liquid that is essential to digest a solid.* We cannot live even for a day without water. To digest the food, convert food materials into blood and to remove sweat and urine water is essential. The greatest physical culturists and well-known doctors have found that human body contains more than 50% of water. Now let us come to drinking. Here drinking does not mean taking in toddy or arrack. But it means what we should drink and what that drink should be. The water we take in should not contain dust and other particles. For if it contains dust, it will spoil our food. And the blood also gets thereby spoiled. Consequently the functioning of the human body is spoiled. Digestion also gets affected. *Cholera, dysentery, vomiting, insomnia, giddiness, malaria, bloodlessness, and a host of other diseases will be the result.* The food and drink we take in should always be warm and the food should be limited and that too should be taken at a fixed hour.

## More Intelligent Feeding of the Masses Needed

One difficulty in securing proper nutrition is the fact that feeding the nation has been largely in the hands of individual housewife. Although she has been learning, she has not mastered the science of diet. In many households there is still much ignorance and carelessness. Preparation of meals on a large scale by experts has proved of value and is becoming more common under the pressure of war. In England, 1,400 so-called British Restaurants have been opened which serve 94,000,000 meals per week. The menu is designed to supply in one meal a third of day's requirements of protein and calories and two-thirds of the vitamins and minerals. In the United States, communal feeding is now common in schools and factories. It has been made clear that the children get more wholesome food there than they generally do at home. As an outgrowth of War industry, cafeterias have been set up in many big plants. It has been noted that the familiar dinner pail is not seen so much as it was in the past. Social workers believe that the change has been for the benefit of the worker since the factory restaurants are in the charge of trained dietitians.—*Canadian Medical Association Journal.*

# Effect of Air-Raid on the Minds of Civilians

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IT has been put forward by some authorities that no actual increase of mental disorder has been recorded in the casualty-receiving-centre after air-raids. The reason behind such opinions is that such troubles are not thought so urgent and there is no special arrangement for treatment of such ailments.

In the military line, we hear that a large number is getting mental breakdown and still all of them are the selected normal people taken from society; it is, therefore, inconceivable to think that there will not be any increase of such cases among unselected civilians when the air-raid makes no distinction between them and the military.

During the five air-raids on Calcutta (of which only one was on Calcutta proper), there was considerable increase in this direction, e.g., (i) In a big office, first, two lady typists developed typist's cramp, then a head clerk developed writer's cramp and lastly an English officer developed the same in signing. (ii) A head clerk of another office developed great anxiety about what would happen to him. (iii) A latent schizophrenic developed the delusion that a bomb had fallen on her.

Arthur Harris reports experiences in an observation ward near a refugee-reception-centre in a heavily bombed district. He states that war conditions may have some etiologic significance in a wide variety of reactions, although depression and anxiety are the commonest disturbances produced by frightening and distressing events.

Mons describes the behaviour of children exposed to bombing. Previously good and intelligent children become suddenly obstreperous, destructive, mischievous, lazy and truant from school and, in short, unmanageable. Their behaviour implies deep resentment against the adults who have failed to provide security and protection for them.

From the nature of the mental breakdown, it is evident that the prognosis in these cases is more favourable than those in normal times where such disorders occur either without any cause or with some personal cause which is difficult to remove. These cases generally react much quicker and the treatment is also simpler.

For the prevention of such mental breakdown, the following arrangements should be made—

(1) Propaganda for keeping the morale of the public, (2) Food and living should be within normal limits as far as practicable as that will give them the real faith about protection; (3) Public should listen to the A.R.P. talks given on the radio and follow them punctiliously; (4) All known mentally disordered should leave the place where air-raids are expected; (5) Suitable arrangements should be made in the A.R.P. scheme for the immediate management of mental

casualties so that they may not infect others.

(a) Those who show psychotic manifestations should be segregated into a ward or hospital where treatment may be given. (b) Those who show psychoneurotic manifestations should be grouped into different types and then out-door treatment given at a fixed time (say 8 a.m. to 10 a.m.). They are not to be handled just after the attack as that will give them the idea that their conditions are serious, specially those with somatic signs like paralysis, tics, tremors, spasms, etc.

The principles of treatment of mental disorders following air-raids are mainly the same as those of similar conditions at normal times. As the troubles are not deep-rooted and the number of such cases is very large, some modifications are necessary which may be described as follows:—

(1) Group or mass psychotherapy.—When there is a large attendance of patients suffering from mental disorder, it becomes difficult to manage, if the usual time-consuming analytical methods are adopted for individual cases. So patients are first grouped according to the nature and etiology of their illness. Then short explanatory and re-educative lectures are given as to how their thought processes are going in wrong directions and how they can be brought back to their proper line. Lastly, short interviews are allowed to them individually to discuss about their personal difficulties which have not been already dealt with.

(2) Employment of Air-raid noises in Psychotherapy.—Records of mixed sounds of sirens wailing, enemy planes coming, anti-aircraft-guns firing, bombs being dropped, houses being collapsed, aeroplanes fighting one another and, lastly, different A.R.P. personnel rushing for ambulance, fire brigade, police, etc., may be produced either from real attacks or artificially. If a patient hears these noises, it is quite likely that some painful memory will be revived, which, if properly dealt with, will help him in discarding his symptom.

(3) Mild Anaesthesia.—A good rapport is established with the patient and his co-operation gained. The patient is told that certain painful memories are buried in his mind which will be brought out by this method. A suitable narcotic is then slowly administered intravenously and the patient is firmly and repeatedly questioned to give out his inner difficulties, which are properly dealt with, as soon as they come out.

(4) Hypnotism.—In those cases where somatic symptoms such as paralysis, tics, spasms, etc., are present, this gives a very rapid method of removing the disability.

(5) Modified Insulin therapy.—In schizophrenic reaction types, depression and various neurotic reactions starting for the first time after an air-raid, William Sargent and Nellie

Craike had investigated the possible uses of modified forms of insulin treatment. The idea is to give a dose just short of producing coma, so that it will lead to a condition of

drowsiness. Secondly, this state is kept up for 5 or 6 hours. Of 64 cases thus treated, symptomatic improvement took place in all but 5.—*J.I.M.A.*

## Post-War Public Health Planning

### Viceroy's Message to Central Advisory Board

“WE are all anxious to see after the war an era of determined effort to raise the Indian standard of living and I have no doubt that the work of the Board will be of great assistance to Provincial Governments in preparing their post-war planning programmes in the public health field,” observed His Excellency the Viceroy in a farewell message to the Central Advisory Board of Health which commenced its fifth meeting at New Delhi recently. “Health administration, if it is to achieve any substantial results, demands a considered programme, and any attempt to deal piecemeal with the many and varied problems involved can but lead to a dissipation of effort and of financial resources.”

The Viceroy in his message, which was read by the Hon'ble Sardar Sir Jogendra Singh, said :

“When I spoke at the inaugural meeting of the Central Advisory Board of Health in 1937 I expressed the conviction that the Board would serve a useful purpose in providing facilities for discussion of the problems of common interest affecting the health and well-being of the inhabitants of the Provinces and States in India. The reports issued by the Board during the past five years provide an authoritative basis for the development of health administration in many directions and show that my confidence was justified. It is largely owing to the war and certainly no fault of your recommendations. We all are anxious to see after the war an era of determined effort to raise the Indian standard of living and I have no doubt that the work of the Board will be of great assistance to Provincial Governments in preparing their post-war planning programmes in the public health field.

“One of the main questions you have to consider at the present meeting is planning for this post-war development. Health administration, if it is to achieve any substantial results, demands a considered programme, and any attempt to deal piecemeal with the many and varied problems involved can but lead to a dissipation of effort and of financial resources. I would like to emphasise again in that connection the importance of securing that as our towns expand their housing and sanitation schemes are prepared on the right lines. It has been a great pleasure to me to authorise the appointment of the Central Health Survey and Development Committee which has recently been announced and I am convinced that it will produce results of the utmost value. Your work in the past and your deliberations at this meeting will, I know, assist that Committee in its task.”

“I am very glad indeed to have had this

opportunity before I leave India of conveying to you all my good wishes. I trust and believe that public opinion will become steadily more conscious of the imperative need to spend money and thought on planning for public health. I am sure that the Board will prove equal to its ever-widening opportunities and that it will be able to continue to contribute to the solution of the vital problem of public health, on which so largely depends the happiness and well-being of India and of her people. Good-bye and all success to you.”

**Sir Jogendra Singh's Speech.**—In his inaugural address Sir Jogendra Singh said : “We meet under the shadow of shortage of food, such as has not been known since India passed under the British Crown. Food, good nourishing food, is essential for health. The production of food in theory in any case is my concern ; in practice it is the responsibility of the provinces. It is a question for our politicians and publicists to consider whether the needs of our population can be met by an all-India Food Production policy or by dispersing India's economic unity. This is, however a digression, the fact remains that no health programme can succeed which fails to provide good nourishing food for all the people.”

He thanked the Government of Mysore for their invitation to meet at Bangalore and regretted that it was not possible to accept the invitation. Sir Jogendra Singh continued : “It is my hope before the year 1944 ends to give the country a programme of agricultural development which would aim at providing nourishing food for all, a programme of health and housing aiming at equipping our whole population with knowledge. It is my hope that if our people are physically fit and mentally alert, there is nothing that can prevent their taking their proper place in the comity of nations, if political and economic integrity of India is maintained.”

He referred to two items on the agenda of the Board, the sanitation of areas around military establishments and the question of post-war reconstruction and hoped that the work of the Health Survey and Development Committee would be of material assistance to Provincial Governments as well as the Centre in making reconstruction plans.

“It will perhaps be too optimistic to hope that we may see the end of the present struggle before our next meeting but at least we can look forward with confidence to the day when we may be able to replace the National War Front by a National Health Front and when the immense resources of men and material and the untiring energy and labour which have had to be devoted to the present struggle can be turned to the task of the betterment of mankind.”

## Into the World I Came

I know not how I came  
Nor yet how I shall go,  
Chance put me in the game  
And that is all I know;  
And I will play the game  
However big the odds,  
And try to make a name  
Worthy of the gods.—*Miss Joyce Sykes.*

## Orange Juice superior to Acid-citrate Mixtures

WHILE the chief value of orange juice consists in its vitamin C content, it also supplies some vitamin A and probably some members of the B complex group. Besides it has been shown to increase the retention of calcium. Lauford experimented with young rats, some of which received fresh orange juice daily, while others had citric acid-citrate mixtures. The animals grew more rapidly and retained more calcium when given orange juice than they did on the citric acid-citrate mixtures. Since citric acid and citrates are contained in the juice of the orange, they have been used as a substitute for it. Oranges, therefore, are highly valuable in the feeding of infants and children.—*Journal of Nutrition.*

## Fraudulent Substitutes for Food Products

Reporting on his duties as city analyst for Leicester, Mr. F. C. Bullock records that the exploitation of substitute food products reached flood volume during 1941. Mr. Bullock writes: "The variety of these substitutes made an interesting study, and one could not help conjecturing at the types of mentality behind their production. Ingenuity, crudity, subtlety and downright rascality were some of the traits exhibited, and skilful psychological appeal was made on the labels. A gullible public fell for these substitutes with both feet, and honest tradesmen, against their better inclination, felt obliged to stock them. Anything was acceptable or even welcome to make a show on shelves and in windows that tended to look empty, and the harassed housewife as she flitted from queue to queue was glad of anything to fill her shopping basket. The more emphatic the claims on labels and the more gaudy the picture, the more readily were these catchpenny lines snapped up; price was a secondary matter. Fortunately, all bad things as well as good things sooner or later run their course, and the 'try anything once' attitude of the public only ensured a temporary success for many lines. Moreover, the Food Substitutes (Control) Order, 1941,

which came into force in November, 1941, was a sound step towards stopping this regrettable episode in the food history of this country, not, however, I imagine, before many fortunes were made out of an exploited public." Mr. Bullock adds that when a comprehensive history of the war comes to be written the food substitutes of 1940-1942 will constitute a black patch.—*The Medical Officer.*

## Good Nutrition insures Good Teeth

THERE has long been disagreement as to the parts played by mouth conditions and nutrition in causing tooth decay among children. Concrete evidence of the importance of right feeding is given by Dr. Julian D. Boyd in describing his experience with a group of teen age children. They had diabetes, and hence were on a diet containing all needed elements. Before being put on this regimen, they had the average amount of caries. Afterwards, twenty had made no advancement for an average interval of five and a half years; thirty-five, none for three years or longer; and forty-four, none for periods exceeding two years. Three children who were unable to follow the diet failed to show arrest of decay for any length of time. In others, temporary suspension of the regimen was followed by tooth decay. The degree of freedom from caries at thirteen years of age was directly proportional to the duration of the diet. Those who began before the age of six had perfect teeth. Tests have shown that children have a lessened desire for sweets if given a proper diet.—*Journal of the American Medical Association.*

## Insomnia (Sleeplessness)

THERE are many causes of insomnia. It may be due to worry, anxiety, grief, mental excitement, eating a hearty supper, the use of tea and coffee, cola drinks, alcoholic beverages, exhaustion or great fatigue from many hours of work, a colon filled with putrefying residues, or pain from any source.

Relief from insomnia may be obtained in even the most stubborn cases. The cause must be discovered and removed. While drugs are the most common remedy for insomnia, sleeplessness cannot be cured by their use, and each dose does harm. We are informed by the Good Book that the sleep of the labouring man is sweet. Insomnia is a plague of sedentary workers. Persons whose employment affords opportunity for muscular activity rarely suffer from insomnia except when they use tea or coffee or suffer from pain. In many cases of insomnia all that is necessary to secure eight hours of restful sleep at night is to make the evening meal consist entirely of fruit, and then to do

enough work to cause at least slight fatigue. In cases of constipation, it may also be necessary to empty the colon by means of an enema.

If the foregoing measures are not productive of sound sleep, remain in a neutral bath (temperature 92° to 96°) until you feel drowsy, which will usually be within 15 minutes, but in some cases may require an hour or more. Upon leaving the bath, wrap yourself in a sheet, and get into bed without chilling, which would nullify the good effects of the bath.—*Good Health*.

### Better Night Vision

SOVIET physiologists now possess methods which infallibly secure maximum adaptation of the human eye to darkness within five or six minutes after passing from light to darkness. Krikor Kekecheyev, Nikolai Derzhavin and Sergie Philipchuk of Moscow, three scientists of repute, say that "An important problem in war is that of expediting the period of adaptation of the eye in passing from light to darkness. Until recently only one method of shortening this period was known. If before passing into darkness a person was kept in weak, instead of bright light, it was possible to reduce the period of adaptation from forty-five to fifty minutes to twenty-five or thirty minutes." Soviet physiologists now possess methods which infallibly secure maximum sensitivity not within half an hour but within five or six minutes.—*War Medicine*.

### The Cause of Noises in the Head

RINGING in the ears, scientifically called tinnitus, is a distressing ailment which is often difficult to relieve. It may be of two kinds. The vibratory sort is caused by actual vibrations reaching the ear from any part of the body. The non-vibratory is due to irritation due to toxins circulating in the body fluids and irritating nerves of hearing. Both may exist at the same time. The non-vibratory type may be induced in many ways, such as by the use of tobacco, quinine, excessive salt, coffee, tea, alcohol and many other poisons. Smoking is a common cause. Putrefaction of the colon contents, indicated by foul odour of the stools, or flatus, is often sufficient to set up or contribute to the noise. Disorders of the heart or arteries, emotional upsets, extreme fatigue, and allergy are also possible causes.

If no diagnosis can be made so as to remove the underlying condition, the following course is recommended: The patient is asked to compare the loudness of his ringing with the loudness of a similar sound applied to the other ear or with some other sound, preferably not far distant from the tinnitus in frequency and intensity. In many cases the external sound is very slight, only five or ten decibels. It is seldom above forty, which is less than noises which city dwellers hear constantly. Yet the patient may have said he felt as if he were in a boiler factory. As

he conducted the test himself, he can usually be made to understand that he has exaggerated his symptoms and should try to control his nerves. In these cases an ear specialist should be consulted.—Dr. Edmond Prince Fowler in the *Archives of Otolaryngology*.

### Treatment of Rough Lips in Healthy Persons

ASCALINESS about the lips, more common in girls and young women than in men, is often found in dermatological clinics. When the condition is well marked, chronic fissures are usually present at the angles of the mouth, and the whole picture suggests a vitamin B<sub>2</sub> deficiency and will sometimes respond remarkably to riboflavin, 1 mg., three times a day after food. If the cases do not respond to this vitamin alone, it is better to try a compound vitamin of the B group, giving, in addition, ascorbic acid 50 mg. twice a day. Sometimes the scaly condition referred to is part of a seborrhoeic dermatitis, and the scalp should be examined to find evidences of this possibility. If scurf is present, the same vitamin therapy may be given with advantage, but local applications are important. An ointment consisting of liq. pic. carb. M 30, sulph. præcip. gr. 10 in ung. acid. salicyl. B.P., will be found useful for the scalp, and, if applied very lightly, it may also suit the scaly skin of the face, but if it is not tolerated on the face, then 2% of ichthammol in lotion calamine oleosa will be a better local application. It must be remembered that cheilitis and a scaly dermatitis about the mouth may result from lipstick or even from something in a tooth paste or perfume to which the patient is allergic, so that the possibility of a dermatitis from an external factor must always be considered. B. M. J. (1943) May 22, p. 653.

### Our Monthly Collection of First Answers

"RESPIRATION is composed of two acts. First inspiration and then expektoration."

"Some vitamins prevent beri-beri; some prevent scurvy-scurvy."

"The blood vessels are the veins, arteries, and arterioles."

"The function of the stomach is to hold up the pants."

"If you are sick, a physician should be insulted." (And usually is.)

"Digestion is carried on in the stomach by the aid of the acrobatic juices."

"Lack of vitamin A is not as bad as lack of vitamin B which in turn will not have so many bad affects as will the lack of vitamin C and so on down the alphabet."

"The spinal column is a collection of bones running up and down your back and keeps you from being legs clean up to your neck."

—*Texas State Journal of Medicine*.