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HEALTH

ESTD. 1923

A JOURNAL DEVOTED TO HEALTHFUL LIVING

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Price FOUR Annas.

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

What's New in the News?

Cashew-nut

A dollar-earning crop of India, is a very nutritious food, judged from its chemical composition. The present annual production of cashew-nuts in India is given as 60000 tons valued at about 7 crores of rupees. Most of this is exported to U.S.A. The other products from the cashew tree are the cashew apples, the shells of the nuts and the shell oil.—(*Ind. Farming*, 3 : 4, 1953).

How much Salt per day Do We Take ?

According to the first round of the National Sample Survey, the estimated consumption per head of salt for the rural areas of South India was 24.0 grammes per day—(roughly $\frac{3}{4}$ oz). Another survey was carried out in Mysore city between Oct. 1952 and March 1953, by the Central Food Technological Research Institute in 4 successive phases of 4 weeks each. 73% of the families included in this survey were using crude white salt and 18.6% were using crude brown salt and the rest used both.

The *per capita* daily consumption of salt worked out to 19.4 grammes for white salt and 18.2 grammes for brown salt and the over-all average was 19.2 grammes. By using 0.75 as the conversion factor to arrive at the adult or consumption unit the average consumption for Mysore city was 25.6 grammes per consumption units per day. This survey also revealed the facts: (1) that a nonvegetarian used less salt than the vegetarian; (2) that the per capita consumption of salt appeared to be correlated with the income of the family.—(*Technical Seminar*, Aug. '53, C.F.T.R.I. Mysore).

Women Doctors

Statistics show that only 5% of the doctors in U.S.A. are women, as compared with 17% in England, and more than 50% in the Soviet Union (*C.M.D.*, Aug. '53).

First Aid Caution

A tourniquet should never be applied in the region of the elbow or knee because the radial and peroneal nerves are readily damaged by local pressure.—(*Cur. Med. Dig.*, Aug. 1953).

Virus of Common Cold Cultured atlast !

The common cold may soon be conquered. Research workers at the Common Cold Research Unit at the Harvard Hospital, Salisbury have, it is reported, succeeded at last in cultivating the virus of the common cold in the laboratory. They soon hope to find a cure for the snuffle. The author hopes this antidote will be palatable; or man may look back longingly in the days when he could take a holiday from work on the strength of a cold.—(*Sunday Standard*, 8-11-'53).

Duct under Suez Canal to Irrigate Land in Sinai

A Rs. 45-crore project to siphon water from the river Nile in Egypt by means of a duct under the Suez Canal to Sinai and to create arable land there, on which Arab Refugees from Israel can be self supporting has been started as a result of an agreement between the U.N. Relief and Works Agency for Palestine Refugees and the Govt. of Egypt.—(*The Sunday Standard*, 8-11-'53).

The Modern Cinema

Talking pictures came to India in 1931 and by about 1935, the silent movie films had faded out of existence, from the Indian screen. With the advent and wide extension of Television the talkies may also share the fate of the movies! What next then ?

Tubeless Tyres

The first tubeless pneumatic tyres to be made in Britain has first been demonstrated in Birmingham. An outstanding feature of the tyre is that its beaded edge makes an air tight joint with the wheel rim. The inner surface of the cover is coated with a non-porous rubber skin impregnated with a self sealing compound. The valve is sealed into the wheel rim. At the demonstration, a car fitted with the new tyres was driven over a number of three-inch nails. Although several nails penetrated, no air escaped. The cost of the new tyre at present is about 20% above that of the conventional type of tyre.—(*The Mail*, 20-6-'53).

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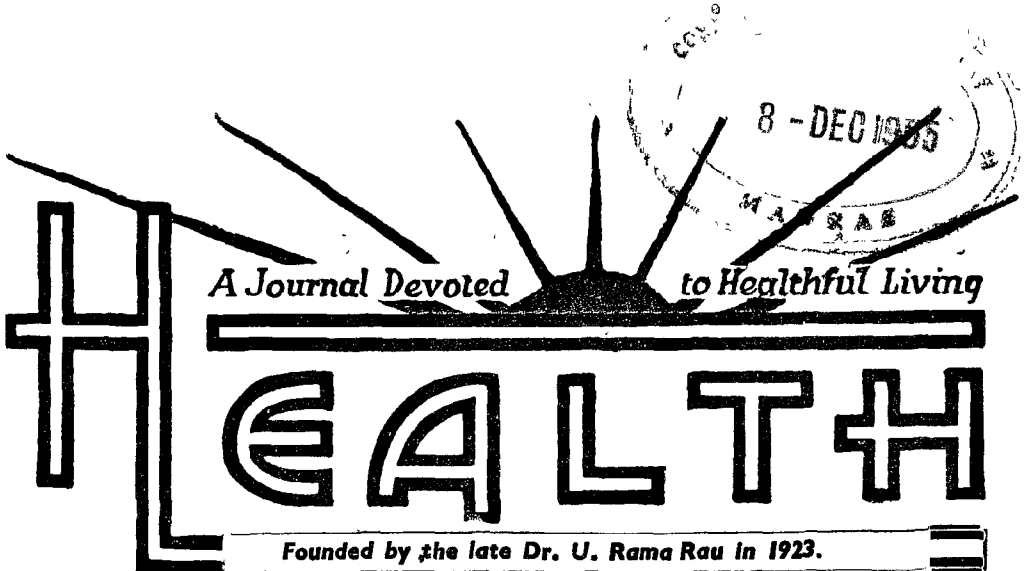
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A Journal Devoted to Healthful Living

HEALTH

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

Proprietor. U. Krishna Rau, M.B., B.S., M.L.A.

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

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

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

Vol. XXXI

DECEMBER, 1953

No. 12

ADULTERATION OF FOODS AND DRUGS

(A Growing Menace to Health)

THERE is no greater menace to the health of the people today than the rapidly increasing sale of adulterated food and spurious drugs. From the latest available annual report of the Government Food Analyst of the Madras State, we gather that over 40% of the pitifully small number of food samples examined were grossly adulterated. Earlier this year, a Select Committee of the House of the People was asked to consider and report on the Prevention of Food Adulteration Bill and in furnishing its report the Committee recommended that the penalty for offences against pure-food laws should be made considerably more deterrent than at present. The Bill as redrafted by the Sub-Committee providing for the award of such deterrent punishments by Magistrates of the First-Class,

even in excess of that permitted by Section 32 of the Indian Penal Code will become the Food Adulteration Act of 1953. This Act provides that the Government of India may establish a Central Food Laboratory or specify any laboratory or Institute as a Central Food Laboratory to examine articles of food or to carry on other tests, and may appoint Public Analysts by the States. But unless each State has three or more Food Laboratories, to meet the needs of the entire State, it is not possible to give effect to the provisions of the Act. To give an example, the King Institute at Guindy is the only one for the Madras and the newly formed Andhra States, for the analysis of food stuffs under the provisions of the Madras state Prevention of Adulteration Act. Owing to lack

of adequate accommodation, facilities and personnel, for the analysis of food-stuffs, the Government has limited the number of samples which municipalities and other local bodies may send to the public laboratory for analysis. Many may send only 4 samples a month and the bigger municipalities *not more* than a dozen each in a month for analysis. How could efficient control over adulteration be exercised under such severe limitations, which seriously militate against the effective detection of offences against the pure-food laws? To ensure the efficient working of the new Act, it is imperative that the Union and State Governments, should immediately establish a net-work of food analysis laboratories throughout the country, so that all local bodies may be enabled to send as many samples as may be found necessary to cope successfully with the task of preventing adulteration, which has become rampant.

The Union Government is reported to be considering amendments to the Agricultural Produce Act, according to a press report from Delhi, dated 21st October 1953, in order to prevent the adulteration of ghee. Sri Dr. PUNJABRAO S. DESHMUKH, the Union Agriculture Minister stated at the Agmark Ghee Packers' Conference, "It was tragic that few people could buy ghee in the bazaar with a sense of confidence

in its purity and real 'ghee' was unobtainable; so substitute cooking-media flourish in abundance."

"Unless rigorous steps are taken to rehabilitate ghee in the national diet by making it available in a quality which will be above question, real ghee will soon be no more than a memory. Under modern urban conditions in course of time, the people at large may have to reconcile themselves to the consumption of vegetable oils only."

Now with regard to drugs, the position is even more menacing. The adulteration of drugs and the manufacture of spurious drugs have indeed, assumed terribly alarming proportions in our country. Sri Dr. A. LAKSHMANASWAMI MUDALIAR, Vice-Chancellor of the Madras University, drew pointed and forceful attention the other day to this rapidly growing evil, which if left unchecked, will soon make the position of doctor and patient intolerably difficult and the efficient treatment of disease well nigh impossible. The Union and State Governments should act promptly and pass suitable legislation, on the basis of the recommendations of the Special Committee appointed by Union Government, which is now touring the country and collecting statistical and other information from the medical profession and the pharmaceutical trade.

Chastity

Chastity is the life of a nation. Do you not find in history that the first death-sign of a nation has been unchastity? When that has entered, the end of the nation is in sight. In my opinion, a race must first cultivate a great respect for motherhood, through the sanctification and inviolability of marriage before it can attain the ideal of perfect chastity.—(Swami Vivekananda quoted by *The Vision*, Oct. '53).

The Doctor on his High Pedestal

(A FABLE WITH A MORAL)

FOUNT RICHARDSON, M.D.,
(Arkansas).

ONCE upon a time there was a gentleman who lived upon a pedestal. His intimate friends called him 'Doc'. He called himself a physician. He dressed in the conservative style of the day and carried with him the dignity of decision. He studied his fellow men with as much scientific knowledge as he could muster and conducted his care of his suffering patients with all the study and the art that he could command. He studied his patient as also the patient's family, his parents and others. Part of his treatment came from his pill bag and part from his heart. He gave full measure of both. He was not too busy or tired on a cold night to go to see a patient. He was not so busily engaged at his club that he felt it necessary to take Thursdays off. Though not often eloquent, he found time to attend the public meetings to express his own sound judgement on any social or civic problem. He did not leave his charity-cases to a social worker or a politician who was out of a job. Often with his fellow physicians, he would plan for an equitable distribution of the charity work to be done in his community. Often one would relieve another, so that time could be had for further study. He took these devotional practices as his duty to that stern mistress, the practice and study of medicine. He never had known of any such thing as a committee on public relations as

his public relations were automatic.

He found many privileges accorded him for this devotion to duty. He was given the first place in any home he visited. He could come and go when he felt it was best for his patients. His car was noted and accorded precedence over other traffic. His opinions were respected in any department and his word in medicine was Law. He was loved and praised by all his patients. His charges varied from nothing to a proper fee, for the rich. He found room to live on that pedestal and his clientele helped to keep him there. This is the man of whom it was truly said "He is the flower of our civilization."

Then he became a 'Big Doctor'. He called himself a surgeon, or an otolaryngologist or a roentgenologist or a general practitioner. His friends dropped the 'Doc', for the Doctor. It became necessary for him to dress in the *plus ultra* style of some distant city dominated by star-artistes and others. He turned from the dignity of decision, to the debonair nonchalance of a cosmopolitan. The study of his patients was entirely left to the laboratory. He omitted the practice of treating the family. Most of the treatment came in the cool halls of a modern

hospital from an ampoule, or an instrument, from an efficient but highly impersonal nurse. *None of his treatment came from the heart.* He could not be disturbed at night, but the night's problems could find answers at the hospital where interns were waiting in inexperience, for that service and experience. He could not be disturbed on Thursday or Saturday afternoons and all day on Sunday: Some other doctor, and so forth, and so forth and so forth.

He found no time for community problems which he left to the politicians and the social workers. He decided that the City or State or the Federal government could care for the charity cases. He even urged the government to take care of the veterans and their families!

His latest-model expensive car forced its way along the thoroughfares, protected from the law by the *caduceus*—(the doctors' emblem). But he kept all the privileges, only until the public found that they had trouble in getting medical care on Thursdays, and

those other days, and that being shunted from the laboratory, to two or even three consultants for a few minutes each, was not only time-consuming but also very expensive; and that they were not getting the treatment from the heart of a sincere friend. He found the public taking over the treatment of paupers, and others, and calling the rules to fit the government, instead of the science and art of medicine. He found himself forced upon a salary subservient to the politician to whom he left the problem of the sick. He found some consolation in demanding and getting high fees.

But, he began to lose his privileges. He no longer lived on a pedestal. His acquaintances were large, *his friends became few.* He found himself without the elevation that was his, previously. He was soon looked upon as greedy and rich. He lost the sight of his obligations and so he lost his privileges.

Moral: "Never sell your birth-right for a mess of social pottage". (*Southern Med. Jour.*, Jan., 1953).

The Patient's Duty to the Doctor

Here is a wonderful tonic for our over-worked physicians, to be handed out by the patient; its ingredients are compounded in a simple formula that possesses great restorative properties: *viz.*, G-B-A-T-I-T-U-D-E.

His programme frequently requires him to violate the laws of health which he advocates for us. He has a busy day and has to break rest at nights, and rush to attend urgent cases. So be gracious to him and give him a lift by words of appreciation. Don't take his work for granted.

Too many patients have this philosophy: "I pay the doctor for home and office calls. Isn't that enough?" Frankly, it isn't. The best service of doctors cannot be bought with money alone. The doctor needs more than a lucrative motive for his humanitarian service. "Gratitude and co-operation inspire the physician to do his best. Help him along by being grateful. Let him know that he is appreciated.—(D. A. Delafeld in *The Oriental Watchman and Herald of Health*, November 1953).

Is Baby Losing Weight?

THERE'S no such thing as an average baby. There must of course be an average to go by in all things, but the fact that a child is heavier or lighter does not necessarily mean that he is advanced or backward for his age.

Some babies are naturally below weight yet progress quite satisfactorily, building up solid muscle and bone. Others may weigh far more than the average yet be unhealthy, the extra weight being due to fat.

It is nevertheless useful to have some sort of indication. A baby weighing seven and a half pounds at birth might be expected to weigh eight and three-quarter pounds at the end of a month, ten and a half at two months, eleven to twelve at five months, and so on till he weighs on his first birthday twenty-one pounds, twenty-three at eighteen months, and twenty-seven by the time he is two years.

Scales can be important, but they are by no means all that is needed to tell whether baby is thriving.

Judges at baby-shows look for a clear smooth skin, bright eyes, plumpness evenly distributed over the body. Fat cheeks are deceptive, for a baby can lose a considerable amount of weight without it being at all noticeable in the face. The thighs and buttocks lose fat first, then the 'tummy' and the cheeks last of all.

When a baby does look really thin in the face, it is a sure sign

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that he is badly in need of medical attention.

How then could you tell if failure to gain weight is caused by under-feeding? It is not a thing that a mother can usually judge herself. A doctor or a qualified nurse must decide, for the symptoms of lack of nourishment are apt to be confusing.

The child may be constipated, and not pass a satisfactory stool for several days or may soil his napkin two or three times a day with a thin greenish stain. Wind in the stomach may cause him to be restless after a feed.

A number of babies are under-fed because the mother is guided by the child's age rather than his weight. During each twenty four hours, a baby needs two and a half ounces of milk for every pound that he weighs. So if he weighs twelve pounds he will need thirty ounces a day. His appetite is likely to be biggest at 6 a.m. and smallest at 10 p. m. After a while the correct adjustment can be made. If a baby is breast-fed—breast-feeding is best—and does not seem to be gaining in weight, determine the amount of milk he is getting by weighing him before and after test-feeds.

Worry and overwork will affect the quality of breast-milk, so it is essential for the mother to take things easy when nursing baby

and also pay particular attention to her own diet.

If bottle-feeding becomes essential, owing to lack of breast-milk, then regular feeds with suitable wholesome milk-mixtures, should be instituted.

Sometimes a baby will lose weight because of faulty technique in presenting his food. If he is a slow feeder he may persis-

tently refuse to finish his bottle, because the milk has gone cold.

The bottle should have a wrap of flannel round it.

Baby's feed should be regular. Baby often cries for reasons other than hunger. If baby cries before his meals are due, and there is no other discoverable cause, increase the amount of the feed, but stick to the time-table.

Pica and Dirt-Eating

DIRT-EATING in a child is the result of perverted appetite—a condition known as pica. There is a natural tendency for this habit to cease naturally in such children by the age of 3 or 4 years. Occasionally there is an underlying nutritional disturbance, such as anæmia or there may be a distinctly neurotic disposition. In some children pica seems to result from an unconscious urge to obtain minerals or/and vitamins which are absent in the poor food they are able to get normally. Occasio-

nally also, depending upon the object the child swallows, serious consequences may result from this practice such as lead-poisoning as when the child picks lead-containing paint from toys or furniture, or various bezoars (concretions also called hair-balls) may accumulate in the stomach because of the inability of the swallowed articles to pass through the intestines—thus necessitating their surgical removal.—(*J.A.M.A.*, 25-7-'53).

Are Sweets Good for us?

Sugars and starches provide calories in a cheap form which is almost immediately available for the supply of energy. Deficiency of sugar in the diet could only happen in a case of extreme starvation. Excess of sugar is far more common. In 1840, the people of England consumed 17 lbs. of sugar per head per year. Now it is about 100 lbs. in 1953. Sugar *does* supply energy in a form that can be quickly utilized but unfortunately it has displaced more valuable sources of carbohydrates *e.g.*, potatoes and cereals, in which as well as the carbohydrate in the form of starch, there is a proportion of minerals and vitamins.

It is generally agreed now, that catarrh is encouraged by excess of sugar and acid fermentation of sugar may be at least partly responsible for decayed carious teeth, particularly in children.

Therefore, as you value your health and your teeth, go easy on sugars and especially in the form of sweets, which should be eaten very sparingly.—(*Family Doctor*, London, 1953).

SLEEP AND DREAMS

(Strange Facts and Beliefs of Other Lands)

THERE is all over the world a widely mistaken idea, that a fixed amount of sleep is necessary every night. Doubtless it must have originated from an old English adage "six hours for a man, seven hours for a woman and eight for a fool". Similar old proverbs in the matter of the required amount and 'quality' of sleep are current in every language of the world, regardless of the fact that sleep is indeed "a restorer of tired nature", and that as constitutions differ and tiredness with them, some people would need more sleep than others.

The mystery of sleep has baffled man from time immemorial. The primitive peoples were obsessed with innumerable superstitious beliefs concerning sleep and dreams. To many primitive peoples, sleep is a period when the soul leaves the body temporarily and goes gallivanting in strange regions. Thus, for instance, when a South American Indian of Brazil or Guiana wakes up from his sleep, he is firmly convinced that his soul had been away hunting, fishing, felling trees or engaged in other activities according to the dreams he was having. Some believe that their souls went out visiting the homes of their deceased forbears. In the island of Bali, the soul is thought to have been disporting itself in the garden of the Gods. The Tlingit Indians (American) look upon death as a form of permanent sleep and hold that in a plane above life in this world,

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there is a sleep-house where the spirits of all departed persons take rest. The people of Shoshone island prefer to think that their dead are resting as comfortably as they did when they were alive. So in the graveyard of the American Indian Reservation in Wyoming U.S.A., may be seen even today, the curious spectacle of modern bedsteads placed at the foot of the tombstones! This close relation between death and sleep has also led to the notion that the earth on a grave becomes endowed with a soporific and even hypnotic influence.

A burglar in Java will sometimes sprinkle such earth round the house which he intends breaking into, so that the inmates may lie in a trance while being robbed.

Even in our own country (Bharath) the black magicians and witches attach a premium to the earth, skulls, and bones obtained from cremation and burial grounds, as aids in their sorcery and witchcraft.

Where the belief is prevalent that the soul of a sleeping person wanders away, there is also the fear of it meeting the soul of another, when a fight may ensue. A negro of New Guinea in Africa, concludes that this has happened on awaking in the morning with

pains all over his body. He feels that his soul has been badly thrashed. He may be afraid to sleep in or near the place formerly occupied by a recently dead person. In some of the Aru islands, the people will not sleep in a house where a death took place the night before. A nightmare frightens the islanders of Lengua, who imagine that it is due to the attempt of the deadman's soul to enter their own bodies in order to get back to life. The Javanese, on the other hand, court meetings with spirits by sleeping in places believed to be inhabited by them!

Most primitive peoples dislike the idea of rousing any one who is asleep, because of the dread that the soul may not have had time to return; or if absolutely necessary to wake any one it must be done very gradually. The position of a sleeper is also important. He must not be moved lest his soul, on returning, fail to recognize the body and by not entering, cause his death.

As one of the phenomena of sleep, dreams have been the subject of much speculation amongst scientists and psychologists. Ordinary people, however, puzzled by the strange workings of the subconscious mind, have not unnaturally given way to superstition. Pagan, Christian and Hindu are all alike in this respect.

There are also numerous expositions on the significance of particular persons, objects, or situations one sees in his dreams.

Among the Red Indians of Dakota, it is considered unlucky to dream of the moon, or of bears, because this means revenge; but it is good to dream of hawks.

In England, many a woman, on waking in the morning hurries to consult her dream-book! [Still the Britisher used to call us Indians a highly superstitious people!] Disturbing dreams are thought by many Japanese to be due to the presence of evil spirits in the house. They therefore, pay homage to *Baku*, a supernatural creature, having the physical characteristics of various animals and believed to be the devourer of dreams. When a Japanese wakes up from a bad dream he exclaims, "Devour, O *Baku*! My evil dream."

In Yorkshire in England bad luck is thought to follow the use of a mattress turned on a Sunday and even King Edward VII disliked sleeping on a mattress that had been turned on a Friday!

Many people too, are particular about the direction in which their bed shall face. Some favour the head being to the South; others are uneasy unless the position is from East to West. Still current also is the old belief in Great Britain that the head should be towards the North because of the electric currents that pass from the North Pole to the South." Thus the body would be in a direct line.

Charles Dickens when travelling, always carried a compass in his pocket to ensure that his bed was placed with its head to the North. Even medical men at one time thought this was the best position. Among country folk in Great Britain there is, on the other hand, a custom to lie facing a church when living close to one. So also in our country Bharath, people will not lie down

or sleep with their feet pointing towards a temple, if they live near one, or to the sanctum in the house, where the family deity is installed for daily worship.

In Bharath, the position taken up for sleeping at nights is considered important and there is an old South Indian adage which says that a man should sleep with his head to the East when he is in his own place, to the West in a strange place where he happens to have sojourned, to the South when in his father-in-law's house and to the North if he courts death. This is totally opposed to the Britisher's view-point. Again,

dreams are supposed to haunt persons who sleep lengthwise under a long heavy beam or rafter in the roof!

It will thus be seen, that customary and traditional beliefs, and superstitions die hard and it is next to impossible to wean people from such hoary beliefs, based mostly on religion. Even the so-called hardened unbelievers and breakers of idols, themselves break down when they are faced with domestic calamities and misfortunes particularly affecting their wives and children.—(Based on Edmund Grimley's article in *Chambers's Journal*).

The Problem of Progress

In many parts of the world today new techniques of many kinds—of health protection, of agriculture, of industrialisation—are being introduced into old cultures. The problem of adapting themselves to the effects of the new ways, is a difficult one and can be made easier and shorter if those who seek to introduce changes know and appreciate the reasons which lie behind traditional methods and ways of thought. To help the innovator in this arduous task, the World Federation for Mental Health sponsored a survey by a team of social scientists led by Dr. Margaret Mead, the celebrated anthropologist and psychologist. The UNESCO has recently published the results of this study under the title "Cultural Patterns and Technical Change." Some of the highlights from a few chapters of this book will be presented to our readers in this and subsequent issues of 'HEALTH.'

1. "From the view-point of other peoples, many Western habits are dirty. The British who regarded the hill tribes of Burma as filthy, for taking almost no baths, were in turn considered dirty by the Indonesians for bathing only once a day. The Western handkerchief used for pocketing mucus, (phlegm) is found revolting by a number of other societies. There has been confusion among people of Western culture as to the meaning of dirt and cleanliness and the extent to which they are related to hygiene. Where new habits have been pressed upon other cultures without plan, they have often reflected this confusion. Cowdung, for example, is important in medication in some Indian villages where it is used in poulticing and for the treatment of burns. There is no disgust connected with it and disgust expressed by a foreigner may meet with strong opposition.—(*WHO News-letter*, Oct. 1953). (To be continued)

CONQUEST OF FEAR

FEAR is a negative quality and is the result of ignorance. It manifests when one identifies himself with the body and forgets the immortal (*atman*) soul. It is the old champion of attachment and delusion. Fear, worry and anger, deplete all the energy of man and bring exhaustion and early death.

No one is absolutely free from some sort of fear. It is only the *gnani* or a full-blown *yogi* who is absolutely free from fear. If one can conquer fear, half of his *sadhana* is accomplished.

Fear assumes various forms. The Gurkha soldier is not afraid of the knife or a bullet but he is afraid of scorpions. A hunter is not afraid of tigers in the forest but is afraid of the surgeon's knife. The man of the frontier tribe is not afraid of the knife; he will even allow the surgeon to open his intestines without chloroform but he is terribly afraid of snakes! Some people are afraid of ghosts. The vast majority of persons are afraid of public criticism. Some are afraid of diseases. The most healthy and strong man has got some imaginary fear of some obscure, often non-existent disease.

The king is afraid of his enemy. The Pandit is afraid of his rival. A beautiful lady is afraid of old age. A lawyer is afraid of the judge and his clients. The wife is afraid of the husband. The student is afraid of the teacher. The police inspector is afraid of his superintendent. The frog is afraid of the snake. The cobra is afraid of the mongoose.

Shri SWAMI SIVANANDJI MAHARAJ,
The Divine Life Society,
Ananda Kutir (Rishikesh), Himalayas.

Fear manifests itself in various degrees: e.g., simple fright, timidity, shyness, alarm, terror and terrible fear. When one is in terrible fear, he profusely perspires, and may even pass urine and faeces involuntarily. The mind becomes inert like a log of wood. Sometimes shock and immediate collapse may occur and the man may die of sudden acute cardiac failure. The face becomes pale and he wears a peculiar ghastly listless look.

Parents and teachers should therefore, infuse the spirit of courage in youngsters from their very boyhood, by getting them to read the stories from the 'Mahabharata' dealing with the chivalrous acts of Bhishma and other valiant heroes. Young boys are impressionable and have a pliable and receptive mind which can be properly shaped and attuned. The Samskaras can be indelibly impressed on them at this age and true *Brahmacharya* gives tremendous strength and infuses courage in the youngsters.

If one keeps constantly thinking of 'courage', fear will slowly vanish. Man will have to develop courage slowly. Have the word image 'Om Courage', before the mind's eye. Repeat this formula very often. A word is the centre of an idea. An idea is the centre of a mental image. A mental

image is the centre of a mental habit. A mental habit is the centre of a trait in man. Have a clear-cut image in the mind of the quality of courage and this quality will surely develop. The sub-conscious mind will do everything for you. The 'will' also will come to your aid. Desire to be ever-courageous and the 'will' is sure to follow the desire.

Do not form abiding attachments to transient earthly pleasures. Do not identify yourself with the body, which is like the shell of a cocoanut. It is just like a pillow-case, which can be removed for washing. Meditate everyday for a while atleast, on the *Atma*—(soul). Identify yourself with *Atma*. Fear will vanish. This is the most powerful method, to get over fear.

Motivation in Health Education—Fear has no Place

Health educators must understand the basic principles of human behaviour before they attempt to motivate individuals.

Early attempts (prior to 1915) at motivation were based on 'Fear.' Pickled lungs and papier-mache tombstones and tolling bells were displayed in tuberculosis exhibits. This kind of motivation was replaced by a new approach, subsequent to 1918, based on "sweetness and light." Good health was said to result in happiness, beauty, popularity and success. A third method was later introduced in the 1920's, when 'presentation of facts' was used as the medium of motivation. Medical information was stressed in journals, newspapers and pamphlets. Because people had read that oranges contain Vitamin C and calcium, they would of course eat oranges.

All three methods—Fear, Sweetness and light and Fact—are still in use today. The appeal to stark Fear is gradually being minimised although many consider that the success of health education has been very largely in terms of the fear of ill-health and that few positive campaigns for good health have as yet been conceived. Only when a few cases of smallpox break out in a community, people rush to get vaccinated. Why? sheer, unadulterated fear!

But, today the general feeling is that motivation based on 'Fear' does more harm than good. Not only does it induce irrational behaviour but it may lay the foundation of widespread mental disease. Any programme based on fear also runs the risk of stirring up resentment and resistance. It can make people avoid doing something and thus defeat its aim. "If one in five will get cancer, I don't want to know if I am that one", is not uncommonly heard. The trend today is to AVOID FEAR, as a technique of motivation —(*Jour. Am Assoc Health, Phys. Edn. and Recreation*, Sep 1953)

"Distinctions like 'mine' and 'yours' are made by men of little minds, while the whole world is their home to the broad-minded and large-hearted persons".—(*Ancient Hindu Classics*).

T I R E D H E A R T S

(A P H Y S I C I A N)

“T I R E D H E A R T” is not a medical diagnosis, and doctors use it to cover very many different conditions. So anything you read in this article may have nothing much to do with any particular tired heart you may be interested in.

The heart pumps out about a gallon of blood every minute if you are just sitting around. In a trained athlete in action, it can do much better than this. They did some experiments a few years ago on a man who was trying for the two-mile world record, and found that his heart was pushing out about six gallons a minute at the end of his attempt. But even in sluggards, the hearts push round about one thousand five hundred gallons in a day; so after seventy years of such work, you expect your heart to get a bit bored. It is surprising that it serves us as well as it does, until you come to think that other parts of our bodies also work just as hard and in their own ways. A heart removed from the body altogether, provided it is fed and looked after properly, will go on beating. The Russians have I believe, done some wonderful work recently on human hearts in this direction.

We may be able in the future, as a result of researches, to keep a heart going in the human being long after it would have stopped, but at present, we advise the owner of the tired heart to live within the limits it sets for him.

Some people get very much exercised over this, and feel that they have become invalids. But the answer to this sort of panic, is to tell them that when their eyes got tired, they get used to wear glasses which they certainly do not mind. The analogy may not be quite apt in every way, but the fact remains that if you have to wear glasses you can't play football; and that may mean as much to a young man, as giving up some lesser activity may mean to an older one. Some people with tired hearts have to desist from all work. The financial implication does not seem to worry them so much as the thought of being an invalid.

But what of the young man who has to wear glasses? He may have set his heart on going into the Navy. At first he is convinced that no other job will satisfy him, and that life to him has become a void. But soon enough, he finds some other job and forgets that he is living within the limits of a disability; and so takes his short-sight as a matter of course.

When we advise people to live within the limits set by the amount of work their tired hearts are able to do, I do not mean to say that treatment will not avail. You should first know how the heart works, and how it *can* go wrong. The heart is made up of four tiny tanks or sumps. The two on the right side are connected by a valve,

and the two on the left by another valve. Used blood is sucked into the top right hand sump and pushed down into the bottom one on the right, which in turn, pushes it out into the lungs; here this impure blood is replenished with oxygen, and returned to the top left hand sump. These tanks have muscular walls. The muscles of the heart obtain nourishment from special arteries inside them. The things that can go wrong with the heart are (a) the muscles may wear out; (b) the nerves which make the muscles beat, can go wrong; (c) the valves can get stuck up; and (d) the arteries in the heart muscle can

stop working.—(N. N. F. Copy-right).

[Note:—Each of these conditions will present certain signs and symptoms, which a physician can detect and if detected early, can remedy. It is therefore, necessary that we should have a regular periodical check-up at least once a year so that any deviation from normal can be promptly recognized and remedied. An "annual health audit" by the family physician is perhaps the cheapest and most efficient insurance one can effect to safeguard his life and earning-capacity.—Ed. HEALTH].

The World's Greatest Need of Today

What is the greatest thing we need to help us bear life's load, to help to lift us from our ills—something not yet bestowed? For surely there must be this thing for which the world doth cry, that will help us to bear its trials and fully satisfy.

I wonder if we need more gold, for surely this brings good; perhaps it's greater wealth we need in every neighbourhood. Ah! no, I've found with passing years that extra-wealth brings care, and tends to quickly lead astray with burdens hard to bear.

• Is it a greater freedom then to do just what we choose, and not to be restricted to—we'd then have not to lose. I doubt it—for with liberty the self becomes so strong, and when we're free to do our will, we seem to do what's wrong.

Maybe it's leisure we all need with which to fill our days—to walk, or talk, to read, to play, to follow our own ways. How quickly man degenerates when he is free from work, for Satan still, will mischief find when we our duty shirk.

Is there nothing on earth below, or from the heavens above, to satisfy our greatest need? Yes, friend, there is—it's LOVE. Deep love to serve the other's good, to crucify the self; such love is what the world craves for, and 'tis the greatest wealth.—(Stanley Combridge in *The Family Physician*, Oct. 1953).

Dreams

At night, we see the sad vestiges of what we have neglected during the day. A dream is often the revenge of things neglected or of persons deserted; hence its unexpectedness and sometimes its sadness.—(A. France).

NATURE—The Master Healer

Condensed by

Mrs. SHANTHI DEVI KRISHNAN,

Basavangudi, Bangalore-4.

WHAT does an animal do when it is tired? What does it do when it is ill, injured, or in any way not in good health? It rests and rests completely. Usually it rests its digestive system as well as its limbs by refusing food for some time, and this resting attitude is the animal's way to recover.

It would be to our advantage if we took a lesson from these sick animals. We should recover more quickly from all our ills if we, too, gave nature a chance. The medical profession can do much, but in all illness the final hope of recovery lies with the patient's own stamina, with his capacity to rest and relax, to withdraw from the worries and activities of everyday life and allow his own resources to function.

Within every person's body there are wonderfully balanced healing capacities—in the blood cells, in the glandular system, many of which can be aided and stimulated by special preparations.

Today so many people refuse to rest when they have what they consider some minor ailment. Perhaps it's a cold, digestive troubles, headaches, or so on. Women especially are over-busy, sometimes with work outside the home and then the responsibility of house-keeping and cooking for the rest of the family. Naturally, all the most conscientious workers hate to stay away from work for even a few days, knowing how

much extra burden this puts upon others. Instead they hurry to the doctor for some palliative, or get into the habit of taking what *they consider* to be comparatively harmless drugs, pain-killers, which they buy themselves. They ask the chemist for a tonic, or they buy endless arrays of medicine to soothe an upset stomach. The one thing they really need is REST and this they refuse to consider.

The Real Cure.—In almost every case the real cure for their ailments would be a warm bed, a plentiful amount of diluted fruit juice and later on, some pleasant, easily digested meals tastefully prepared and neatly served. This would mean however someone to take on the burden of dealing with the house (in the case of women) as well as preparing the invalid meals. It is a rare household today, that possesses any person who can be spared to do this extra work. Yet a few days' true rest would often save a later serious illness and possibly a stay in our over-crowded hospitals.

All the same, many of us could do more in the way of sensible rest and self-cure if we tried harder. Too often we refuse to admit that our lives need re-planning in order to eliminate unnecessary strain. We won't admit that much of our digestive trouble

is due to hurried and unwise gulping down, our headaches, to indigestion, or too little outdoor exercise. We enjoy sitting and talking in the evening or hug the fire until too late, and then feel overtired in the morning when it is time to get up! We commit so many health crimes, and then are surprised when the deserved punishment comes!

What all can do.—The one thing we could all do, if we feel off colour, is to go to bed the minute our work or duties are done. By this, we mean not eight or nine o'clock, but the very minute we can—say at six, or whenever the children that have to be looked after are in bed. Let us have a warm bath and a suitable fruit-drink—not the wretched coffee or tea, which are the most frequent and favourite drinks with most people—and go to bed to really rest, not to read or fuss or keep on gossiping with others late into the night. It takes a good deal of determination to do this, especially at first. It needs concentration to relax and let nature have the chance to begin healing. What is more, we may feel a great deal more tired, with the first experiments, as our poor, ill-treated system begins to relax some of the tensions that have kept us going. But if we continue this real rest cure and let oursel-

ves withdraw from our normal interests, we will begin to sleep more profoundly (some people have been known to sleep for a day and a night, with just brief moments of consciousness) and be convinced that this is the answer to many modern ills.

Present-day doctors are usually too busy with their many duties to give thorough directions over minor ailments, but it may well be that they feel it a hopeless task. All the same, a campaign to prescribe rest, instead of medicine, would be a good move. At the moment I have two friends, both with broken ribs, who are carrying on their normal work but with great pain. This is I feel sure, a mistake because the mending of bones especially in elderly people, is quite a considerable task for the body's resources, and can best be done when there is plenty of rest. These two "heroines" will make their recovery all the slower by their actions and may even harm themselves considerably. We all know similar cases of mistaken carrying-on, and we should watch the consequences and be warned in time.

No, if you feel tired, you probably *are* tired, so rest and let nature have a chance to restore you before anything really serious happens.—(Elizabeth Gross in *Good Health*, Oct, 1953).

Man and Woman

Man by nature, is egoistic, individualistic and selfish; woman is altruistic, selfless and socialistic. All initiative and creativeness are born of self-assertion and individualism. All conservation and continuity are born of altruistic self-denial. Socialism is as little superior to individualism as woman is to man. Both are correlative, equally valuable and necessary for progress. Neither incarnates a spiritual value in itself. Both are capable of doing so and must be harmoniously blended.—(Keyserling quoted in *The Vision*. Oct. '53).

The Challenge of Iatrogenic Disease

SIR ARTHUR HURST defined iatrogenic disease as a disorder induced in the patient by auto-suggestion, based on the physician's examination, manner, or discussion. It is, therefore, an ailment caused or aggravated by the doctor's indiscreet talk or act in the patient's presence or/and hearing.

A great number of people owe their illness to physicians who either made false diagnoses or failed to use *properly* the most powerful weapon namely, their words—what to tell the patient, when and how to tell them.

Very recently, Goldwater and his coworkers presented records of 175 persons, the majority of whom had been advised by their physicians to restrict their activities and 25 per cent of them were not working because of wrong diagnoses of heart disease at some time in their past life. There are some persons, who for years, have been having high blood-pressure without any complaint. When they come up for life insurance or other medical examination and are told of their high blood-pressure, they get upset and begin to feel dizziness, headache, irritability and sleeplessness. These symptoms get aggravated when some one dies of a cerebral attack. How regularly these high blood-pressure patients visit the doctors just for blood-pressure measurements and how soon they develop what doctors call "sphygmomanometric monomania"! (Sphygmomanometer is the instrument used

for recording the blood-pressure). Dr. R. V. Guian, M.D. of Bugallon, writing in the *Journal of the Philippine Medical Association*, recollects the case of a perfectly healthy young lady who, after a routine X-ray examination, was thrown into a panic of fear and started going from one doctor to another to get opinions because the radiologist reported that her heart was small. The X-ray man who was apparently more interested in the X-ray plate than in the psychological reaction of his patient, simply reported what he had seen, not aware of the fact that the patient could easily be alarmed over the trivial X-ray finding. Dr. Guian records two more cases, to illustrate how the patients could be scared even to death, by indiscreet words, not really meant to scare patients.

A hardworking housewife who for the past 5 months continued to feed and sleep well and to enjoy three square meals a day, despite the fact that her liver was seriously affected by cancer, suddenly got worse, refusing to eat or sleep and becoming indifferent to her surroundings, because an enthusiastic young physician was so brutally frank and so honest as to tell her that no amount of medical or surgical treatment could ever delay the approach of an impending death!

A college student in Manilla complaining of severe recurrent headaches, consulted a physician who indiscreetly told him to see an alienist (a doctor of mental

diseases). Ever since the patient heard this advice, he had been acting queerly and had been haunted by a gnawing fear of becoming insane. Instead of going to the psychiatrist (alienist) he went to the top of the sixth floor of the University building from where he plunged to his death.

These are some of the many ways by which a physician may cause or aggravate the illness of his patient. —(J. Philip, M.A., March 1953).

[Note:—There is also the other side to this picture. *viz.*, the patient's insistence in many cases to be told the truth about his condition, to the extent

sometimes of wrongly accusing the doctor of wilful suppression, incapacity, etc. The patient should cooperate with the doctor and give him sufficient time, and facilities for diagnosis and treatment, without hustling or embarrassing him. The doctor is usually always very discreet and reticent in his talk and he should be treated with the respect and consideration which his professional status deserves. A really good and honest doctor, will not hesitate to call experts into consultation, if and when the patient's condition demands such a procedure. Ed. HEALTH].

BONERS—Medical Howlers

Dr. R. NARAYANAN, B.Sc. (Hon.), M.A.,
Supdtt., Kaza Quarry, Mangalagiri, (via) Vijayawada.

1. Appendicitis is caused by information in the appendix. (Inflammation).
2. A comma is what a medium falls into. (Coma).
3. A parasite is the murder of a parent. (Parricide).
4. A skeleton is a man with his inside out and his outside off.
5. Æsophagus was the author of Aesop's Fables
6. Caviare is the eggs of a surgeon. (Sturgeon).
7. An epidemic is a needle the doctor uses to put medicine in your arm. (Epidermic).
8. Prophylactic means to bear young in large numbers—a rabbit is said to be prophylactic. (Prolific).
9. Purgatory—what 'the doc asks' you to take to clean your "intraills". (Purgative).
10. Anatomy is the study of heavenly bodies. (Astro-nomy).
11. A mosquito is the child of black and white parents. (Mulatto).
12. Thrombosis is an instrument used in a jazz band; something like a slip horn. (Trombone).
13. If it were not for Madame Curie and her husband, there would be no radio today. (Radium).
14. Oliver Goldsmith died of pecuniary 'embarassis'.
15. Ptolemy, the Greek surgeon, discovered ptomaine poisoning.

Musings of a Medico—While Relaxing

NANDLAL B. VANI, M.B., B.S., Nandurbar.

1. When dealing with people, remember you are not dealing with creatures of logic ; you are dealing with creatures of emotions —pride, vanity, prejudices etc.

2. Let “cooperation” be our watch-word, as “inability” to cooperate stands at the head of the list of causes of failure.

3. While speaking or writing to others, avoid the use of “I”, “my,” “mine”, as far as possible. ‘I’ smacks of ego and vanity.

4. Don’t talk of your personal success to one who has failed.

5. No one is immune to flattery ; for the art of flattery is infinitely varied.

6. Speak ill of none, speak all the good you know of every body.

7. A great man shows his greatness by the way he treats little men.

8. Bear malice towards none ; but love to all.

9. A woman never agrees ; she always argues.

10. Power corrupts and makes one an autocrat

11. To be the master of yourself, be neither elated at success nor demented by failure.

12. Humility marks the beginning of wisdom ; but affected humility is refined imposture

13. Silence is a virtue but studied silence often covers deceit.

14. “Poise” comes from self-control and self-confidence.

15. The taxes piled up through indiscretions of youth are collected through the infirmities of old-age.

16. Criticism is like the homing pigeon, it always returns home. Criticism gives a lordly right to the other person to pick holes in your pocket.

An Expectant Mother’s Prayer

Dr. J. E. Kopcha, M.D., writing in the *Am. Jour. Obst. and Gynaecol.* for March 1953, states :—

One of my patients gave me this little prayer which she wrote :

“Oh. Lord, Jesus Christ, Lover of little children ! grant Your abundant blessings to my doctor. If there is any task more important than the preserving of life, it is the task of bringing that life into the world”.

“Give my doctor a deep appreciation of the work that he performs. May he ever know how precious that work is in Your sight. Guide his hand at all times in his work and may it never do a work in Your dishonour”.

“May he ever regard his office as a sacred trust received from You. And finally, may he one day know Your rich rewards for having striven earnestly and faithfully to suffer the little children to come unto Your ardent desires. Amen”.

These are the little Adrenalin injections that make us work day and night, that get us out of bed at 3 a.m. early in the morning !

Risks in the Indiscriminate Use of

CORTISONE AND ACTH

(*The New Hormone Remedies*)

WORLD experts on rheumatic diseases who met in Geneva in October 1953, under the auspices of the WHO, strongly deprecated the indiscriminate use of the new hormone remedies (Cortisone and ACTH). While agreeing that they *can* be of great value, the experts warned that the hormone treatments are still in the experimental stage and should be reserved for selected cases under the control of specialists attached to hospital departments and clinics.

The experts however, insisted that there existed a number of well-tried treatment methods for rheumatic diseases which yielded good results. The belief of many sufferers that these diseases were incurable, untreatable, and usually completely disabling is often unfounded, the experts agreed. Since there are at present no proven preventive measures for this group of diseases, the importance of improving the facilities for early recognition, and treatment was stressed. The experts were of the considered opinion that medical education concerning this group of diseases had been much neglected and they therefore, recommended that general practitioners should receive instruction in modern methods of early diagnosis and treatment now available and that larger special centres should be developed in all teaching hospitals. Young medical men should be asked to specialise in the

study of the rheumatic diseases.

The economic importance of these diseases was graphically presented to the conference. In Denmark, for example rheumatic diseases cost the community some 25 million dollars every year, for treatments, loss of earnings, and disablement benefits. Some 20,000 people are unemployed all the year round, because of these diseases. A similar calculation for Sweden reveals 80 to 100 thousand people are incapacitated each day. In France, the cost of rheumatic disease reached at least 3 milliard francs, in the Paris area alone. In the United States of America one investigation showed that more than ten million people over 14 years of age, claim to be suffering from 'arthritis' or 'rheumatism.'

Experts from six different countries attended the First Session of the WHO Expert Committee on Rheumatic Diseases. The Committee suggested that the WHO could play an essential part in combating this serious public health problem by assisting in the planning and execution of further surveys of rheumatic illness, particularly in the medically less developed countries, and by providing facilities for exchange of information on important fundamental research now being developed in many countries of the world on various aspects of rheumatic disease.— (*U. N. Weekly News*, 8-11-'53).

CHLOROPHYLL

—Has it any Deodorising Action?

JOH C. BROCKBURST, M.D.

(Chlorophyll is as important to plants as hæmoglobin, the pigment of blood is to man)

CHLOROPHYLL is the green pigment which is present in most forms of plant life. It is used to assist in certain chemical reactions which are essential for the nutrition and life of the plant. Chlorophyll and hæmoglobin are chemically very similar compounds, the main difference being that chlorophyll contains an atom of magnesium in place of the atom of iron carried in hæmoglobin.

It was because of this similarity between chlorophyll and hæmoglobin, that medical interest in chlorophyll was first aroused. Experiments were carried out early in this century to see if chlorophyll would be of any value in the treatment of *anaemias*. The results were disappointing and it was judged to be of *no value*.

Treatment of skin wounds and ulcers.—The next medical use of chlorophyll that was suggested was as a local application in treating skin wounds and ulcers. A real assessment of the value of chlorophyll has since been made and the substance is now regarded as being of *no value* in promoting the healing of wounds and ulcers.

Use as a deodorant.—Although the ulcer did not heal any more quickly, it did seem to lose its smell—which was often very offensive—when chlorophyll was applied to it.

It was on the basis of these reports that the third possible use of chlorophyll in medicine was considered—that of a deodorant. In the past ten years, a number of reports have appeared in the medical press about this suggested deodorant action of chlorophyll. Many are enthusiastic. Some are highly sceptical, doubting whether chlorophyll does, in fact, have any deodorant action whatever. As chlorophyll is now sold and advertised widely throughout the world, contained in all manner of things, it is worthwhile considering briefly what the evidence is on which these claims are based.

How could chlorophyll deodorise?—There are three possible mechanisms. Firstly, chlorophyll itself has a strong and pungent odour and it is possible that this may mask the more unpleasant smells. If this were so, it might be used either as a “perfume” or else sucked in the same way as peppermints to remove smells from the breath. In this latter case, a “deodorant” effect might be expected only as long as a strong smell of chlorophyll remains in the breath.

Secondly, chlorophyll might have a direct physical action with molecules of an odorous gas which come into contact with it—in a manner similar to charcoal, as used for instance in gas masks.

If this were so, it should be simple indeed to demonstrate such an action in the laboratory. Exposure of an unpleasant smelling gas to chlorophyll in a closed jar should remove the smell of the gas almost immediately.

Experiments have been carried out along these lines and they show that chlorophyll *definitely does not act* in this way.

Laboratory trials.—Thirdly, there might be a chemical reaction between chlorophyll and the particles of matter which produce smells, which would alter these particles, turning them into different, non-smelling substances. If this were so, it should be possible to demonstrate in the laboratory that chlorophyll has acted with an odorous substance to produce a different substance that is non-smelling. So far, only two such trials have been reported. One was with the gas *methylmercaptan*, which contributes to the unpleasant smell from the human gut—and in this case no chemical alteration could be demonstrated. Other workers used *benzylmercaptan*, an allied substance, and were able to show that after a period of 18 to 48 hours in contact with chlorophyll it was altered to a different substance which had no smell.

This is the only objective laboratory experiment at present available on which any claim for a deodorant action of chlorophyll can be based. Consider now how this might be applied to the body.

Chlorophyll as a body deodorant?—On the basis of this experiment, it is possible that chlorophyll might deodorise substances in the body if the chloro-

phyll *can* be brought into contact with such substances for a sufficient period of time. Body smells may arise in three ways—from the mouth, the breath (coming from lungs) or the skin. Chlorophyll kept in the mouth for a sufficiently long period of time (probably a minimum of one hour) might conceivably affect smells coming from the mouth, (though a more rational way of removing such smells would seem to be by keeping the teeth clean by brushing). To affect any other smells, chlorophyll, when taken by mouth would have to be absorbed from the stomach and diffused throughout the body. It would have to reach the lungs and the skin in particular in sufficient amount to allow a reasonable concentration to persist for a fairly long time.

Experiments undertaken some time ago have shown that *there is no evidence whatever* that chlorophyll is absorbed from the stomach at all. Nowadays, there is probably no one who believes that chlorophyll taken by mouth has any action either on smells arising on the skin (for instance the smell of sweat) or on smells arising in the lungs (the smell of alcohol in the breath for example).

The experiments of a university professor, which are recounted in some recent correspondence to the *British Medical Journal*, on the subject of chlorophyll, are of interest. Being anxious to test the effect of chlorophyll tablets for himself, and being anxious also to leave nothing to chance, he took 100 tablets, followed by a further 40-three-and-a-half hours later and then he ate asparagus tips. The unpleasant urinary

Accidents and Eye Injuries Resulting from Fireworks

(Bill Prohibits Transportation of Fireworks in U.S.A.)

TWENTY eight states in America now have laws banning the sale of fire-works except for public displays under proper supervision. Other states and cities have adopted less restrictive measures. Yet reports of eye injuries from fireworks appear increasingly in the press. This is due largely to the fact that manufacturers are able to circumvent state-laws by advertising in various publications and filling direct mail orders.

In North Carolina, for example one of the states which prohibits general sale of fireworks, the Hospital Care Association of Durham made a survey one year and discovered 751 patients treated by physicians, for fireworks accidents. Among the seriously injured persons were, four cases of burns of the eye, two with corneal scars, two resulting in questionable vision of one eye, six resulting in the total loss of vision of one eye, and nine additional cases of the complete loss of an eye. It is almost impossible for the state or local police to prevent the use of fireworks when they

can be mailed or bootlegged into a State, as shown by these tragic examples.

A bill now pending in Congress (HR 116) prohibits the transportation of fireworks into the States, which have restrictive laws regarding their sale. This bill is strongly backed by the National Society for Prevention of Blindness and many other local agencies, concerned with health and safety. It is hoped that all community agencies and individuals who have seen the tragic results of fire works accidents will inform their Congressmen of their support of this important measure; also that all will work aggressively for the enforcement of State control laws and local ordinances now in existence. (*S. S. Review*, 23 : 2, 1953).

[*Note*:—We feel that similar legal enactments are necessary in our country, in view of the many serious fireworks accidents that occur every year particularly during Deepavali and Karthigai festivals.

—Ed. HEALTH].

Safety vs. Time

It takes one minute to write a safety rule. It takes one hour to hold a safety meeting. It takes one week to plan a safety programme. It takes one month to put it into operation. It takes one year to win a safety award. It takes one lifetime to make a safe worker. It takes but the fraction of a second to destroy it all with an accident.—(*Michigan Mutual-shopman* quoted by *Efficiency News*, Oct. 1953).

Intelligent women always marry fools.—(Anatole France).

Diagnosis and Treatment

[T was a common reflection, a couple of decades ago that treatment lagged behind diagnosis; the physician was often accused of being more interested in the latter than in the former. In so far as the change had reference to the common bacterial infections, the lag has been eliminated. Indeed, the position has perhaps been reversed. There is in this field such a wealth of available resources in treatment that the temptation to "get busy" with one or more of the 'sulpha' drugs or with one or other of the "antibiotics", or indeed with one or other of both of these, before the nature of the infection is fully ascertained is almost irresistible. This is not *always* the doctor's fault; his hand is sometimes forced by the patient's anxious friends, who do not know, as does the doctor, that powerful remedies sometimes have serious "side effects", and that the patient's germ may have been rendered insensitive to the "antibiotic" when he badly needs it, because he has already received it when it was not really necessary, or even indicated. But diagnosis is, after all, the alpha and omega of Medicine, and side by side with these slow advances in treatment came developments equally important, if less dramatic, in this sphere.—(Lord Horder, M.D., *Fifty Years of Medicine; Journal of the Royal Institute of Public Health and Hygiene*, March, 1953).

Respect to Womanhood

1. "All nations have attained greatness by paying due respect to women. That country and that nation which does not respect women have never become great nor will be. Manu says "Where women are respected, there Devas, the Gods, delight; where they are not, there all work and effort come to naught" There is no hope of rise for that family or nation where women live in sadness, where there is no regard for them. If you do not raise women who are the living embodiments of the Divine Mother, don't think you have any other way to rise".—Swami Vivekananda.

2. Only women can raise women. This requires sacrifice and hard work. It is true that women are more capable of sacrifice than men, but the sacrifice must be intelligent. One should give up the idea that one is helpless. God is the help of all.—(Mahatma Gandhi quoted by *The Vision*, Oct. '53).

Self-Confidence

A man's self-confidence measures the height of his possibilities, but synthetic self-confidence will not do. The most painful tumble one can take is to fall over his own bluff.—(*Royal Bank Canada Monthly Letter*).

Sadness arises solely from discontent and idleness.—(Anatole France).

HEALTH

An Illustrated Monthly Devoted to Healthful living

Founded by the late Dr. U. RAMA RAU in 1923.

Propr.: Dr. U. KRISHNA RAU, M.B., B.S., M.L.A.,

Editor: Dr. U. VASUDEVA RAU, M.B., B.S.,

Editorial and Publishing Office:

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

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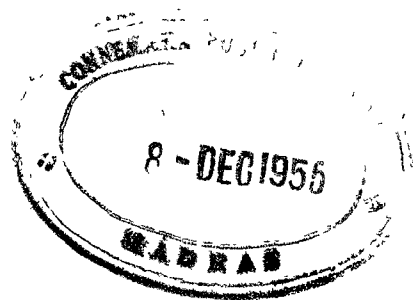
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Pleasant Topics from Periodicals

Emergency

Dr. Blank awakened from a sound and much-needed sleep in the middle of the night, by the persistent ring of the telephone bell picked up the receiver and listened to a very excited voice say "Hurry over, Doctor, my wife is reading one of those books on what to do before the doctor arrives".

"So what?" asked Dr. Blank, much annoyed. The frightened man replied "I'm afraid, she'll do it."—(*The Pendulum*).

The General Practitioner

There comes a time in the lives of men,
When they wish they could begin again,
At least this phenomenon must occur
In the life of the General Practitioner.
When he's tired of hopping out of bed.
Or calm a stomach over-fed
Does he long for specialized work instead?
If so, in this age of specialization
What would become of the population?
Whom could it call at one or two
To diagnose a case of 'flu'?
Whom could it get to come (and hurry!)
To hold its hand and say, "Don't worry"?
So let the others take the prize.
And, Doctor, please don't specialize!

(*S. Afr. Med. Jour.*, 13-6-1953).

False ones Dearer

Dr. Greenstein of Philadelphia was instructing a denture patient in the care of his new teeth. "You've got to keep them as clean as your natural teeth." The patient nodded approval "I'll take better care of these false ones, Doc. These teeth cost me real money. I got my first real ones for nothing."—(*For Doctors only*).

Blindman's Bus—The Cinema ?

From a Draft Board Induction Centre comes this story:

An unwilling conscript faced the Army eye surgeon who asked him to read a chart.

"What chart?" asked the draftee. The doctor persevered.

"Just sit down in the chair and I'll show you".

"What chair?" asked the man.

Deferred because of bad eyesight, the draftee went to a nearby cinema theatre. When the lights came on, he was horrified to see the eye surgeon in the next seat!

"Excuse me" said the conscript as calmly and deliberately as he could, "does this bus go to Manchester?"—(*For Doctors only*).

Who is Wise ?

He is wise who knows that he
Dust has been and dust must be
But a fool is he who must
Fill the interim with dust.

—(*Lancet*, London: 27-6-'53).

To Make Your Old Car Run

The best way to make your old car run is to ascertain the price of a 1954 model.—(*U M. W. Journal*).

Male Forgetfulness

Even husbands with strong memories sometime forget that are married men.

'Weaker Sex' Myth gives Eve Longevity

How smart women are! By preserving the 'weaker sex' myth, they lead a life of less exertion and so outlive men by an average of six to seven years, according to Dr. William Leman, the heart specialist of Philadelphia.

"Men beyond 50 cannot resist the temptation to shovel snow" he says. "Men like to show off to prove they are big and strong".

"And there is far more to it. Women can lose more blood, they can stand more shock; they are far better drivers; they can hold down a job, take care of home and family and at the same time guard the supposedly strong male.

"It is a woman's world, if she wants to admit it and claim it. But perhaps she would be unwise to do so".—(*Sunday Standard*).

Snyllygoster—What does it mean ?

Tandon writing in the *Daily Mail* says "three times this week I have heard this new word, claimed to have been invented by H. L. Mencken, who hurled it at the U.S. Republican Administration".

It means: "A fellow who wants office, regardless of party platform, or principles and whenever he wins, gets there by the sheer force of monumental talknothical assumacy"—(*The Weekly Mail*, 15-11-'53).

Cabinet Pudding

A medical man in Coxtown one night complained to the waiter in a hotel, "there is hardly a particle of turtle in this turtle soup". The waiter was a tough mug." So what, Doc? If you ordered Cabinet pudding would you expect to find the Prime Minister in it?."

Transfusion of Right Type

Her mother-in-law needed a blood transfusion, but they failed to find a suitable type of blood donor, although they searched the hospital files.

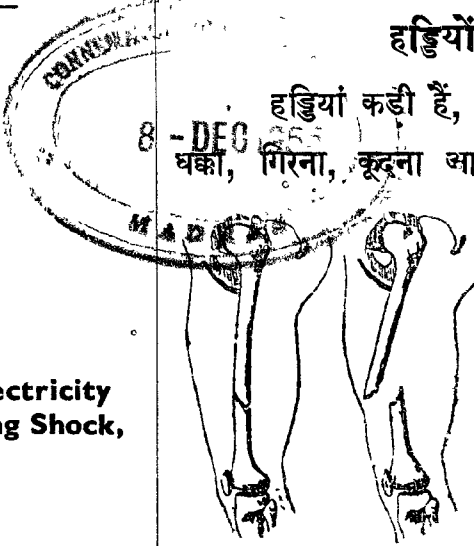
The husband lamented to the wife "It seems strange we can't find the true type blood for mother". The wife edged toward the door as the husband was going out for a further search and said "Have you tried a Tiger?"

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 and Lightning Shock,
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 Bites,
 Snake-Bite,
 Bruises,
 Strains and Rupture
 of Muscles,
 Poisoning,
 Insensibility,
 etc., etc.**



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 घक्का, गिरना, कूटना आदि में जब उन पर अधिक जोर
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 की मिट्टी (पोर्सलीन) की तरह
 टूट जाती हैं । जब हड्डी
 टूटती है तब वह टूटना
 अंग्रेजी में फ्रैक्चर कहलाता
 है । यह टूटना बाहरी
 घक्के से हो सकता है
 या मांसपेशियों के कारण । बाहरी घक्के लगने
 पर अगर हड्डी ठीक उसी जगह की टूटे जहां घक्का
 लगा तो वह सीधा घक्का कहलाता है ; जैसे पैर

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