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HEALTH

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Contents

VOL. XXXI. No. 3, MAR., 1933

Blindness in India.

—Editorial.

Social Medicine:

—Dr. (Mrs.) S. Parvathi Devi.
B.Sc., M.B., B.S.

Children & Film Shows.

—Mrs. Shanthi Devi Krishnan.

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

What's New in the News?

Mr. S. S. Pandit, a blind M. A. of Patna University has left for London and New York to study social welfare for the blind, under a U. N. Fellowship.—*The Mail*.

1,000 births a day in France

Every day throughout 1952, says the French National Institute of Statistics, there were 1,000 babies born in France.—*The Mail*, 10-1-'53.

Brain Research

The UNESCO is setting up a panel of experts on Brain Research and Dr. M. V Govindaswami, Superintendent of the Mental Hospital in Bangalore, which is considered the best, east of Suez, has been appointed by the Government of India as a member of this panel of experts.

The members of this panel will serve in an honorary capacity. The question of setting up an International Institute of Brain Research is under the consideration of UNESCO.—*The Hindu*, 29-1-'53.

The First Air Mail Service

The urgency of transmitting messages during the siege of Paris in 1870 led to the first air mail service. Messages were sent from Paris to other points by balloon.—(*O. W. and Health*.)

Dog 'Studying' Mathematics

A nine-month-old mongrel pup is the newest claimant for the title of the world's cleverest dog for "studying" elementary mathematics, in London.

The pup, a golden haired Buller the Second, can tell the time to the nearest hour, count the number on a playing card, identify the number of spots on a dice, and cope with simple addition, and subtraction.

His owner and trainer, a 62-year old East Ender, purchased him just for 5 shillings (about Rs. 3-5) to replace Buller the First,

who died a year ago.—*The Mail*, Madras, 12-1-'53).

Leper Girl "Adopted" by Queen is cured

A little girl whose treatment has been provided by Queen Elizabeth II through the British Empire Leprosy Relief Association (Belra) has been cured and discharged. A leprosy worker who made a special appeal over the BBC Home Service recently was in charge of the cured girl and other Belra children in Africa. He reports that she was a child of 12 who responded well to the new sulfone treatment and quickly recovered from the sad mental and physical state in which she was found two years ago. Both the Queen and the Duke of Edinburgh—who defrayed the cost of treatment of another leper child, now also cured—have generously contributed towards funds for combating leprosy, particularly for work among children in all parts of the world, especially in Africa.—(*B.I.S. Bulletin*, 13-1-'53).

New Director-General of WHO Nominated

Dr. M. G. Candau (Brazil) has been nominated by the Executive Board of the World Health Organisation as Director General to succeed Dr. Brock Chisholm (Canada) who has announced his intention of retiring this year. The nomination remains to be approved by the World Health Assembly at its sixth session in May 1953.

Dr. Candau came to the World Health Organisation in April 1950 as Director of the Division of Public Health Services. In June 1951 he was appointed Assistant-Director General in charge of the Department of Advisory Services. He resigned from this position in order to join the Pan-American Sanitary Bureau (WHO Regional Office for the Americas) in Washington as Assistant Director in March 1952. Dr. Candau, who is only 41, was previously Superintendent of Brazil's Special Public Health Service.

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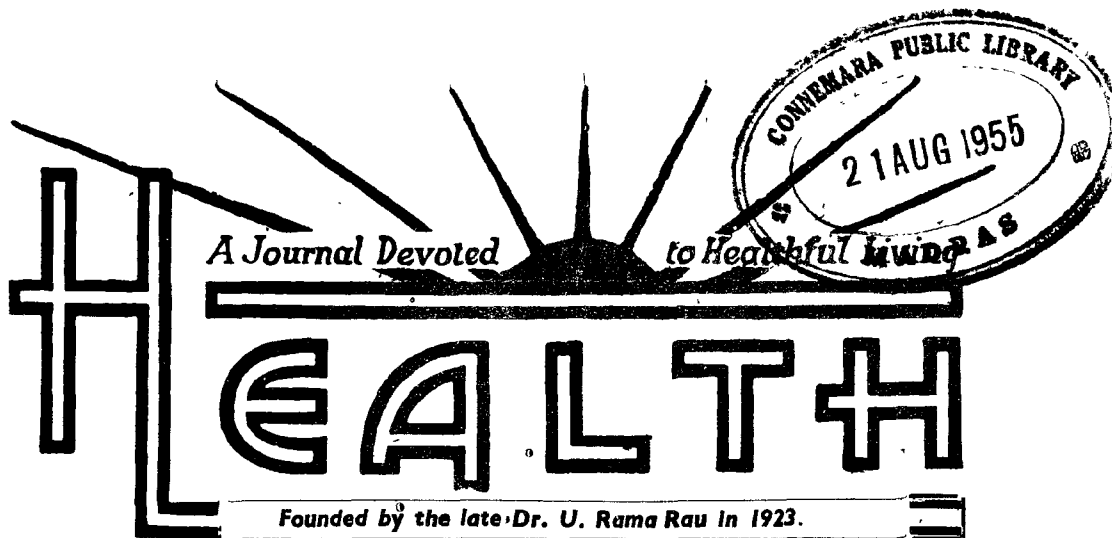
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No. 3

WORK FOR THE BLIND IN INDIA

ADDRESSING a meeting at the British Council in Madras City on the 7th January 1953, Miss JOAN VICKERS of the British Empire Society for the Blind, outlined the activities of the society and said that eighty per cent of the blindness was preventable if attention was paid in the early stages. The speaker was a delegate to the International Conference of Social Workers held in the City of Madras. She referred in appreciative terms to the interest evinced in the blind people of India, and said a great deal more remained to be done with the aid of modern equipment. She said that on returning to England she would persuade the Red Cross to send the latest equipment, if the Union Government would exempt them from import duties. She traced the history of the British Society,

which is a completely voluntary organization supported by voluntary contributions, though it has Government backing as well. A survey carried out by the U.N.O. showed there were 7 million blind persons in the world and that 80 per cent of these were preventable with modern drugs and under improved hygienic conditions.

India has more than 20,00,000 blind people but there are only 42 schools or other centres, most of them maintained by missions, and other philanthropic bodies for the education and training of the blind. Except for the very limited number of blind children who are enabled by these institutions to become useful, and fairly happy citizens, the rest are left to their fate. A great many of them are helpless and miserable, and are a real burden and a

source of grief to their relatives. In Great Britain, U.S.A., Canada and many European countries special laws are in force making it obligatory on the part of Governments or local authorities to provide for the education of the blind, or other physically handicapped children and adolescents. We have none such in India. The Government of India spends every year about 4 lakhs of rupees on the education and training of the blind children and adults. The different States of the Union are equally niggardly, in this matter; the Madras State gives an annual grant-in-aid of less than Rs. 47,000 for a dozen institutions—this sum is hardly sufficient to give adequate and efficient training to about a thousand or a thousand and five hundred children, and make them useful and happy citizens of the country. A representation was made by a deputation from the Schools for the Blind, to the Secondary Education Committee when it met at Madras City on the 7th January, 1953, urging among other things, the need for providing greater aid to improve their work and increase their usefulness. As stated before, Miss VICKERS pleaded for the supply of more modern appliances, such as those used in other countries; but she wanted the Government first to waive their claim for import duties on such appliances. She would indeed have been justified in saying that not only should they be imported duty-free, but should be supplied by Government free of charge to institutions for training and assisting the unfortunate blind.

The question of treatment is a still greater problem to face; the facilities available in the hospitals and dispensaries for the diagnosis and treatment of the less simple eye conditions, and of the blind people are woefully meagre. Charlatans, quacks and nostrum mongers ply their trade in the rural parts of India with impunity and are responsible for an appreciable number of blind people, as a result of their quackery. Ignorance of health laws, failure to get vaccinated against smallpox, neglect of venereal diseases all put together account for thousands of cases of blindness. The majority of the blind people belong to the poorer classes of society and cannot afford to take treatment from private practitioners who are eye specialists, and there are no eye-hospitals, except at the more important district centres; and owing to lack of such facilities, eye-diseases which could have been treated when seen early, are neglected and the result is blindness and misery, and consequent loss of man-power to the State. The imperative necessity for providing medical relief to the rural areas, is all the more urgent in order to reduce preventable diseases amongst which blindness is certainly one.

We have during the last three months come across reports from at least three different States of our country, where organised attempts have been made to provide relief to sufferers from eye-diseases—by means of mobile eye-camps which have for their object the taking of ophthalmic relief to the doors of the rural

population who lack all facilities for medical relief and more so for the treatment of eye diseases. In Bombay ten eye-camps have been functioning since 1947-'48 and so far have treated over 17,000 patients, and operated more than 4,000 cases of cataract. In Mysore, a mobile eye clinic was recently reported to have dealt successfully with over a thousand operative cases in 3 months. Still more recently we had a similar report from the U.P. of a mobile eye camp having been started for taking ophthalmological relief into the rural areas. These certainly require the services of broad-minded large hearted eye specialists who will undertake this work as a labour of love in a truly missionary spirit and with no expectation of any other reward than that of the supreme happiness and cheer they bring to their unfortunate blind brethren.

"In the Days of Thy Youth"

Religion and health are beautifully intertwined in an article by Dr. Louis A. M. Krause in the *Annals of Internal Medicine* (Vol. 36, p. 152). His title is *A Biblical Introduction to Geriatric Medicine*. He looks through medical eyes on what he calls the finest description of old age, as found in the Book of Ecclesiastes. He quotes first these words :

"Remember now thy Creator in the days of thy youth while the evil days come not nor the years draw nigh when thou shalt say I have no pleasure in them."

Then he adds : "It is rare for us to hear young people talk about having no interest in living, that they are willing to pass on if the Lord should call them ; but how frequently do we hear that from old people ? Many times I have heard them say 'When the Lord calls me, I am willing to go. I've lived a long life and a happy life and reared a family'".

Dr. Krause quotes liberally from Ecclesiastes and draws beautiful similes from it. A striking parallel might be evoked by changing the word "Creator" to "health." Geriatric medicine is concerned with caring for the ailments of old age. Beyond a doubt many of these disorders would not develop if healthful living had been adopted in the days of youth. In the full vigor of early manhood and womanhood it is easy to forget the "evil days" which are to come. To eat moderately and wisely, to take regular exercise, to mingle work and recreation in due proportion, to shun the poisons of tobacco, alcohol, coffee and the like, and especially to maintain equanimity in a world of tension and confusion, these are measures for preparing for the years that "draw nigh when thou shalt say I have no pleasure in them."

—*Good Health*, U.S.A., Dec. 1952.

A woman's mind ought to be cleaner than a man's, for she changes it so much oftener !

SOCIAL MEDICINE

SOCIAL medicine aims at the improvement of the health and working capacity of families, groups, societies and in fact of whole populations. It embraces a study of the social pathology, and the numerous aspects of humanitarian service *viz.*, public health administration, remedial and allied social services and special disciplines, necessary for the progress of knowledge regarding sickness and health in the nation. Social medicine has developed as a result of the impact on general medicine by the biological and social sciences. It aims at the elimination of defects, derangements and disharmony, in relation to groups of human-beings. It embodies in its scope everything that relates to man's well-being, not merely the make-up of man himself but also his environments and his relationship with them. Social medicine is gaining in importance as illness has now come to be regarded as a reaction on the part of certain individuals to particular environments.

• "The most complex of all social animals is Man" and so any study relating to his general well-or ill-being should be correlated to the change in his social circumstances in the present work-a-day world. "It may be readily conceded that in searching for the ætiology of disease, medicine has not probed deeply enough into the lives and conditions of the people so as to bring to light the more ultimate factors that

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cause unfitness, sub-health and actual disease" said Lord Horder. If for instance, overcrowding is the determining factor in the causation of rheumatic disease, social medicine must be able to discover and remedy it.

The ideals of "social medicine" are quite distinct from those of public health. Public health services lay almost entire stress on the "environment"; whereas social medicine which is based more on clinical experience lays the emphasis on "Man" and endeavours to study him in and in relation to his environment. Public health deals almost solely with communicable disease while social medicine concerns itself with all prevailing diseases including for example, the cardiovascular diseases, the granulomata, psycho-neurotic states and accidental injuries. Social medicine thus rightly covers the whole field of social diagnosis and social therapeutics, in vest i g a t o r y methods in clinical medicine and also the after-care and rehabilitation procedures. The social medical worker is charged with the duties of teaching and following up the activities of a clinical research unit. In short, social medicine extends its scope beyond the interests served by the old public health services.

Socio-medical surveys can be applied in an increasing measure, to the refinement or extension of mortality and morbidity studies. Groups or "populations" can be surveyed and methods may be evolved for averting invalidating catastrophes to individuals in various spheres of activity. For the regular and orderly progress of social studies in medicine, well-based organizations composed of physicians, bio-statisticians, medical social workers, radiologists, occupational physiologists and social psychologists should be brought into being; systematised schemes of comprehensive research on normal and abnormal conditions and positive health

aspects should be inaugurated and the results of these researches should be interpreted in relation to maximum fitness of individuals for particular tasks, in particular environments.

Social medicine, and pathology should be included in the curriculum of medical studies, and taught to the student at college and also during hospital bedside clinics. Hence "the more, in fine the doctrines of population are studied, the more deeply will be impressed upon the mind, the sacredness of human life and of the safeguards by which it has been surrounded by God and the laws."

Good and Bad Results of Exercise

Magazine articles and books have been written recently intended to prove that exercise is harmful. Two stock illustrations are used. One is the story of the fat business man who played golf only occasionally and died from a stroke on the links. The other quotes the late Chauncey M. Depew as saying when in his nineties that he attributed his long life to his taking no exercise except to serve as pallbearer for friends who did exercise freely!

Obviously, physical exertion can be harmful, just as drugs can be dangerous if wrongly applied, or rain, usually beneficent, can become a destructive flood. In right doses exercise is one of the greatest stimulants to good, healthful living. It speeds up all the body processes. Old cells are broken down, new cells are formed, blood flow is increased, breathing is extended, elimination is improved, and other functions are benefited. Muscles are kept in good condition. Perhaps the chief value of exercise is in improving the coordination of nerves and muscles.

Sudden, severe and unaccustomed exercise puts too much strain on the heart. Regularity is essential for best results. Many persons engage in sports and other outdoor activities in summer, then relax in physical idleness the rest of the year. A daily programme should be adopted lasting throughout all the months.—*Good Health*, U.S.A., Dec. 1952.

Remember :—"More head-work at crossings—less surgical work at hospitals."

SPECIALISED TREATMENT IN TUBERCULOSIS OF LUNGS

Dr. JOHN G. DAVID, Medical Superintendent,
The David Memorial Tuberculosis Hospital,
Mehmadabad, Kaira Dist., Gujarat.

NOT all tuberculosis patients can be cured with general rest and chemotherapy alone. Some may require special methods of treatment which affords greater rest to the diseased lung. These can be had only from specially trained persons and very often the patient will have to stay in an institution at least during the early part of such treatment. It will be helpful and interesting to know something about these methods. A.P., P.P., Phrenic nerve crushing and thoracoplasty operations are the most commonly used special methods of treatment.

I. *A.P. is a contraction for artificial pneumothorax*:—(Pneumo = air, thorax = chest cavity), which means air introduced by artificial means into the chest cavity.

Many people have very queer ideas about this method. Some believe that the air is introduced by opening the chest cavity and some others that the air is injected directly into the lung tissues. Both are wrong. There is a thin membranous covering called *pleura*, which covers like a bag, as it were, the outer side of the lung from above downwards and on all sides and is then reflected back on the inner side of the chest wall consisting of the ribs and inter-

costal muscles, this forming between it and the lungs proper a potential sac-like space called the pleural cavity. Into this cavity the air is slowly introduced by an ordinary injection needle; the air thus injected gently presses on the lung on all the sides forming a cushion of air and restricting the movement of the lung which is thus enabled to be at rest.

The introduction of air may be slightly painful for the first two or three days. Usually only a small quantity of air is injected into the cavity on the first day, under local anæsthesia and this air-injection is repeated on the second, fourth and eighth days and once every week thereafter, till the diseased lung is collapsed properly. If smaller quantities of air are given at short intervals, the patient is able to accommodate himself to the physical changes brought about thereby. But when large quantities are given at a time with a view to increasing the interval between injections, the balance is upset and the patient becomes breathless; he is found to suffer from severe reactions, physical, mental and psychological. It is therefore, advisable to regulate the dosage of air to the level

required to compress the lung and give maximum rest to the diseased part with the minimum of trouble to the patient; when a patient is found to respond and to maintain proper collapse the intervals between the refills are increased. But this interval cannot be altered to suit the convenience of the patient or his relatives. Long distance, marriage and other family functions, and the superstitions relating to auspicious days, and hours are commonly pleaded for postponing the refills or prolonging the intervals. But this will not do, for the giving of larger quantities of air, in order to increase the interval so as to meet the wishes of the patients and his relatives, is fraught with danger and should be sternly discountenanced; failure may otherwise result. The over-compression of the lung by a large amount of air and the undue relaxation after a long interval when nearly all the air has been absorbed, cause an irregular balance of pressure in the rest of the diseased lung, resulting in risk to the patient's health. When the maintenance-collapse is obtained (which may take from six to eight months from the day of starting the treatment) the A.P., interval may be slowly increased watching carefully the reaction of the patient as regards general health and re-expansion of the lungs; this is done by regular and periodical screening of the chest till the course is completed. In the latter part of the treatment the majority of the patients take A.P., refills at intervals of four to six weeks.

A.P., is usually continued for two years from the time the disease

is brought under control, in other words, from the time when reactions such as fever, cough etc., have subsided and in the case of cavities, from the time of their closure, as evidenced by an X-ray picture of the chest. This does not mean however, that one has to stay in an institution for all that time. It is very necessary however, to be in bed-rest during the first few weeks or months of the treatment. But later on, as the condition improves one is allowed to get out of bed and is given graded exercises. When the condition improves further without any side-reactions the patient is allowed to go home but asked to come regularly for his A.P. treatment as an out-patient. Several patients keep up the treatment without any difficulty, even while attending to their daily duties. This keeps the patient's condition under regular periodical check and supervision by the doctor and at the same time enables the patient to earn his livelihood.

Some complications are liable to occur during the course of A.P. treatment, but one need not be unduly alarmed at them. Air-entry may not be possible in some cases due to the presence of extensive adhesions in the pleural space. In such instances other forms of treatment will have to be instituted.

The most commonly seen complications are:—

1. *Adhesions*, which are fleshy bands that form between the lung and the chest wall, preventing in many cases a satisfactory collapse of the lungs. These bands, can be divided by operation in many

cases and the A.P. continued without any interruption or further trouble.

2. *Fluid formation* is fairly common and may often cause considerable anxiety to the patient. If the quantity of fluid is very small it may be left alone and the A.P. continued. But when the quantity is large enough to cause distress to the patient, as evidenced by difficulty in breathing, high fever etc., it should be removed by aspiration as often as necessary and the A.P. continued. In a few instances, the fluid-formation might cause extensive adhesions and eventually obliterate the air-cavity. In such cases the withdrawal of fluid must be considered as early as possible and when this is not possible the A.P. should be stopped and some other form of treatment instituted.

3. *Spread of the disease*:—In some cases the infection may spread to the other lung or when it is already affected, the severity of the disease may increase. Modern chemotherapy has greatly altered the prognosis in such cases. Proper and timely administration of the suitable drug or a combination of such drugs will prevent the spread of the disease and enable the A.P. to be continued.

II. *Pneumoperitonium* (P.P.).—In this method of treatment the air is injected into the peritoneal cavity in the abdomen by the same kind of needle used in A.P., the air being introduced through the abdomen instead of through the chest wall. The air thus injected spreads into the peritoneal cavity and by raising the muscular partition (*diaphragm*) that separates the chest from the

abdominal cavity, helps the relaxation of both the lungs. This treatment is very popular now-a-days and is particularly very useful when both the lungs are affected. The improvement following this line of treatment is rather very slow but many advanced cases unsuitable for other forms of treatment have been successfully dealt with by this method. Further, this method is followed by comparatively fewer complications. There is also the added advantage that very advanced cases are first treated by P.P. and when they respond and are brought under control, other forms of treatment are easy of adoption. A certain amount of pain is experienced at the beginning of this treatment, but most of the patients take it without trouble, and persist with it. The refills when given at short intervals of eight to ten days produce more satisfactory results than when given at longer intervals. Sometimes P.P. is helped, by doing a *phrenic nerve crushing operation* on the more affected side. The maintenance of a satisfactory collapse is very important in this case also.

III. *Phrenic operation*.—A small incision is made in the neck under local anæsthesia and the phrenic nerve supplying the diaphragm is exposed and crushed well. The paralysis thus induced on the operated side, enables the diaphragm to be raised further, causing further relaxation to the lung on that side. The usual procedure in the past, was to divide the nerve or forcibly remove it completely leaving a permanent paralysis. But now the nerve is simply crushed and left alone, so as to cause *only a temporary*

paralysis lasting from six months to a year according to the intensity of the disease and if found necessary, it may have to be re-crushed when the diaphragm begins to move. Rest for a few months will greatly help in the healing of the disease. The crushed nerve will eventually get whole and function well.

IV. Many other major operations are also performed but what one often hears about, is *Thoracoplasty*.

A number of ribs on the affected side are removed under local anaesthesia in several stages. The chest-wall with its fleshy structures will then fall in and press on the diseased lung. This is a permanent collapse and so will cause a certain amount of deformity, which can be remedied by proper treatment and exercise. In suitable and selected cases there is practically no danger, and the results are very encouraging. In unilateral (only one lung) affections with a cavity at the apex of the lung this treatment is usually preferred to others. A further stage in this treatment, is the partial or entire removal of the diseased lung. This is called a "Resection of the lung".

Whatever special method of treatment is advised or adopted, the following important points have to be kept in mind:—

1. Two cases however similar, may not respond to the same treatment. Each case has to be judged and treated on the basis of its underlying lesions, and the condition of the patient.

2. A single line of treatment *may* not be sufficient in all cases to bring about the desired result. Hence, some cases need more than one type of treatment to obtain satisfactory results. Again in a few cases, the treatment in use may have to be stopped and replaced by other forms of treatment.

3. Whatever treatment is followed, *complete bed-rest is absolutely essential* during the early days of the treatment. Neglect of this precaution has caused great delay in healing and also keen disappointment in many cases.

4. The treatment must be persisted in, for a sufficiently long time, to allow the diseased lung to heal up completely as judged by the X-ray picture and other clinical tests.

5. A check-up once in three or four months with an X-ray picture of the chest, even after stopping the treatment, is necessary atleast for one full year, as this alone will help to prevent any relapse in the early stages.

JAI BHARATH.

Drugging Athletes

Injecting a drug into a horse to increase his speed is forbidden by all jockey clubs. But the practice seems to have its place in athletics. A physician wrote to the *Journal of the American Medical Association* (Vol. 149, p. 167) to ask whether administration of B complex vitamins before a contest is really beneficial. The editor wrote a stinging reply. He said that such medication if often indulged in, might cause circulatory disturbance. If the subjects speed was increased, the reason would be psychological rather than physiological. At best he pronounced such "doping" as poor medicine, worse sportsmanship and an extremely destructive philosophy to teach our youth.—(*Good Health*, Dec. 1952).

ASTHMA



WILLIAM KAUFMAN, M.D.

SEVERE asthma is one of the most dramatic and dreadful diseases that a human being can have when an attack strikes, each breath becomes a noisy, wheezy struggle for survival. The desperate patient concentrates all his energy, emotion and attention on a fight to get enough air into and out of his lungs to support life. Repeated attacks, even if not fatal, may turn the sufferer into a chronic invalid, and in time he may develop serious cardiovascular and lung complications.

We shall consider here the widespread, often serious condition called allergic bronchial asthma. Primarily it is caused by the individual's hypersensitivity to some external agent, such as a food, drug, pollen, dust, bacterial by-product or animal emanation. But there are psychological factors as well, because the patient reacts as a total bio-dynamic unit to his illness and life situations.

The allergenic substance, either breathed in or carried by the bloodstream, attacks the susceptible individual's bronchial tubes. Almost at once the mucous membranes lining the tubes swells, the smooth muscle in the tube walls goes into spasm and a thick, sticky, mucus is secreted. All this constricts and chokes the passages. It becomes extraordinarily difficult to suck fresh air into the lungs or, even more important, to blow the trapped impure air out of the lungs. To

the very real threat of death by asphyxia, the patient responds by mobilizing all his resources. As he struggles mightily to breathe, his body is racked by paroxysms of coughing to free his bronchial tubes of the blocking mucus.

After recovering from the attack, the patient may seem perfectly well, no different from anyone else. But the appearance is deceptive for, a person who has experienced asthma is different!

After a series of severe, intermittent attacks of bronchial asthma, the patient may become more or less incapacitated. Not knowing when he will feel well or be sick, he may develop a pattern of neurotic behaviour which is a human counterpart of the confusion induced in rats exposed to frustrating stimuli in the famous experiments of Norman Maier at the University of Michigan. Often the patient sharply constricts his field of interest and activity, fears to compete with others, avoids new or strange situations, prefers to do certain things over and over again in a compulsive manner, and gradually does less and less, more and more carefully.

In short, the patient who has allergic bronchial asthma presents physiological as well as psychological problems, and he frequently needs psychotherapy.

Most asthmatic adults who consult an allergist have had repeated attacks. They are difficult to treat, because they have deeply

ingrained patterns of aberrant (abnormal) behaviour which vary from person to person; each requires individualized psychological management.

The most common pattern is one of fear and dependency. This type of person may try to disguise his basic personality by loud talk and bragging, but his bravado melts away quickly whenever he has to meet a real challenge.

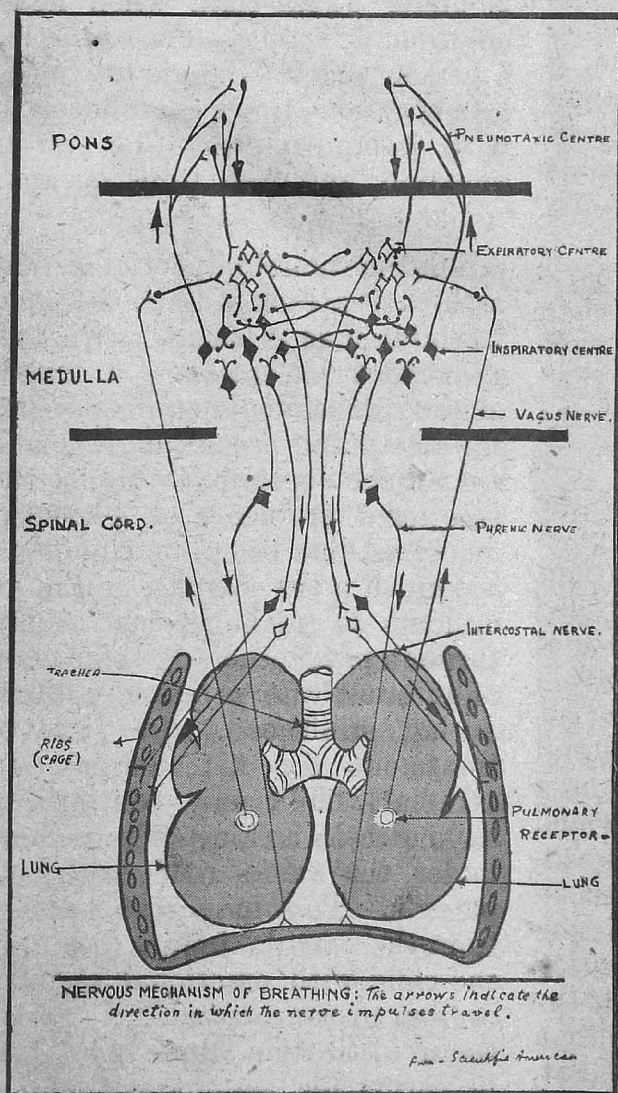
agreeable facts). He may eventually be so rooted in the world of fantasy that when he stops having asthma attacks—which constitute his only hold on reality—he becomes schizophrenic (subject to a form of hallucination) and needs to be institutionalized.

Then there is the individual who reacts with intense anger and hostility to his illness, to healthy people and to those who do not

do his bidding. Often this anger is turned toward himself, and the patient becomes gloomy and depressed, sometimes even attempting to take his life. Another type is the grieving patient, who may be relieved of his asthma for a time by weeping when he is deeply disturbed. Other patients show a paranoid (subject to delusions of persecution) tendency, building up a systematic picture of being harmed by others. Finally, there are hyperactive patients who keep perpetually on the move, as if to ward off an attack of asthma.

The treatment of allergic bronchial asthma is simple in theory but difficult in practice. The patient's bronchial-tube structures are hypersensitized to bacterial infection or to some material he inhales, eats or takes in the form of medica-

tion. If the offender can be readily identified it may only be necessary to get rid of the harmful agent, either by eliminating it



Another type of asthmatic patient tends to be dreamy and escapist (one who takes refuge in fantasy to avoid facing dis-

from the patient's diet or environment, or by treating an infection, or by desensitizing the patient with injections. But when the allergic basis cannot be found, we must rely on preventive measures—drugs, such as epinephrine, cortisone, ACTH, oxygen, and so on. These must be administered only by a qualified doctor according to the emotional as well as physical needs of the patient. For example, a depressed asthmatic may be poorly on sedatives but well on dextedrine, a brain stimulant. A schizoid patient may develop a frank psychosis if his asthma is too thoroughly relieved; in a sense, his sanity depends on his having his asthma. An excited, hyperactive asthmatic will do better with sedatives than with stimulants, and such a patient may require smaller than average amounts of epinephrine to control his asthma.

Physicians must be alert to the conditioned psychological reactions of their patients. A patient who has had severe ragweed (a weed of the genus *Ambrosia*) asthma and has been desensitized by treatment walks into his doctor's office. He is cheerful and happy—until his eye lights on a vase on the doctor's desk which he believes contains ragweed, but which actually contains a plastic replica of ragweed. Within seconds the patient may develop an asthmatic attack. But if the doctor tells him that it is only a plastic model of the ragweed plant, the attack ceases abruptly!

What happened? The patient's nervous system reacted to the danger of ragweed. His cholinergic (parasympathetic) nerves be-

came overactive, constricting the bronchial tubes and starting the wheezing, difficult breathing when the patient learned that the threat was not real, the stimulus for this behaviour was turned off, and the psychogenically induced asthma ceased.

Allergists have observed repeatedly that a patient is much more likely to suffer an asthma-attack in response to a stimulus when he is under stress than when he is emotionally serene. For example, a person who is allergic to chocolate may sometimes eat chocolate with immunity when he is on vacation and free from occupational and other stress.

The emotional impact of a first asthmatic attack is much the same in children as in adults, with one important exception. A child, already dependent on his parents for safety and protection is made even more dependent. Hence the emotional problems of a person whose asthma began in childhood are much more complex and more difficult to manage successfully through psychotherapy than those of an adult who acquired asthma during adulthood. In spite of treatment for his allergies, an asthmatic child may continue to have attacks as long as he remains under the same roof with his parents. This may result either from the parents' failure to supply the child with emotional security or from over-protection. Removed to an institution which specializes in caring for asthmatic children, such a child may recover in a relatively short time, even without being given special allergic therapy. He gradually loses his fears of illness and of rejection and finds

that other children who were just as sick as he, have become healthy. This gives him a real sense of inner security. After living away from home for several months or years, the child can often return to his parents' home without suffering the stresses which were the psychological background for his attacks of asthma.

The Strategy of treatment of allergic bronchial asthma must

always be concerned with two objectives: the *short term goal* of ending the attack and making the patient as comfortable as possible, and the *long-term goal* of preventing future attacks. Although we are far from having all the answers to this complex problem, in most instances excellent results can be obtained by a skilful blending of the right kind of allergic and psychological treatment.—(*Scientific American*, Aug. 52).

Scientific Knowledge of 50 and 100 Years Ago

‘THE *Scientific American*’ was founded in 1845 about 108 years ago in New York and this popular and interesting journal has been publishing (in its monthly issues in recent years) under the heading “50 and 100 years ago” extracts and notes of outstanding importance at that time—some of which have a perennial and abiding interest today. Here are some:—

100 Years Ago

1852.—(1) *The Razors*:—“Barbers often tell us that razors get tired of shaving, but if laid by, for 20 days they will then shave well. By microscopic examination it is found that the tired razor from long strapping by the same hand and in the same directions, has the ultimate particles or fibres of its surface or edge all arranged in one direction, like the edge of a piece of cut velvet; but after a month's rest these fibres rearrange themselves heterogenously crossing each other and presenting a saw-like edge. These and many other instances are cited to prove that the ultimate particles of

matter are always in motion.” [Note:—Modern researches have shown that steel razor blades undergo fatigue from constant use, just like living beings and that a short period of rest after a few shaves, will bring blades back to a further useful life. We can testify to this fact from practical experience of the standard quality blades. By repeated careful strapping on the flattened palm of the left hand holding the blade between the thumb and the first 2 fingers of the right hand, immediately before and after each shave, prolongs the useful life of quality blades, and by this method and allowing a week's rest to each blade, one can carry on satisfactorily with a packet of 5 Gillette thin blades, for at least six months.—ED. HEALTH].

1852.—(2) *Research on embryonic development of turtles*:—Prof. Agassiz offers boys in the vicinity of Cambridge 12½ cents each for each egg of a turtle they will bring him with care, covered with moist earth and carried in such a way as to prevent being shaken or

rolled about. The Professor is engaged in watching the growth of turtles as they are forming within the egg."

Fifty Years Ago

1902.—(3) "X-rays can burn the tissues, setting up some yet obscure form of electrolytic action. It is claimed strenuously by good authorities, that there is a healing action in malignant skin diseases, due to this new electric radiation."

[Note:—So, 50 years ago from now, the therapeutic value of X-rays had been as it were, shrewdly anticipated by medical men of America.—ED. HEALTH].

1902.—(4) "To point to the hurry and stress of modern town life as the cause of half the ills, which flesh today is heir to, has become almost a commonplace in

ætiological diagnosis. The old fashioned complaints might almost excite a medical man's pity. So much do they seem to be crowded out by those active widespread young fellows, neuritis, neurasthenia, and a whole young family of nervous illnesses—the offspring of the strained existence of today. We may imagine future generations perfectly calm among a hundred telephones and sleeping sweetly, though airships whiz among countless electric wires over their heads and a perpetual night traffic of motor cars hurtles past their bedroom windows. [Note:—How very prophetic and true to modern conditions of life in which we live in 1953!—ED. HEALTH]. As yet, it must be sorrowfully confessed that our nervous systems (1902) are not so callous."

"Television Neck" (Yet Another New Disease!)

Dr. Kaufman of Connecticut describes a new disease "Television Neck", as though the innumerable diseases that humanity is already facing are not enough. He recently observed a series of symptoms in persons who were keenly watching television programmes by straining their necks and heads over long periods. The symptoms noted included limitation of movement of the neck muscles, accompanied by severe pain or discomfort noticed particularly at the nape of the neck. Sometimes this pain is of a radiating kind, extending into the shoulders, the upper portion of the neck and the back of the head—the occipital region. As several persons usually view the same screen they have necessarily to bend their necks

sideways and keep in that position for long hours. If this condition, the "television neck" occurs in husband and wife who occupy a favourite chair and assume a particular position, the discomfort and pain occur on one side in the husband and on the opposite side in the wife!!

The remedy lies according to Kaufman, apart from desisting from television shows, in raising the set so that the screen can be comfortably seen by all persons without assuming any particular awkward posture. Chairs with higher or lower seats according as the screen is high up or low down, would permit of assuming less strained positions.—*Jour. Amer. Med. Assoc.*, 149, 1332, 1952.

Smoking and Cancer of the Lung

CIGARETTES MOST HARMFUL

Dr. H. J. F. Maisin, a Belgian Cancer Specialist and, Secretary of the International Cancer Union who was in Madras at the end of December 1952, said that recent researches into the effects of smoking had led to the definite conclusion that smoking, particularly smoking of cigarettes, was a major cause of cancer of the lung and chain smokers invariably contracted cancer of the lungs. Cancer of the lung was definitely on the increase and at a fast rate in Europe and America. [It is perhaps so also in India. Ed. HEALTH]. Studies of thousands of cases have definitely proved that this increase can be correlated with the great increase in cigarette-smoking. Dr. Wynder carried out a systematic study of 729 patients of whom 689 were men and forty were women. In an article communicated by to the Archives of Industrial, Hygienic, and Occupational Medicine, (vol. v.) he states that 1.5 per cent of these patients were non-smokers as compared with 15 per cent in the general hospital population of corresponding age and economic status. Of the cancer patients, 20 per cent were chain-smokers as against 7.6 per cent in the control group. The greater the use of tobacco, the greater the incidence of lung cancer. In the 10 years from 1938 to 1948 the number of deaths from lung cancer in U.S.A. increased 144 per cent; from 6732 in 1938 to 16,450 in 1948! The expert physicians of the Tulane

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University School of Medicine, and the Ochsner Clinic of New Orleans who investigated this problem also found that during the same period the deaths from all types of cancers increased only 31 per cent from 149,214 in 1938 to 195,594 in 1948.

They declared that there was a causal relationship between the increased incidence of lung cancer and the increased use of cigarettes and a distinct parallelism between the sale of cigarettes and the incidence of lung cancer. "This type of cancer, begins so very insidiously and occurs generally in persons who smoke excessively and have a cigarette-cough that very little attention is paid to the early manifestations of this disease," say Dr. Alton Ochsner and his colleagues. It is their considered opinion, based on extensive studies, that physicians should urge all patients, particularly the men who were past 40 years of age and who smoked heavily to have their chests X-rayed at least once every year and whenever a shadow is detected to have prompt exploration performed, if cancer is not excluded quickly. It was primarily a disease of men, probably due to the fact that the bronchial mucous membrane in men is more

susceptible to malignant change than in women.

Besides being the cause of malignant conditions like cancer, smoking has been proved by responsible expert physicians to be harmful in asthma. Dr. Gustavus Peters of the Mayo Clinic and his co-workers have reported quite recently (*Staff Proceedings of the Mayo Clinic*, Vol. 27) that smoke of any type is irritating to the nasal and bronchial mucosa. It induces cough, bronchitis and bronchospasm, which are really Nature's kind and well-meant warnings against smoking. The so-called asthma cigarettes, recommended for use during severe paroxysms of asthma, contain no tobacco but contain stramonium or nitrates. The little good effects of these drugs is negated by the bad effects of the smoke itself. We now see numerous advertisements of special brands of cigarettes that will not irritate the mucous membranes etc. but it may be asserted that all are definitely harmful.

Cigarettes with so-called built-in-filters which sometimes contain menthol are now placed on the market. The menthol is meant to allay burning of the tongue and throat. Obviously therefore, the cigarettes with the tobacco content alone, do certainly irritate; and the makers know it; otherwise why these special devices? "Some writers on medical subjects", says the Editor of *Good Health* "soft-pedal or side-step mention of tobacco as a source of irritation. The authors wonder if such physicians are not themselves indulgers in smoking". If even a normal person without asthma smokes a packet of cigarettes every

day for a few years continuously a chronic cough, bronchitis and expectoration will frequently result. The asthmatic patient, with his sensitive, inflamed air passages will respond to the irritation even more quickly. Mucus is formed by nature as a protective covering for the membranes which are attacked by injurious substances. Hence no attempt should be made to expel mucus by hard coughing such as occurs in smoking.

We all know that smoking ruins the appetite and dulls the taste and smell. It is also positively harmful to patients with peptic ulcers.

Doctors, many or most of whom smoke, hold differing views about the harmfulness of tobacco. We have lately come across an extreme case where a responsible Indian doctor of Bombay said that "tuberculosis patients can smoke merrily" and I pointed out in the last issue of *HEALTH* the utter untenability of this perverse advice. But even the most confirmed cigarette smoker amongst doctors, when he comes across a patient with Buerger's disease—a chronic inflammation of the arteries and veins of the legs and hands, with constriction of the lumen of vessels and obstructions therein—will at once say firmly "*Absolutely no smoking, now and forever.*" Dr. Theodore Van Dellen of Northwestern University, writing in the *Chicago Tribune* says "this malady is seen mostly in tobacco users. Its victims are usually between the ages of seventeen and fifty. It is marked by cramping of the legs which however, disappears when the cigarettes are abandoned. Nicotine in the tobacco constricts the arteries and diminishes the flow

of blood. In cases of Buerger's disease, the shortage of blood supply will lead to gangrene of the extremities. If smoking is *not* stopped at once, amputation of the fingers, or toes may be necessary to save life; in some cases the foot itself may have to be sacrificed to the uncontrolled craving for cigarettes!!"

Dr. Van Dellen relates the case of a young man who had this disease and who had been cautioned against smoking. But he went to a party one evening and had some

drinks and *one* cigarette to smoke. Three days later his fingers became gangrenous and had to be amputated". *Good Health*, Dec. 1952 concludes by saying that the restriction of circulation due to smoking has been demonstrated by the use of a special thermometer, applied to the finger tips, which shows a drop of 5.3° to 15°F., after the smoking of one single cigarette.

And still the craze (or is it also craving?) for cigarette-smoking is daily increasing: When will it stop?

Children and their Eating Habits

Dr. Theodore R. Van Dellen of Northwestern University writing in the *Chicago Tribune* on the finicky eating habits of children, which often cause continual annoyance and distress to their patients pertinently remarks that children like adults, have minds of their own and *can* be very stubborn. Too frequent nagging and scolding by parents only make matters worse. Let parents remember (what they often forget in their abundance of love) that no child ever voluntarily starved to death, and that if one meal is omitted, the youngster will probably get hungry by the time the next meal is served. The fact that likes and dislikes for foods change from one season to another should cause no

disquietude. There may be a period when raw vegetables like carrots, potatoes, beans and peas will be called for and eaten ravenously. A few weeks later some other fad will crop up. Some parents worry because they think the boy is not eating as much as he did. The average baby triples its weight during the first year. Obviously this rate cannot continue. For if it did, the child would weigh over 200 pounds when he is three. Also as the child grows taller, he seems thinner. As long as he is in evident good health, the food problem will usually take care of itself. In fact it is not the child which faces a problem; it is the parents.—(*Good Health*, 87:11).

Biography of a Four Time Widow

"She married a millionaire, then an actor, then a preacher, and then an undertaker. One for his money, two for the show, three to make ready, and four to go."—(*J.A.M.A.*, 1-3-'52).

Children's Reaction to Film Shows

FILM production in South India during 1952 largely centered round social themes like "family and village life, mother's love and semihistorical incidents"—we are told. Only two mythological pictures were screened. So they dealt with the life of the people as it is lived at the present day. This is a welcome trend but as the *Hindu* of Madras observed in one of its recent editorials, "Makers of films should guard against the temptation to exaggerate and distort the facts of life in an understandable effort to make the humdrum interesting. This is all the more necessary because a considerable proportion of cinema audiences in this country consists of children and young people. Because these are the impressionable age-group and are the citizens of tomorrow, it is most important they should not get a false sense of values, particularly as regards ideals and standards of morality. *It is significant that even with regard to films produced by those who have greater experience in making this type of picture, this danger has been felt.*" Thus during a recent discussion in London by the Society of Film Teachers, it was mentioned that the real harm to the child-mind came "not so much from the gangster films depicting a type of glamorous violence as from the fact that the cumulative effect of the false ideals and standards of morality which characterise many

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films could be degrading even though individually these pictures were not found too vicious or found wholly objectionable by the censors." This fits in very well with what we find in many of our Indian pictures both from North and South India.

Consciously or unconsciously the directors of these pictures commit the mistake of overlooking the possible deleterious effects that may be produced on impressionable youth and they have only the box-office collections always in their minds. It may be argued that it is far easier to pose problems than solve them. The reactions of the child-mind have hitherto not been very well studied or appreciated by film producers. In fact they are not best fitted to assess this aspect of the scientific study of the child-mind. It would be far easier to deal with the reactions produced on the adult by intelligent questionnaires directed to a cross-section of the cinema-fans. The thoughts of children have however, to be divined by using special techniques of study and observation of which they should not be conscious. To this end, a most valuable, fascinating and ingeniously devised study of children's reactions on the spot, even while they were witnessing the show, was

made in Denmark and extracts of the salient features brought out by this study as reported by Dr. Poul Trier in the *Danish Foreign Office Journal* are given here for the information of my readers.

"So far the production of films for children has mostly been left to the ordinary commercial film producers and the fact has not been fully appreciated that young children at least have special needs. This is scarcely a reflection on the producers for there has been a notable absence of the psychological and sociological studies which must go before any improvement in the standard of films for children."

A start has now been made with such studies. During the last few years child psychologists in Denmark and Britain have recorded the reactions of children to films and a similar study modelled on the Danish one, is at present in course of preparation in Italy.

The Danish study which was suggested by Mr. Ebbe Neergaard, Head of the Danish Government Film Office was undertaken by a child psychologist, Mrs. Ellen Siersted with technical assistance from Mr. Lund Hansen, a press photographer. Some 1,400 children from the nursery—and from infant school-children, that is between the ages of three and eight—were studied over a period of nearly three years. The children were from different social backgrounds and from schools run on different educational lines. Led by their teachers they came in batches chatting to their places in the small hall that was used for the test, unaware that children in

one part of the hall, were to be the subject of a detailed study using cameras, wire recorder, teachers, parents and psychologists.

Both "good" and "bad" films were shown, the same section of the audience, being photographed 18-20 times. A concealed wire recorder near-by, registered the children's vocal reactions. After the show the children talked about the films to their teachers, who completed a questionnaire for each child, based on what he or she had told.

Parents were also asked to complete questionnaires reporting what their children had said about the show, whether they liked it and would like to see it again, and whether there were any signs of fright, fear of the dark, disturbed sleep, etc.

Using the material as a basis, psychologists charted the children's reactions, obtaining what might be called typical reactions to typical film scenes.

What was the result? One result was to show that there is often a considerable difference between the real reaction to films and the children's subsequent account of it.

Reactions depend, among other things on the children's age, social background and education. Some sing and shout to obtain relief from the incidents witnessed, others are silent but feel sick and vomit when the show is over. Children brought up on free-educational lines will simply leave the hall if it is a film they dislike; those from strictly disciplined schools may betray mob reactions in shouts of "kill him", "tread on him" etc.

The study also revealed a widespread tendency among children to identify themselves with the characters. The cartoon about a young deer that loses its mother, may seem a sweetly sentimental story to the adult; to children it is bitter reality. They identify themselves with the animal; and to children losing one's mother seems the most awful thing that could possibly happen.

Criticism of ordinary jungle films and cartoons regarded as entertainment for children—is no new thing; but this Danish study has placed it on a solid foundation. At best these films are unintelligible to children; the plot is too involved, the speech too extensive and too full of word-play and associations which they cannot understand. At worst they leave in young children an oppressive horror. In particular the jungle film's violence and the grotesquely caricatured animals of the cartoon seem to have a *depressing effect* on many a young spectator—even though they may later describe them as “smashing.”

Producers of cartoons reject this criticism on the ground that their films are made for adults. The assertion is doubtless right. One might call them “*children's films for adults*” in that they appear to meet a need of adult naive entertainment. *But we cannot dismiss the idea that much harm is caused by reason of the fact that parents all over the world live in the confident belief that these films are good entertainment for children and so take their children to the cinema to see them.*

Mrs. Siersted's studies have

attracted a good deal of interest among students of the films who see in them a useful guide to the future production of films, for children. Her experience has been turned to good account in other ways as well; she has been appointed adviser on children's films and psychological films, to the Government Film Office and has been put in charge of the School Theatre's film shows for children from Copenhagen nurseries. The films shown are very short so as not to be tiring, and there is a very simple story; an owl that blinks gives rise to laughter. The children are told the story before the show, and they see the film through twice. They enjoy it best the second time, since children love repetition just as they can go on finding amusement in their picture-book at home.

To a child's receptive mind the impact of the darkened cinema, of the mysterious white strip of light from the projector, and of the over-dimensional living people, and animals on the screen is an experience sensed as something ominous and far more “real” than by the adult.

The intensity of film experience is not just a danger; it offers splendid scope for beneficial influence—more effective than the picture book or the spoken word. Little imagination is needed, for instance to visualize the importance it would have to international understanding, if every country undertook to produce children's films to suit educational principles, organizing an exchange through UNESCO or some other international body.

The Proper Approach to Motherhood

I. Preparation during childhood.—Preparation for motherhood should begin very early. In childhood it should be made possible for the child to ask questions and learn at her own pace, the facts of sex-difference and how she came to be. It is important to stress that learning must be at her own pace; when the child asks a question about sex she is ready for the answer. Let her ask questions but don't try to stuff her with unasked-for information. Be precise and to the point in answering, and don't evade. Let her share in the baby, especially if she has been the only child hitherto. A little girl is always delighted in sharing in the mothering along with mummy.

At adolescence the girl is faced with several problems; her own physical development and the onset of menstruation and her ability to accept such changes in herself depend very largely on the way they are presented to her. On no account should this normal biological function be looked upon as an illness and a doctor should always be consulted, if there is a disability or severe pain during the period. It is during adolescence, more than at any other time, that the mother's attitude and example are so important. How does the mother feel about sexuality and normal married life? How does she react to pregnancy and motherhood? What is she like in her day to day handling of the children and of the girl herself? Is she consistent or erratic? Is she

patient and tolerant or irritable and unjust? These are some of the elements which to go to shape and guide a girl's attitude towards motherhood.

II. Pregnancy.—The expectant mother harbours mixed feelings: a great sense of having achieved and fulfilled her biological destiny is predominant. She has a hope for the future. She has a feeling also of self importance, as the heroine of the drama, with a right to special consideration. Fear of the confinement is quite normal and should be recognised and admitted. It is nothing to be ashamed of. Every woman if she is honest, will admit that she has some apprehensions and considers it an ordeal. Fear expresses itself in tension and the tight muscles may hold up labour and may even be a cause for sterility. This fear-tension may cause also dypareunia—(difficult and painful intercourse). The attitudes of others around the mother-to-be, are most important. There is the unconscious cruelty of the older woman who has borne a number of children and who makes the most of her drama, often terrifying the prospective mother with weird stories of agony in difficult situations. The old wives' senseless talks of mishaps and misadventures in first confinements add to the piquancy of the situation. Finally when she has reached the end of an increasingly uncomfortable journey, she feels she is in the grip of something from which there is no escape. Labour may

be a normal process, but it is nevertheless, a trying though triumphant experience for all women. The young prospective mother therefore, needs all encouragement and sympathy and above all *she should not be left alone too much*. Teach her to help herself and to relax thoroughly not only in labour but throughout pregnancy. Dr. Grantly Dick Read's teaching on relaxation which has now become a classic for pregnant women, should be followed.

III. Active motherhood.—Motherhood really begins only when the child is born; then it is a life-long affair between two people and the mother-child relationship exerts its influence throughout life. The newborn child's need for comfort and nearness to its mother is not always sufficiently realised. There is profound wisdom in the ways of the primitive mother, who carries her nursling constantly in warm satisfying contact with herself. The separation of the child from the mother, except at stated times, which is practised in many hospitals and rich homes, deprives both of something valuable. The present practice in U.S.A. maternity hospitals is the rooming-in of mother and child wherever possible. The WHO has recently published a monograph on "*Maternal Care and Mental Health*", which should be studied by all who are concerned with maternity and child welfare.

IV. The nursing couple.—To quote from the monograph, "It is essential for mental health that the infant and young child should experience a warm, intimate continuous relationship with

his mother, in which both find satisfaction and enjoyment".

Where there is breast feeding, the nursing couple share a vital relationship, and even when the little one has been weaned, physical nearness must be maintained to ensure mental health. It is clear from what has been stated above that the infant's need to feel secure and loved is paramount. During infancy the criteria are sensual:—the familiar voice, the familiar touch, and the constant proximity of the same person. The mother should be consistent in her handling. She must always be loving and gentle and above all reliable—*always the same*. There is no doubt an element of risk in that the good mother may perpetuate an attitude of dependence in the growing child; in such a case the mother is motivated by her own possessive self-importance. The "over-protective" attitude of the fond mother, "you'll fall...I told you so" stunts the normal impulse to adventure and freedom. In short, the end point of motherhood is self-effacement. The mother then, is the ladder by which the individual reaches maturity and she must beware of being a hindrance.

V. The onlookers' approach to motherhood.—The relatives should exercise self-restraint, often very difficult. The older generation (*neighbours or casual visitors*) tends to feel that it knows best but one should remind oneself "This is not my baby" and only give help and advice if and when asked. The Health-visitor, is a key person in such situations. She can see things going wrong and straighten them out; give advice, guide the

young mothers and ensure proper mother-child relationship. The work of Spence of Newcastle on the importance of the mother's presence when the child is ill in hospital is of supreme importance. The late Dr. Catherine Chisholm, founder of the Manchester Babies' Hospital said many years ago "You can have the right food, and clothes, and sunlight, and all that but unless you add half an hour of loving to your prescription, the baby does not get on."

The capacity for mothering is

latent in all women. To help others in their approach to motherhood, we need every ounce of "mothering" we ourselves possess, a lively imagination and above all wisdom and humility" and may we add modesty and inherent love for the offspring, the first of conjugal felicity and domestic happiness?

[Summarised from an article by Dr. Mary Hemingway—Rees, M.R.C.P., in *Mother and Child*, Dec. 1952].

News and Notes

Four Indian W.H.O. Workers to Study in Copenhagen

Four Indian workers in different branches of anti-tuberculosis service left by air for Copenhagen (Denmark) on the 14th of February, for advanced study in their specialities under fellowships awarded by the World Health Organisation.

Three of the four are at present attached to the New Delhi Tuberculosis Centre. They are Dr. S. P. Pamra, who will study clinical aspects of tuberculosis. Captain R. Narasimhan, whose fellowship is in the bacteriology of tuberculosis and Mr. Albert Laverne who will take a course in tuberculosis home visiting.

The fourth member of the group is Dr. T. M. George of Trivandrum who is at present working at the Tuberculosis Training and Demonstration Centre established in Trivandrum in 1951 with assistance from WHO and UNICEF.

At Copenhagen Dr. George will study the epidemiology of tuberculosis, followed by a month's Dr. Pamra and Mr. Laverne will also spend a month in London after completing their six months in Copenhagen.

Both Dr. Narasimhan and Dr. George are graduates of Madras Medical College, while Dr. Pamra did post-graduate work in Madras after graduating in Lahore, Mr. Laverne also received training at the Lahore Medical College.

Captain R. Narasimhan, M.B., B.S., is the eldest son of Sri. Rao Sahib T. N. S. Raghavachari who was for 29 years Public Health Bacteriologist at the King Institute of Preventive Medicine, Guindy and even after retirement in 1943, continues to serve as the non-official member on the Expert Government Committee on Water and Sewage Purification, and has also been actively connected with our journals ANTISEPTIC and HEALTH since 1947.

Capt. Narasimhan, after graduating from the Madras Medical College in 1935, was Honorary Assistant Surgeon at the Govt. Royapettah Hospital and then at the Govt. Hd. Qrs. Hospital at Tiruchirappalli. He then took up a temporary Commission in the I.A.M.C. and saw active service in the Middle East for 5 years. Returning from the field of war, he joined the King Institute as Civil Assistant Surgeon in 1946; but relinquished it in 1948 to work in the Christian Medical College Hospital at Vellore as Bacteriologist. He was then selected to the post of Bacteriologist at the Tuberculosis Centre in New Delhi, which post he holds since February 1951.

"Quo vadis" menu reveals ancient Romans had good digestions

(Quo Vadis means "Where are you going?")

The ancient Roman was the happy possessor of what probably was the best

digestion ever known to man. Sometimes dinner would begin at six in the evening and last right through until noon the next day.

Here are a few excerpts from a genuine ancient Roman menu dug up by Hugh Gray, who served as historical adviser for *Quo Vadis* which is an M. G. M. Technicolour Film now being shown in Madras city:—

Appetizers:—Sea urchin, olives, caviar, anchovies, shrimp, mussels and stuffed dormice (this is an old world type of mouse about the size of a squirrel).

Fish Course:—mullet, turbot and carp.

Main Course:—Guinea hen, thrush on asparagus, split lark tongues, sow udders with tuna sauce and loin of goat or wild ass.

Vegetables:—All the kinds we have today plus parched peas, mallow and ele campagne.

Dessert:—Damascus plums, pomegranates, grapes, quinces, peaches, figs and cheese and honey cakes.

The Emperor Nero and his court stuffed themselves like this almost every night, while the lions in the arena were having a quick snack of Christian martyrs. Historian Gray says the old Romans usually avoided starches but that is the only thing they left out. All the rest they washed down with goblets and goblets of wine. Then, instead of walking it off, they lolled about on couches and leered at the pretty slaves and the captive dancing girls. "Burping all the while, probably," Gray shrugged, "Remember, bicarbonate of soda hadn't been invented yet."

A Team of 14 Foreign Medical Scientists in Madras

The W.H.O./USC visiting team of fourteen eminent medical scientists from eight different countries arrived by air in Madras on the 6th February and will continue to stay till the 4th instant; they are having a very strenuous programme in the various hospitals, colleges and other medical institutions in the city. Small groups visited and spent some days in Vellore and Trivandrum.

They held individual discussions with their "opposite numbers" in Madras, in

Ward rounds, demonstrations and surgical operations. It will be remembered also that some of these specialists examined and tried to do their best for Late N. Gopalaswami Iyengar, India's Defence Minister in his last fatal illness.

Clinical conferences were also held at which cases of particular interest were discussed from all possible angles by local doctors and the members of the team.

A series of evening lectures which were open to the medical and allied professions included such subjects as the latest methods of treatment of Cancer, Surgery of Heart diseases, Tuberculosis, Paediatrics, search for Antibiotics etc. Selected groups discussed in the afternoons such questions as Peptic ulcer, Immunisation in Childhood, Tuberculosis etc. etc. Public Health and Preventive medicine were also stressed and a Refresher Course for Public Health Officers was a special feature which lasted for over a week. The Public Health specialists in this team visited the Poonamallee Health Unit, The Saidapet Leprosy Clinic, the Asok Vihar Centre and the T B Sanatorium at Tambaram where they performed some delicate and highly specialised operations—like pneumonectomy (removal of diseased lung) and demonstrated the great skill required in chest surgery.

Five special medical and surgical films of great technical scientific interest which the visitors had brought with them were exhibited. There will be a special conference on the 2nd and 3rd instants exclusively devoted to medical education in which all members of the team and members of the faculties of the local medical colleges will take part.

The visit of this team to India is sponsored by the WHO and Unitarian Service Committee of the USA jointly, at the request of our Union Government. The team will proceed next to Bombay and spend about a month there.

—
A dwarf sees further than the giant when he has the giant's shoulders to mount on.—Coleridge.

* * *
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Health, Mar. '53

Medical and Health Topics from Periodicals

Horseback Diagnosis

Bennet Cerf, in *The Saturday Review of Literature*, tells the tale of a young doctor who hung up his shingle in a small town and waited for his first patient. Some days later one arrived—covered from head to foot with an angry, dangerous-looking rash. The puzzled young medico hastily consulted his textbooks but could find no help there. Finally he said to the patient, "Did you ever have this affliction before?" "Oh, sure, Doc," the patient replied. "I've had it twice before." "Well, damnation," diagnosed the doctor, "you've got it again."—(*J.A.M.A.* 16-2-'52.)

Ten Points

1. You cannot bring about prosperity by discouraging thrift.
2. You cannot strengthen the weak by weakening the strong.
3. You cannot help small men by tearing down big men.
4. You cannot help the poor by destroying the rich.
5. You cannot lift the wage-earner by pulling down the wage-payer.
6. You cannot keep out of trouble by spending more than your income.
7. You cannot further the brother-hood of man by inciting class hatred.
8. You cannot establish sound security on borrowed money.
9. You cannot build character and courage by taking away a man's initiative and independence.
10. You cannot help men permanently by doing for them what they could and should do for themselves.—Wm. J. H. Boetcker in *J.A.M.A.*, 16-2-'52.

Cheating!

While playing cards with her grandson, Prince William of Gloucester, recently, Queen Mary thought she detected him cheating.

"You know what happens to little boys who cheat?" she said reprovingly.

"Yes Grannie," came the reply, "they win".—(*The Weekly Mail Magazine*, 24-1-'53).

Only Coronation present

Queen Elizabeth, it is reported, had decided to accept no Coronation presents with one exception.

In keeping with tradition, she has agreed to accept from the Scriveners' Company the pen they provide for her to sign the Oath at the Coronation service.—(*The Mail*, 24-1-'53).

Articulate

"Can you describe your assailant?" asked a passer-by, coming to the aid of a downed man.

"Of course I can," was the quick reply. "That's why he hit me."—*Cavalcade*.

Teacher: "Jane, I am disappointed in your examination marks this term. Didn't you say your father had promised you a bicycle if you came out on top?"

"Yes Ma'am."

Teacher: "Then you should have worked harder. What have you been doing the last eight weeks?"

"Learning to ride a bike."

—(*J.A.M.A.*, 23-2-'53.)

Child Welfare in Delhi Conference on 11-1-'53

The All-India Balkan-ji-Bari (Children's Organisation) Conference urged the setting up of child welfare departments at the Centre, and in the States. It requested the Union Government to constitute a committee to report on the various problems connected with children, and suggest methods to solve them.

The Conference suggested that the Government should arrange for free medical aid to all children below 14, and also declare unlawful begging by children below that age and provide for the maintenance of destitute children.

It recommended to the Governing Council of All-India Balkan-ji-Bari to organise children's fairs in different parts of the country, and arrange for visits by children to different parts of the world.

WHO Assistance to India—Eighteen Programmes in operation

There are more WHO assisted programmes in operation in India than in any other country of the world.

Over 200 health projects are now under way in 62 different countries with WHO assistance. Of these 18 are in India, and involve the services of 38 international professors, doctors, nurses and technicians. In many of them there is financial co-operation by UNICEF, U. N. Technical Assistance, and other organizations.

In addition to these health programmes, WHO fosters development of medical training (a world total of over 1,000 fellowships were granted last year), and maintains services of drug standardisation, health statistics, epidemiological warnings, international health regulations, etc.

The 18 projects in India are as follows:—Tuberculosis training and demonstration centres in Delhi, Trivandrum and Patna; Maternal and child health project (Delhi); Malaria control project (Terai, U.P.); Venereal disease training centre (Madras); BCG vaccination projects in several States; Nursing training project (Calcutta); Plague control project (U.P.); Assistance in family planning centres (Mysore and Delhi); Penicillin factory (Pimpri, near Poona); DDT factory (Delhi); Yaws control project (Madhya Pradesh); Two specialists in physiotherapy at the K.E.M. Hospital, Bombay; and Four professorships at medical and public health institutes and colleges in Calcutta (2), Bombay and Trivandrum.

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 etc., etc.

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दो पतली त्रिकोणाकार पट्टियाँ ले लो। एक को आड़े जबड़े पर बांधो और गाँठ पिछली ओर दो। दूसरी पट्टी ऊपर से नीचे जबड़े पर इस तरह बाँधो कि वह टुड्डी के पास आवे। गाँठ सिर पर दो। अंत में दोनों रुमालों की दोनों नोकों को एक साथ बाँधो।

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