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Estd. 1923

HEALTH

FOUNDED BY THE LATE DR. U. RAMA RAU

A JOURNAL DEVOTED TO HEALTHFUL LIVING

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U. KRISHNA RAU,
M.B., B.S., M.L.A.

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Associate Editor

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THE ANTISEPTIC PRESS, MADRAS.
The copy delivered is in pursuant
to the delivery of books (Public
Library) Act, 1954.
Date of Publication 15.3.57.

What's New in the News

Sodium Lighting

It may well lead to greater safety on the roads, but it is apt to ruin a maiden's looks It tends to give a yellow, corpse-like hue to the face, and turns young lover's lips into an eerie, purple shade. In Chesterfield, protests have been made against the introduction of sodium lighting because it "ruins romance."—(*World Digest*, December 1956).

Tree growth speeded up by Aerial spraying

An experiment being carried out in the United States indicates that trees can be made to grow more rapidly by spraying them with fertilizer from the air. The aim of the experiment is "to grow more wood faster", to supply industrial and other needs. It is being carried out by Rutgers University and the Allied Chemical and Dye Corporation.

A stand of 28-year-old red pine at the University's dairy research farm at Beemer-ville, New Jersey, is the site of the test. The trees, whose growth has been slow because of low soil fertility, are being sprayed from an airplane with a mixture of nitrogen, phosphorus and potash.

According to John Andersen of the University's forestry department, results indicate growth increase of 40 to 65 percent. Fertilization is expected to provide the key to a greater volume of forest products, just as it has increased the output of agricultural crops.—(*USIS. Science Notes*).

"Electric Lungs"

A rare but most dangerous case of poliomyelitis, namely a lesion of the muscles controlling respiration was brought in a hopeless state to the Pediatrics Research Institute. Immediately to replace the respiratory muscles was the only way to save the child and the substitute was to last not a minute, or an hour, but perhaps days or even weeks until the child regained its forces and began to breathe naturally. This was made possible by Professor A. Libov by means of an apparatus which he called "elec-

tric lungs." The doctor sets on the scale the frequency, depth and rate of respiration, fixes the mixture of air with oxygen and by pushing the button puts it into operation. The apparatus was constructed by E. Luckyanov, an Engineer to the specifications of Dr. Libov. The child is now on her way to recovery. And soon her family will welcome home their little daughter returned to normal.—(*From Bull. U.S.S.R., Embassy in India* dated 19-2-57).

"May I Pass, Please?"

A new safety device designed to help motorists when they are driving behind large road transport vehicles has been demonstrated in Melbourne, Australia.

An overtaking vehicle wishing to pass a heavy lorry in front first gives a warning blast on his horn. This is picked up by a microphone installed at the rear of the lorry and causes a buzzer to sound and a red light to flash in the driver's cabin.

The driver notes whether it is safe for the overtaking car to pass. If the road is not clear, the lorry driver pushes a lever towards a red light and a sign mounted at the rear of the lorry flashes a red sign which reads "don't pass." When the road is clear, the lorry driver moves the handle towards an amber lamp and the rear sign changes to amber and flashes "pass now."—(*World Digest*, December 1956).

Air Travel Progress

The scheduled airlines of the United States carried their one hundred millionth passenger in 1950—after 24 years of operation. In 1954, only four years later, these airlines carried their two hundred millionth passenger.

The airlines carried their next one hundred millionth passengers in the following two years, transporting as many passengers in those two years as in the preceding four years. The airlines reported their three hundred millionth passenger on July 29, 1956.—(*Pop. Sc. U.S.I.S.*).

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'HEALTH'

A Monthly Journal Devoted to Healthful Living

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

Editor : U. KRISHNA RAU, M.B., B.S., M.L.A.
Associate Editor : U. VASUDHYA RAU, M.B., B.S.

Annual Subscription :

Inland .. Rs. 2-8-0

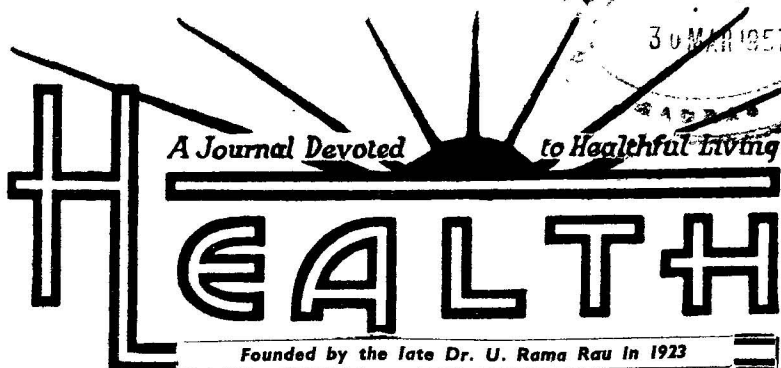
Foreign .. Rs. 3 Post paid

Single Copy As. 0-4-0

Editorial & Publishing Offices :

"RAMARAU BUILDINGS,"

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



Published on the 15th of every month

Editor : U. KRISHNA RAU, M.B., B.S., M.L.A.

Associate Editor : 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. 35

MARCH, 1957

No. 3

WORLD HEALTH DAY

(7th April, 1957)

It was on the 7th of April, 1948 that the Constitution of the World Health Organization officially came into force. As our readers are aware, each anniversary is now observed as *World Health Day* and is used by national and local health authorities to interest people in health needs and to stimulate their co-operation in health action. A definite theme for the observance is selected every year in order to focus public attention on particular aspects of health.

The theme chosen for the World Health Day of this year of grace 1957 is **FOOD AND HEALTH**. The subject is of equal interest to the Food and Agriculture Organization (FAO) which has agreed to act as co-sponsor for this occasion. This is as it should be.

The importance of food in relation to health is thoroughly well realized by everybody and several countries in South East Asia today are active in the field of nutrition, research or programmes to fight nutritional diseases. This year's theme offers therefore, wide scope to each country to draw public attention to its specific problems as well as to its own efforts to solve those problems.

The observance of this day, must therefore, be effectively utilized for disseminating such special information relating to the nutritional values of various foods or the principles of food hygiene in addition to general facts about food and health and enlisting popular support for changes in dietary patterns where necessary. It is our

fervent hope that the people of India this year, will concentrate particularly on the problem of "Nutrition in relation to Health" and endeavour to do their very best for the promotion of individual and national health.

We have received from the Public Information Unit of the W.H.O. Regional Office for South, East Asia in New Delhi, pamphlets with useful information to be utilized in our programme for fighting malnutrition among

the people of India ; these contain specimen texts and notes which may be drawn upon for providing suitable reading matter and giving proper advice to the people on 'Nutrition.'

The articles, based on these notes, may however be released for publication only after the 7th of April, 1957, the World Health Day and so the first of the series of articles in this connection will appear in our April issue of HEALTH.

● THOUGHTS ON RETIREMENT ●

WE come to the end of our service,
The end of a lifetime's career,
But when we go into retirement,
Our new mode of life may seem queer :
To think that on waking each morning—
No need to take heed of the clock,
No need to draw up an agenda—
There's time to look round and take stock :
To think of the hours that we've wasted,
To think of the things we've not done...
To say that our service is ended—
Why, bless us, it's scarcely begun !

One's motto in life should be "Service,"
Not just to one's own kith and kin ;
'Tis better to "wear out" than "rust out"
So now is the time to begin.

There's so much we've never had time for,
If we've had our living to earn ;
We live for our work, thus forgetting—
While living there's so much to learn.
We start out in life full of knowledge,
We know how the world should be run,
But "experience" makes the best teacher—
This fact is as old as the sun,
When bubbles of pride are deflated,
Humility comes to its own ;
The problems of life are equated
And happiness dwells on the throne.

—(J.E.M. in *Health for All*, August 1956).

THE ESSENCE OF HEALTHY LIVING—

NEED FOR A FRESH OUTLOOK

(Avoid the Stress and Strain of Modern Life)

By a Septuagenarian, Madras-14

“THE secret of health lies in realizing the fundamentals of living and the essence of living consists in being simple,” said Dr. C. V. Raman, the Nobel Laureate of India when he addressed a public meeting at the Madras Medical College in connection with the Centenary Celebrations of the Madras University. The stresses and strains involved in living a fast life which is the bane of modern civilization are increasingly causing grave risks to the physical and mental health of the people of the present generation. Unless people, realizing the seriousness of the risks they are taking, cry halt to this mad haste, and learn to treat their physical bodies with consideration and kindness, there is the ever increasing potential danger of nervous and physical breakdowns and a serious deterioration in the health of the nation resulting from continued misuse of their physical faculties. The human frame, be it understood, will not stand strain beyond a particular point; and it is not by living a fast life that people can really achieve their ends. In fact, the more slowly but steadily that one does a job, the greater are the chances of the job being done perfectly and beyond cavil, and the fewer the chances of people losing health.

The tendency amongst modern young men and women to have recourse to short-cuts and to

readily available alien aids, no matter what they cost and how limited their usefulness, is sapping their capacity and talent for thinking, research and sustained effort. As Dr. C. V. Raman said, “it is a tremendous mistake to buy expensive instruments from abroad, put them up here and learn things. It is far better for you to sit down and devise techniques and instruments yourselves. When we buy instruments from abroad, we pay heavily, not for the instruments but for our own laziness and unwillingness to do the job ourselves.” The supreme thing in science therefore, is not equipment, book or money, but brains, capacity to work and determination to work.

The best medicine for most ills is nature and life under natural conditions. What most of our young people have lost and are losing fast is the appreciation of the beauty of nature, the joys of life and the sense that they must adapt themselves to their environmental conditions as normal human beings without craving for ultra-civilized life.

The function of the doctor is to care for and look after not only the human body but also the human mind. The profession of medicine is the noblest of all and “one has to be noble to be a doctor and this demands great qualities of head and heart. Medical science has been rapidly

advancing and perhaps much too rapidly in some branches and as a result the art of simplicity in medical treatment has gone", said Dr. Raman. He protested against the commercialization of medicine to such an extent as to substitute learned names for simple remedies. "The case containing the medicine costs much more than the medicine itself," said he. There is certainly much truth in the advice given by the Nobel Laureate that it is necessary for us all to try and lead simple lives in the open and under natural environmental conditions limiting our wants to the barest necessities consistent with the maintenance of bodily vigour and mental health. It should be the endeavour of all members of the medical profession to bring to the people simple homely remedies at as low a cost as possible instead of indulging in the modern expensive drugs many of which are of doubtful value,

which if required at all, should be reserved for use in extremely difficult situations when the simple remedies have failed to afford relief. The craze among patients to get injected for even trifling illnesses and the readiness with which the doctor satisfies the craze—albeit to his financial gain—must be sternly discountenanced and public opinion mustered strong to achieve this end.

The educational programmes in schools need considerable revision so as to build up the mental health of the children. A suitably designed mental health programme which ensures the balanced intellectual, moral and physiological make-up of a person, should commence at infancy. Self-understanding is the key to mental health and unless the parents themselves possess or cultivate this ability, they will not be able to rear children without maladjustment.

Conversation Piece

Conversation has fallen upon evil days. It is drowned by advertisers' announcements. It is hushed and shushed in dimly lit sitting-rooms by television audiences who used to read, argue, and even play bridge, an old-fashioned card game requiring speech.

Conversation laid the foundations of civilization. It was conversation from which the New Testament, the greatest teaching ever recorded, was composed. Great books, scientific discoveries, works of art, great perceptions of truth and beauty in any form, all require great conversation to complete their meaning; without it they are abracadabra—colour to the blind or music to the deaf. Conversation is the handmaid of learning, true religion and free government. If Thomas Carlyle could define a university as a collection of books, Socrates might well have defined it as a conversation about wisdom.—(A. Whitney Griswold, President of Yale University, quoted in *Time*).

Your Soul

Your disposition will be suitable to that which you most frequently think on, for the soul is, as it were, tinged with the colour and complexion of its own thoughts.—(Marcus Aurelius).

CO-OPERATION between DENTIST and DOCTOR

30 M'D 1957

N. S. BALACHANDRAN

Part-time Dentist,

Govt. Headquarters Hospital, Kozhicode

A CLOSE and intelligent co-operation between the dentist and the medical man serves the best interests of the ailing patient and ensures efficiency and success to the practitioner. There should always be mutual courtesy and respect. As the rightful custodians of the healing art our aim is 'identical and only one' viz., the patient's welfare. We must never forget that we have the patient to treat as well as his illness. A physician on referring a patient to a dentist, or *vice versa* should furnish a clear and concise account of the patient's condition, but should refrain from suggesting the lines of treatment the consultant may adopt; for each of the two is fully alive to his duties and responsibilities.

Dental organs are integral parts of the human body and the broad therapeutic and biologic principles to be observed by the dentist are akin to those followed by the medical man. A dentist is a conservator of general health as well as that of the teeth "*strictiori sensu*," and his responsibility in the matter of accurate diagnosis is equally great. It is a very wrong idea which some people entertain that the dentist is one who can only extract teeth, fill in cavities and supply dentures. The dentist should have had an adequate and thorough grounding in the science of nutrition in relation to health and must have also acquired a thorough knowledge of the anatomy and pathology of the teeth and mouth in health

and disease respectively. The dentist has the unique advantage of being able to detect any malignancy in the oral cavity even in the early stages. During his periodical examinations of the teeth he will scrutinize the oral cavity, inspect and palpate the tongue, floor of the mouth, gums, palate and cheeks and detect suspicious signs and report to the family doctor about the presence of conditions like cancer and other neoplasms in time so that suitable treatment for such conditions may be promptly initiated by the medical attendant. This will save the patient untold misery and suffering incidental to the advanced stages of cancer.

Dental cases fall into two categories, viz., those which present only with a purely dental condition and the other with a dental condition together with some pathological process requiring medical care. Most cases come under the latter category which obviously necessitates the taking of the medical history to aid in the dental examination. Pyorrhœa alveolaris is largely a disease of systemic origin. Systemic diseases either predispose to or result from pyorrhœa. Advanced cases of pyorrhœa invariably elicit a history of long-standing constipation, rheumatic lesions and other attendant complications. The

marked halitosis [and furred tongue found in pyorrhœa patients suggest a gross deranged condition of the digestive tract. Therefore, local treatment alone for pyorrhœa will be most disappointing if other conditions are not treated at the same time. A correction in the diet of the patient may be specially called for. Some systemic diseases may result from focal sepsis, the elimination of which will rapidly clear up the medical symptoms. Pernicious anæmia, recurrent attacks of boils and pyelitis, rheumatic lesions, headache, facial pain eye troubles and earache of obscure origin may all be due to a primary septic focus, perhaps in the teeth which would need to be inspected at once in such cases.

I had a case of chronic asthma in a patient who was promptly cured of the asthma after the extraction of the stagnating carious stumps (a report of this case was published in the *Indian Dental Journal* for March 1948). Such cases are sure to be frequently met with by all dentists in their

daily practice. In the treatment of diabetes mellitus, gastritis, peptic ulcer, flatulent dyspepsia and ulcerative colitis, and also in ascertaining the nature and extent of the association of oral sepsis with chronic tonsillitis, pharyngitis and antrum infection, the help of the dentist will be of great value.

Extractions of teeth in patients with hypertension, angina pectoris, or a history of coronary disease, chronic pulmonary tuberculosis, toxic goitre and diabetes mellitus are best undertaken by the dentist only in consultation with the doctor. Mutual understanding and co-ordinated treatment based on such understanding should always be the joint-aim of the dentist and the general practitioner in all such cases. Such concerted team work will redound to the credit of both and to the benefit of the patient. Last but by no means least, is the covetable friendship between medicine and dentistry that would result from such work.

No Truce with Death

In 1874, Sarah Bernhardt was advised to give up acting if she wished to live, but she returned to the theatre as soon as she was able to leave her bed. When she was asked by an admirer what gift he could send her, she replied, "They say I am to die, so you may send me a coffin."

A week later, she was notified by a famous coffin maker that an order had been placed with him for a coffin, to be constructed according to her wishes. Sarah was most particular about its design, finally agreeing that it should be made of rosewood, with handles of solid silver—later changed to gold.

For the remainder of her life this coffin never left her side, even during her travels. She had a trestle made on which it stood at the end of her bed, so that she could see it without effort, on awakening.

"To remind me that my body will soon be dust and that my glory alone will live for ever," she explained.—(*The Real Sarah Bernhardt*).

HATS OFF TO BUTTER-CUP

(The Miracle of Milk)

ELSIE McCORMICK

(The Cow is intensely conscious of social position, craves man's friendship, and gives more milk if she likes you. She is the sacred animal of the Hindus and occupies a coveted position in their households)

IN France, not long ago, President Rene Coty publicly honoured a cow that had a high milk-producing record by kissing her on both jowls. Such recognition is not amiss; no animal does more for us than the milch-cow.

A dairy statistician estimated that, if all the milk produced in the world last year were put into quart bottles side by side, they would circle the globe more than 400 times! Less than half of this vast amount was used for cooking and drinking. Part of it went into some 10,000 million pounds of butter, 5,500 million pounds of cheese and hundreds of millions of gallons of ice cream. Of all kinds of food, none is more important or better balanced than milk.

Nature meant Buttercup to produce one calf per year and about 175 quarts (44 gallons) of milk to nourish it. She still averages one calf annually, but owing to man's selfishness and consequent intervention with better food, care and selective breeding, she makes enough milk to support 15 to 20 calves and, instead of producing milk for only a few weeks each year, she gives for a full ten months.

The average cow's output is now 2,740 quarts per year in Britain, 2,287 in the United States—both nearly twice as much as in 1910. A Friesian

cow in America, Green Meadow Lily Pabst, has given a staggering 16,525 quarts or 4131 gallons in a year (about 11 gallons or 25 Madras measures a day). Cows in the Netherlands, Belgium, Denmark and Switzerland lead the world, however, in average milk output per cow.

[The yield in India is deplorably low and of poor quality owing to the absence of selective breeding, proper nutrition and an adequate knowledge of animal husbandry amongst the farmers and milkmen.—Ed. HEALTH].

Buttercup is indeed a laboratory equipped for miracles. *The first and largest of her four stomach compartments, the rumen* goes far beyond the human stomach in its accomplishments. Here some 50 different kinds of bacteria make protein out of the nitrogen compounds which come from the grass she eats; they concoct for the cow the Vitamin B which we and most animals have to get from outside sources; they turn maize husks and other unlikely fodder into first-class energy-giving foods.

After Buttercup's rougher food has been in her internal laboratory for about 12 hours it is brought back in small quantities to her mouth, there to be mixed with the saliva, ground into tiny pieces (this is "cud-chewing") and swallowed again. To aid digestion Buttercup

manufactures, in addition to about 12 gallons of saliva per day, a convenient pound of sodium bicarbonate.

The second compartment of a cow's stomach, the *reticulum*, is a bag with the honeycomb lining called 'tripe.' Here are retained the nails, bolts and other indigestible things a cow may swallow in pasture. Usually Buttercup goes through life undisturbed by her hardware collection; rarely an operation may be found necessary.

The third compartment, the *omasum*, is a muscular section which wrings out excess water. The fourth, the *abomasum*, functions very much like the human stomach. Here the cow digests the millions of busy bacteria which made protein in the rumen for their own bodies and incidentally for her. For a mouthful of grass to go through a cow's maze-like alimentary tract and its materials to enter her blood stream requires about 72 hours.

If a cow is efficient, she produces a pound of milk (about a quarter Madras measure) for each two and a half pounds of fodder she is given to eat. But in the matter of letting down her milk, Buttercup has always been boss. She can withhold part or even all of the output if she is worried, displeased with her housing or just doesn't like the person who is milking her.

No animal craves man's friendship more than the cow," says Dr. William Petersen, Professor of Dairy Husbandry at the University of Minnesota's

Institute of Agriculture. "If she is spoken to affectionately and handled with gentleness and patience, her milk production increases surprisingly. One Jersey cow I know of, gave 60 per cent more milk when a man she liked began to care for her. In another case an excitable worker who was not too fond of cows was discharged from a dairy farm and a calm, good-natured man taken on in his place; within a week every cow in the herd was producing an average of five more quarts per day."

A cow's production may drop if she merely sees a strange dog or cat about the shed at milking time. If her displeasure continues, the ingredients of the undelivered milk are reabsorbed into her blood, and she begins to go dry.

Dairy hands who brought portable radios to the cowshed for their own entertainment observed, some years ago, that music made the cows give more milk. Today many dairy farms supply radio or gramophone music during milking hours. Some owners claim that Viennese waltzes give unusually good results.

[Have we not studied in our religious books on Lord Krishna's life and doings, that the Lord's mellifluous notes on the flute, lured the cows to Him and made them stand and frisk around Him in ecstatic rapture? They must have also given enormous quantities of milk and milk products which the Lord Krishna delighted in devouring and distributing to his numerous friends and followers.—Ed. HEALTH].

Cows are by no means stupid animals. They learn to unlock feed-boxes by pressing a certain panel with their heads, and to

unlatch doors with their horns. And there have been instances of cows finding their way back to their home-sheds after being sold to a farm a dozen miles away.

Buttercup's memory, dairy authorities say, is as good as an elephant's. When a herd returns from pasture to the shed every cow finds her own stall instantly. If a cow is moved to another shed and then returned to her original shed a year later, she'll walk at once to her old stall.

Buttercup gives us more than mere food. From casein, the curd formed when milk turns sour, we get the making of countless useful articles such as paint, coating for glossy paper, waterproof glue, buttons and even a wool-like fabric. And important economically is the fact that she does not compete with human beings for sustenance; she eats tough grasses which man cannot digest.

Buttercup may be on the way to presenting us with an amazing new gift. Dr. Petersen and Dr. Berry Campbell, of the University of Minnesota's College of Medicine, have announced the hope, backed by ten years of experimentation that the cow may one day protect man from diseases caused by almost every form of bacteria, virus, pollen or mould.

Dr. Petersen and his co-workers found that if killed disease-

germs are injected into a cow's udder she develops appropriate antibodies in her milk. The research workers have injected into cows some 50 different kinds of bacteria—including those that produce pneumonia, typhoid, tuberculosis, diphtheria and a long list of streptococcic and staphylococcic infections—and have obtained suitable antibodies for all of them. The milk, fed to ten types of experimental animals, has immunized them against the various diseases concerned as long as they continued to drink it. So far, the only human experiments have been those which Dr. Petersen, Dr. Campbell and some volunteer graduate students have tried on themselves. After drinking milk from a cow injected with the dead germs of a chicken disease, *Salmonella pullorum*, they found that their blood had developed anti-bodies enough to destroy live *Salmonella*.

Drinking antibody-carrying milk as a convenient form of disease prevention is not just round the corner. But if the outcome of future tests is as promising as present results would appear to indicate, whole populations may eventually be protected against an almost unlimited number of diseases by our friend Buttercup.—(*The American Mercury*, via *Reader's Digest*, Dec. 1956).

Knowledge (vs.) Wisdom

Every day increases the sheer weight of knowledge put into our hands, some new power control over natural processes.....Our age is being forcibly reminded that knowledge is no substitute for wisdom. Far and away the most important thing in human life is living it.—(Rt. Rev. F. R. Barry)

GROW OLD with a SMILE !

Dr. TRAHERNE, London

WHEN do most of us begin to worry feeling old? If you're the mother of a family you feel old when your baby has left to start his own home, especially if you've done nothing to prepare for this new emotional vacuum in your life. It's different if you're a man. It's your job, your ability to pay your way with the fruits of your own work, and what your colleagues and mates at work think of you, that gives you your self-respect. If that's taken from you, you've got to have something in its place. Otherwise you're not sure your existence is justified.

Compulsory retirement can be a shock. Today you're somebody. Tomorrow you wake up and you're fifty-five or sixty and you're retired and you're not sure you're anybody.

You went to bed middle-aged and a useful member of society. You wake up without any real change in your body or mind or efficiency, and yet you don't count. Society doesn't need you any more!

You're no longer a cog—a respected and needed cog—in the great wheel of working humanity, unless, of course, you've been preparing for a switch-over into some other activity that makes you feel you're justified.

Now *how* do you prepare? Well, there are some general preparations you should make that apply to everybody. And there are some special ones that

depend on your sex and your circumstances.

Few people die of old age. Most of us still die of diseases that could either be prevented, or controlled if we spotted them in good time. It's obvious that when you begin to show signs of wear and tear, *that* is the time when an occasional judicious over-haul will give you more life, more efficiency and more happiness.

Having these overhauls more frequently as you grow older is by far the cheapest insurance you could have, for it enables you to keep an eye on the weak points in your system where the enemies of health can creep in.

Knowing that you have enough to live on is a great preserver of health against the devastation of chronic stress. If you retire on a good pension—provided you've watched your health and have interesting things you want to do—you're practically immortal. Your expectation of life goes up many times.

The fact that people are healthier and living longer, so that the proportion of old people in the population is steadily increasing, is bound to compel us to find ways and means of using older people at work. There are two other general adjustments that we all have to make. First:—to the fact that in old age your life situation is contracting rather than expanding; secondly:—to the idea of dying.

You cannot escape the fact that your energy is lessening

as well as your strength, agility, co-ordination and the sharpness of your hearing, sight and sense of touch. All of these reach their peak quite early in life; not that, it need prevent you becoming a better man or woman.

Many older people are much keener observers than younger people, whose senses and faculties are more acute.

Above all—and this is the most difficult aspect of the contracting situation you have to face *viz.*, you are less rich in future time. When you were young, death was a million miles away. Now it is on the near horizon. Until you can tolerate the idea of dying, without losing your zest for living, you cannot hope to achieve any sort of real happiness. You must come to terms with death if you want to enjoy your old age.

Every religion, every philosophy that man has created, has this object in mind. The fear of death can plague all ages, even the young. If you have not yet made this critical adjustment in your own way, then you must make it now. If you do, your best years are yet to come.

As you grow older it's important to keep on exercising your body, your mind, and your emotions. Exercising any one of the three is never enough. By exercising your body, I don't, of course, mean trying to compete athletically with the young. Just merely keeping active and *on the go, at your own pace*; using your energies skilfully and cunningly and economically and making frequent pauses to relax

in. Gentle walking, helping the wife in her house-work, gardening, swimming, and riding, are as good as anything.

By exercising your mind, I mean keeping up your interest in things, and as far as possible getting interested in new things that you haven't had time for before: anything to get out of old ruts into new and more stimulating ruts.

Books by the dozen have been written on the sort of things you can take up when you retire. The old men and women who get demented and childish in their old age are those who were interested in practically nothing except what they *had* to do, until eventually they lost interest in everything.

By exercising your emotions, I mean *knowing and liking lots of people*. You may have lost contact with the people you used to work with. Many of the friends of your youth may be dead or far away. Unless you can provide an outlet for your natural affection for human beings, it will turn in on you and make you selfish, irritable, and eventually profoundly depressed.

When a mother retires from rearing her family, her difficulties may not be so spectacular or obvious as those of a man giving up his job. Yet it may be even more difficult for her. But parents are wiser now. They realize that when you teach your fledglings to fly, you must allow them to fly on their own. *You can't fly for them*. If you are selfish or foolish enough to make emotional demands on

them, if you expect them to let you run, or rather disrupt their homes, *you may be in for a tragic shock*. Obviously it's now your turn to wean yourself from them and find something to fill the relative emotional vacuum left in your heart when they start rearing their own families.

If you're about to retire as a mother, now's the time to cultivate a richer relationship with your husband. After all, it was that which started your marriage in the first instance. If falling in love with your children means that you've allowed yourself to fall out of love with your husband—well, that doesn't do anybody any real good. Your fledglings are launched from the nest. Now you can continue with your first love, that first adventure in partnership.

Plan for the time when your husband retires and spends more of his time at home: an awkward time if you don't plan for it. Very nice for a bit. Like a holiday. But soon you'll be in each other's way. Especially if you take the sensible precaution of moving into a smaller home.

A woman without children, has her own especial difficulties.

Something to cherish will make life worth while and maintain the femininity that makes you attractive at any age. The change of life is certainly not the end of a normal and happy sexual life. Indeed, many women blossom into a care-free satisfying sexual life for the first time about this age *i.e.*, after menopause. A second career has the advantage that it releases new enthusiasms and new potentialities that have lain dormant. It mobilizes powerful emotional forces that act as a remarkable tonic to body, mind and spirit.

Old people still have many unnecessary difficulties to cope with, that will eventually disappear. But there is *one deadly, soul-destroying, brain-rotting vice they must banish if they possibly can—that is the grim, unsmiling face that so many old people tragically present to the world*.

As you grow old you must beware the frown that becomes a permanent mask if you give it a quarter of a chance. A frown fences people out. It can become a fixture and a habit—and so can a smile. **Wyh not the smile?** —(Condensed from *Family Doctor*, London, via *World Digest*, October '56).

Mechanical Suffocation

Mechanical suffocation heads the list of fatal home accidents of infants. Despite evidence indicating that many of the deaths attributed to this cause are actually overwhelming respiratory infections, the safety precautions associated with this type of accident are still of primary importance.

Give the baby his own little bed, even if it is merely a basket, box, or bureau-drawer. Keep the bed bare of pillows and other bed-linens that might cause suffocation.—(*J. Med. Assoc.*, Georgia).

LOOKING FORWARD

FROM A SERIOUS ILLNESS

F. R. C. CASSON,

M.B., B.S., M.R.C.S., Etc., London

MR. S., was a final-year medical student when he fell ill with pulmonary tuberculosis. He had been studying hard, sitting up late over his books after a tiring day in the wards, and neglecting to get the proper amount of rest and food. A bout of "influenza" in the early autumn left him with a dry cough, and this lasted over Christmas, until one day he coughed up some blood and realized that something was seriously amiss.

His doctor promptly put him into hospital, and it was found that he had fairly extensive tuberculosis of one lung. He was given a course of drug treatment and then moved to a sanatorium.

At the first, Mr. S. was very upset and depressed, for he had had high hopes of qualifying well, and looked forward to joining his father in general practice. To give up his plans cost him many a painful hour. His doctors told him that he might have to undergo some surgical collapse measures when his general condition allowed. Faced with the prospect of months in the sanatorium, he might well have abandoned all thought of his medical career and relapsed into invalidism, but he determined to make his illness contribute to his medical training. As soon as he was well enough to read textbooks, he began to borrow all the books on tuberculosis that the doctors at the sanatorium or the local public library

could supply him with. Naturally, he did not always feel able to concentrate on text books, but he stuck doggedly at his reading, and set himself to learn as much as possible. When he was allowed up, he would visit the X-ray department and look at the chest screening and X-ray films, and he also made friends with the pathologist and became familiar with the laboratory techniques practised at the sanatorium.

Mr. S., was lucky in that his profession allowed of his illness being useful to his future career, so that when he left the sanatorium about eighteen months later, he was able to take up his studies again and qualify at the next examination.

It is easy to drift.—It is only too easy to feel, after the initial shock of learning that one has TB. that there is no point in doing anything beyond getting well. It is easy to drift along, in the casual, sociable atmosphere of the modern sanatorium, passing one's days pleasantly and harmlessly enough, but with a very limited horizon. So that one is increasingly conditioned to the narrow confines of institutional life; all responsibilities shed, all decisions made for him by his doctors or his own family. If then some new drug or method of treatment suddenly improves the patient's health, he is apt

to feel quite alarmed at the prospect of speedy release. What seemed at first a restrictive irksome existence has become, during the passage of months, a cosy, sheltered, never-never land. Going out into the cold world again seems something akin to one's first day at school or in a new job, and the patient is understandably apprehensive about it.

Probably the best way of combating the problem that faces the long-term patient as he approaches the end of sanatorium treatment lies in preventive measures.

At the beginning of illness the tuberculosis patient feels very distressed at having a serious illness. There is some amount of separation from the family and the community, which is felt as a form of ostracism or rejection. To grieve over this is painful, so most patients arrive at the sanatorium like small children sent to a boarding-school, in a state of acute homesickness. Not being able to express this with the natural abandon of small children, or to cry on matron's shoulder and write long letters home to mother, many of them throw themselves feverishly into sanatorium life, thus endeavouring to prove themselves and to everybody else that they are not missing their homes, families, work and the outside world at large. This may explain the intense, hothouse atmosphere of most sanatoria, in which petty intrigues, scandals, love-affairs, gossip and forced conviviality seem to flourish.

Keeping in touch is painful.—I certainly found this to be markedly true of a Swiss sanatorium at which most of the patients were British, far removed from their familiar surroundings and family ties. It was quite striking to observe the difference between those patients who centred their whole interest on the day-to-day events quite without regard, as far as one could see, to their past or future life, and those who kept closely in touch, by letters or visits, with their home-folk. There was no doubt which group was the healthier psychologically, though the former was far more cheerful and light-hearted on the surface.

One of the best ways for the sanatorium patient to remain in touch with outside life is by visits from his family. However harrowing it is for visiting time to end and to have to watch one's relatives departing down the drive, it is well worth the cheer of their presence and the breath of home they bring for a brief hour or two. Even if small children cannot, for health reasons, be allowed to visit the patient, he can be brought photos; or told how they are getting on. Letters can fill the gap quite well if the family cannot visit, but regular short letters—even postcards—are better than an infrequent long epistle.

One patient I knew had a very sensible wife, who used to collect news from all his family by circularizing them with a letter to which each one added a few lines, the last recipient having

to post it to him, and start another round-robin circulating. She also got his firm to write to him regularly and tell him of what was going on at the office in which he had worked. This resulted in one of his directors paying him a visit, and promising that he would have his job back as soon as he was fit for work, and in a batch of Christmas cards from his workmates which he proudly stuck up in his cubicle.

The brother of another patient used to write to him regularly every Sunday telling him how the local football team had fared on the previous afternoon. His letters consisted of little else, but cheered the patient enormously and made him feel he was still supporting the local team. When he finally returned home, he was able to pick up the threads of his weekly football match at once, and argue knowledgeably with the other spectators.

One elderly lady was encouraged by having the parish magazine sent regularly from home and learning of the activities of the congregation from which she was separated, and several patients got a thrill from their local newspapers.

It is only by frankly facing the fact that one misses one's usual life and family, friends and work, that one can maintain the links with them. Otherwise one soon becomes rootless in a sanatorium, and when there is the prospect of returning home one is like a tree that has to be transplanted from a tub in a

greenhouse to a space in the forest. Everyone has this problem to solve in an individual way, but it is a very important matter both for *morale* and as a stimulus to regaining physical health in the shortest possible time.

To realize all the people and projects for which one lives is the best way of making oneself strive to regain them. Each one must decide for himself, with his doctor's help, on his best method of achieving this happy result. But no one can embark on the pilgrimage back to a healthy, full and independent life unless he has some long-term objective. With this kept firmly in view, it is easier to discern what will help towards the goal, and to make the most of such opportunities as do come.

However slender the chains that bind us in illness, to our ordinary life, they may prove to be lifelines of unexpected strength. One woman patient, seriously ill with tuberculous peritonitis and a double apical infection, told her doctor afterwards that she had first begun to feel hopeful of recovery when she was allowed to make paper-chains for her four-year-old daughter, with frequent pauses for rest. Though they had to be sterilized before being posted home, her paper-chains proved to be stout life lines along which she struggled back to her home.—(*Health Horizon*, Oct. 1956).

[Note.—We understand that the author of this article had himself been a patient in a tuberculosis sanatorium, from which he returned fully cured and rehabilitated.—Ed. *HEALTH*].

THE UMBRELLA STORY

DAVID GUNSTON

THE Inventor of the umbrella is commonly supposed to have been that amiable English eccentric Jonas Hanway, who lived from 1712 until 1786. This worthy did many things, including the writing of dry-as-dust books with yardlong titles and the waging of an all-out war on the drinking of tea, but he certainly did not invent any article as useful as the umbrella.

It is truer to say that he made it popular among ordinary folk, and in doing so brought ridicule on his own head, but rendered a permanent service to posterity.

Umbrellas and sunshades, or articles that served as both, date back at least to the days of Nineveh and Babylon. The inhabitants of ancient Greece, Turkey, Persia, India, China, and Egypt all knew the umbrella, but not from first hand.

For it was always a royal monopoly, a kind of regal badge of office. Only kings and potentates had umbrellas.

Assyrian bas-reliefs show many impressions of scantily clad slaves holding large umbrellas over the heads of kings and princes, sometimes even in battle.

Even the Aztec emperors preferred to use big umbrellas rather than get wet; and they employed relays of nobles of high estate, four at a time, to hold up the imperial broolly.

These ancient umbrellas were invariably superb affairs, rich in embroidery, gold lace, pearls,

and tasselled silks. Their handles were carved in ivory or ebony, inlaid or wrought in gold.

Persian caliphs, Mogul emperors, Burmese kings, Turkish beys, Grecian priestesses, Indian princes, all these at various times used the umbrella to keep off rain or sun, and it was always regarded as a dignified part of their official regalia.

[NOTE:—Hindu and Moghal Emperors who held sway in various parts of India and at various times were stated in the relevant literature of the times, to have done so under one umbrella. e.g. *Chatrapathi* and to have gone in ceremonial processions on caparisoned elephants under a huge big silk umbrella fixed and held from on the *Howdah*.—Ed. HEALTH].

To this day, one of the King of Siam's many royal titles is "Possessor of the Twenty-Four Umbrellas."

The umbrella was first introduced into Britain early in the seventeenth century, doubtless by travellers from India, and must have been fairly familiar by 1630. In that year there is a reference in Ben Johnson's play, *The Devil is an Ass*, wherein a character describing an accident which befell a lady, remarks—"And there she lay, flat spread as an umbrella."

These early European umbrellas were made to the Chinese pattern, with voluminous folds of thin oiled silk, very difficult to open and close, and very clumsy to keep taut in wet weather.

Umbrellas were always feminine objects, designed to protect

fine clothes and fair features from rain. For a man to employ such protection was dismissed as effeminate.

That is where Hanway came in. Fresh back from a long journey in the centre of China, he was full of the value of these strange rain protectors, and with missionary zeal decided that they ought to be widely used, not only by royalty but by the masses so that they may not suffer the heat of the tropical summer or the damp and chilliness of the winter both of which might tell upon their health.

So he had several umbrellas made, and in spite of the jeers of the street boys and the merciless mocking of gentlemen, he walked about London parading his open brolly.

That was about 1750, and Hanway persisted in it for over thirty years until death.

In time, the mocking died away. What started as a daring innovation by one brave man became a popular vogue. Umbrellas had arrived.

Two incidents show how quickly brollies caught the public favour.

In 1758, when a certain Dr. Shebbeare was placed in the stocks, he instructed a servant to stand by holding an umbrella over him to keep off sun or rain! By 1780, London umbrella-makers were taking out patents for them—the second being for an umbrella with a jointed handle that opened by the touch of a spring.

There have been a good many

advances in umbrella-design since then.

Among the very latest ideas are detachable, flexible umbrella-covers that can be slipped over the ribs in a jiffy, and are cheap enough to be thrown away when damaged; umbrella harness for overladen shoppers, enabling them to have protection without holding the awkward thing; and umbrella bicycles, with a permanent fitting for a brolly over the rider that keeps out the sun as well.

A metal container can be fitted inside cars to catch the water from wet umbrellas taken down by passengers, and there are even umbrella "lending libraries" which hire out brollies at a small daily fee!

Dickens made the umbrella a "gamp" with his immortal character, Sairey Gamp, the primitive old nurse who possessed an allegedly gouty brolly, but in France the everyday slang term for one is, strangely enough, "*un Robinson*," after the big shade made by Robinson Crusoe!

Soon after the introduction of the term "gamp," the umbrella came to be regarded as an object of mild ridicule, or at least something decidedly humorous.

This notion was fostered by the old-time music-hall comedians, who quickly took to a seedy brolly, usually broken or half-collapsed, as an infallibly amusing stage prop.

Thanks primarily to Queen Mary, who was inseparable from her parasol or umbrella, and also to Mr. Chamberlain, when Prime Minister, the umbrella regained

all its popularity and is now sure of a permanent place in civilized life, to afford protection against the inclemencies of the weather which would otherwise tell upon the health of people who foolishly attempt to brave them.—(From *Evening Times*, Glasgow, via *World Digest*, October '56).

TAKE CARE OF YOUR FEET

THE enormous strain borne by the walking foot is shown by the following calculations based on information contained in the Blue book of the American Shoe and Leather Industry.

The average policeman takes 28,000 steps a day, a distance of 14 miles. Thus, if he weighs 12 stone, he carries 2,100 tons of weight on the bones and tissues of his feet. Assuming his boots weigh 3 lb. 7 oz. his feet lift 42 tons of boot leather in the course of a day's duty.

The average postman walks one mile farther than the policeman, taking 2,000 more steps. The arches of his feet bear a daily weight of 2,250 tons, assuming he weighs 12 stone; and his feet lift 45 tons of shoe leather.

The ploughman takes 50,000 steps in an average day's work, a distance of 25 miles. His feet carries a weight of 3,750 tons and lifts 75 tons of boot weight.

The average school girl of, say, seven stones, walks 11½ miles in a day, her feet bearing 944 tons of weight, and lifting 11½ tons; a schoolboy takes 30,000 steps carrying a day's weight of 1,230 tons, assuming his shoes weigh 1 lb. 12 oz.

The average housewife covers 8½ miles on a shopping day, except when she shops at Christmas when she walks a further 2½ miles or 5,000 extra steps. On an average day of 8½ miles, her arches have to bear the strain of 930 tons if she weighs 124 lbs. If her shoes weigh 1 lb. 6 oz. she lifts 10½ tons.

When he holes his put at the 18th, the average golfer has walked eight miles. No doubt he would feel even more tired if, sitting in the clubhouse, he reflected that his feet had carried a body weight of 1,088 tons over the links, and lifted 18 tons of shoe leather!—(*Good Health*, August 1956).

Courage from Faith

All of us are here today, alive, because at many junctures in the history our forefathers—undismayed by the particular fears which haunted their times—took courage from faith and transmitted faith down through succeeding generations to us.....Only faith is truly and invincibly strong and viable.—(*Lewis L. Strauss*).

OBESITY

N. F. CROFTS

OBESITY is the condition in which the body contains an abnormally large amount of fat.

Obesity is one of the most frequent physical abnormalities. The incidence of obesity in the older groups is very high.

The weight of the average person increased by about 12 lbs. between the ages of 25 and 50.

This "middle-age spread" is regarded as inevitable by many people, but of course it is not. Many people also are over-weight, and do not realize it.

The cause of obesity is eating food in excess of energy requirements. If a householder buys more fuel than he can burn in his fires, he has to store it somewhere. Similarly if the body takes in more food than it can burn for energy, it has to store it.

Fat can only come from food. —In the past other theories used to be put forward to account for obesity. For instance, some people used to think that fat people absorbed a greater proportion of their food from the alimentary tract than thin people. Others thought they lacked a special mechanism, presumed to exist in the normal person, which caused an increase in the rate of burning of surplus food. Both these theories have been proved wrong.

Different people have different food requirements. A diet that would keep one person thin might make another person fat. It is the individual who matters. If

you are too fat, then you are eating more than you need.

Why do some people eat more than they require? An obvious and common reason is that they enjoy food. Those whose appetites are constantly being titivated by delicacies are more likely to become fat than those living on an uninteresting and badly cooked diet.

It is probable that some fat people have an abnormal appetite-regulating mechanism—they do not know when they should stop eating. Injuries and some diseases affecting the hypothalamus at the base of the brain, can upset this regulating mechanism, so that the unfortunate subject rapidly acquires a ravenous appetite with consequent obesity. This sort of abnormality, however, only accounts for obesity in a tiny proportion of cases.

Appetite and food intake are partly determined by habit. The young adult with large energy output has a large appetite to cater for his requirements. When he becomes middle-age and less energetic, his food habits have become formed and he does not cut down his intake. He therefore becomes fatter. He may become more prosperous, which enables him to eat more and richer foods. Similarly, the pregnant woman and the patient convalescing after illness may acquire new habits of appetite to meet their special needs. They do not relinquish these habits when conditions return to normal. Of course, when a person gets

fat a vicious circle tends to develop:—*Obesity—Sluggishness—More obesity.*

Interesting studies have been made concerning fat children. It used to be thought that the fat boy or girl was often the victim of some glandular disorder. Now-a-days, much more stress is laid on the upbringing of these children as the cause of their fatness. They are often "only children" with parents who over-protect them. They are encouraged to overfeed at meals and are showered with sweets; ice-creams, and fruit *between* meals. They are discouraged from taking part in rough and strenuous games. Fortunately these children usually acquire a normal figure when they eventually escape from the home environment.

Everybody knows that some people lose weight when they worry. It is less generally known that others gain weight when they worry; in some way eating seems to lessen their mental tension. Boredom is another potent cause of obesity. Many a housewife has nibbled her way to the outsize department through sheer lack of anything more interesting to do.

Some single persons, who have to repress their normal impulses, and some married persons, who do not derive satisfaction from the emotional and physical side of marriage, appear to compensate by eating excessively.

Inheritance plays *less* part in the development of obesity than is generally thought. Fatness certainly often runs in families, but this is frequently because

children copy the eating habits of their parents. Height and other *skeletal* measurements are markedly influenced by hereditary factors. Identical twins, brought up in different environments, are found to differ in their degree of fatness more than in any other physical way.

The harm due to obesity may be psychological, or physical, or both. The former is more common in children and young adults. Fat children are usually unable to run fast and to play games well. They may even be objects of derision at school. This sets them apart, and tends to make them shy and unadventurous.

Young men and women who are excessively fat may suffer incalculable unhappiness through missed and broken romances. Marriages may be jeopardized or broken through loss of physical attraction.

Physical harm due to obesity is more likely to affect the middle-aged and elderly. They are subject to symptoms such as breathlessness on mild exertion, tiredness without due cause, aching in the legs and feet, excessive sweating in hot weather and flatulent indigestion.

Overweight persons are more liable than normal persons to develop diseases of the heart and arteries, high blood-pressure, arthritis, diabetes, gallbladder disease, varicose veins, thrombosis and ruptures. Surgical operations and childbirth are more likely to be accompanied by complications; accidents and fractures are more common. Fat people tend to die prematurely.

All fat people can reduce their weight to normal on two conditions:—(1) that they wish to do so; (2) that they have got the will power.

Since obesity is caused by excessive energy intake (food) over energy output, it follows that it can be cured by reducing the former or increasing the latter; or both. But it takes a great deal of exercise to increase the energy output enough to have much effect. For instance, the average man has to walk about 36 miles to burn up 1 lb. of his fat. Exercise also has the disadvantage of increasing the appetite, so it is not usually the best way of losing weight. These remarks apply to the sort of exercise that the sedentary workers take in their spare time, such as tennis or golf once or twice a week. However, when the exercise is carried out for the greater part of most days, the energy output may be raised sufficiently to play an important part in curing obesity.

If a fat sedentary worker were to change his occupation to that of heavy manual worker, he would probably become much thinner. Not many readers of this article will rush to change their occupation, so stress will now be laid on *diet*.

The diet should be low in calories (energy-providing units) but adequate in proteins, vitamins and minerals. It should contain enough carbohydrate to prevent body-protein being broken down to provide energy. *Fats should be greatly restricted.*

The lower the calorie intake, the quicker will be the weight loss—other things being equal.

Hunger is partly assuaged by the mere bulk of food. It is therefore, best to avoid concentrated foods (those that are high in calories per unit of volume). For example, 2/5 oz. of rice would have the same fat producing effect as 14 oz. of onions, turnips or radishes, but it would not be likely to give the same feeling of repletion.

It is helpful for anyone starting a reducing diet to know roughly how long it should be maintained. So often, people begin to think, about a month after the commencement of their diet, that their figures have not really changed much and that may be it is not the food that is making them fat after all. An average weight loss of 2 lb. a week is quite good for most people, so that anybody who is 50 lbs, overweight should expect to continue dieting for about six months at least.

When the ideal weight has been reached the meals may be increased, but not to the pre-diet level. Fortunately it is common for the appetite to remain permanently smaller after a successful period of dieting.

People often ask their doctors to give them tablets to make them lose weight. There are no safe drugs which reliably cause slimming without the aid of other measures, but there are some which tend to diminish the appetite and ease the pangs of

hunger. They may be helpful, especially in the early stages of a reducing diet.

Massage, Turkish baths, special corsets and vibrating belts do not reduce the amount of fat to any significant degree.

Prevention is better than cure

—and easier too. The thickness of your fatty layers is not pre-ordained. It is under your control. Don't join the army of those who stoutly aver: "But, Doctor, it is not what I eat."

IT IS.—(*Health Horizon*, Spring 1956).

EAT YOUR TROUBLES AWAY

Man! You can be Virile at any Age

NOT so long ago when I was travelling through one of our Mid-west states noted for its dairies, the man sitting across from me pulled his eyes away from one of the station platforms long enough to remark: "Tall, virile men here—must be Scandinavians."

I saw admirable physical specimens at the railway station loading freight cars with milk-cans, tubs of butter, and heavy baskets of meat, which had been produced in their community.

My companion's eye was soon sharing my appreciation of the vast amount of meat and dairy products that we saw being carried on the broad, strong shoulders of the workmen in that station.

Protein plays a part in your sexual vibrancy—the confidence, inward feeling of power, enthusiasm, energy, vitality, mental alertness, stamina, and sense of assurance that accompany healthy sex glands.

Recently a group of sexually normal men participated in an experiment in which they were

fed extremely low amounts of protein. They satisfied their appetites with high-starch meals. They were surprised to find they had lost all interest in women—even when the opposite sex paraded past them on the bathing beaches or allowed their dresses to fly up at windy corners. Female curves did not appeal to these normal males who had been protein-starved!

When general health is impaired, and vital energies are low, the sex organs are sure to be weakened—usually more in proportion than any of the others. Long continued dyspepsia is nearly always accompanied by weakened sexual power and desire. Food and drink directly affect sexual powers.

Men seeking "aphrodisiac foods" find the meats of mature animals and fish stimulating to sexual powers. The strong-lasting aromatic vegetables such as celery, parsnips, onions, and asparagus stimulate some people almost as much as mushrooms.

Premature ageing—as well as loss of virility—is dependent upon the normal functioning of

the endocrine glands, which secrete the male hormone, testosterone. This product of the male gonads influences both mental and physical health.

Under normal conditions, a decline in production of testosterone during and following the climacteric in men causes little disturbance. The climacteric—often erroneously called the “male ménopause”—is a period or point in a man’s life at which some great change in the constitution, health, or fortune takes place.

Tom S was one of many men in their fifties who were ignorant of this normal period of glandular upset. Unfortunately, he was not among the lucky 75 per cent of all men who pass through the climacteric without noticing that “something was happening to him.”

Tom’s feeling of depression initially alarmed him. Suddenly, his position as sales manager did not seem so much of an accomplishment. Nervousness and jumpiness turned him from his usual genial self into a sullen, grumpy individual. Nothing his experienced secretary did, pleased him any longer; he growled at her until she quit in disgust.

At home he was even more disagreeable. The cries of his grandchildren, the barking of their dog, sent him off into uncontrolled fits of temper. During the night hours he tossed, waking up suddenly to worry over his sales records.

Little did Tom S realize that, instead of outside forces working against him, his starved gonads

had retaliated by suddenly depleting their supply of testosterone. Had Tom prepared for his middle years with a diet rich in proteins, vitamins, and minerals to keep the gonads in good condition, no drastic reductions in testosterone would have occurred.

In Tom’s case, every nerve, muscle, gland, and organ had pleaded, with some pretty unpleasant symptoms, for its accustomed amount of testosterone.

But lack of testosterone is only one of the contributing factors to that antithesis of virility—impotence and sterility. These are supposed to appear with the advancing calendar year—yet here again, *you can eat your troubles away.*

The old-time “sex prescription of eggs recognized one thing, perhaps unknowingly: that without protein there can be little production of the material needed for the reproduction of life.

Vitamins and hormones are inter-dependent. Vitamin-A reinforces the functioning of sex glands. The hailed rejuvenator, royal jelly, is supposed to be very rich in the B vitamins. The vitamin D in sunshine contributes to that “June-spoon-moon” cycle of romance; to substitute in the winter months for this outdoor stimulant, you can eat sun-flower seeds, or the fatty fish; tuna, salmon, sardines. And, of course, use vitamin-D concentrates.

Best known for its direct beneficial effect on the organs is vitamin E. Serious lack of this vita-

min may cause sterility. All of the body cells needed vitamin E for reproduction. Wheat-germ oil is the richest known food source of this so-essential-for-virility vitamin. Other foods supplying it are sesame (gingelly) seeds, corn, egg yolk, sprouted green gram, and practically all organ meats.

Physically or emotionally, virility does not disappear over-

night, but years of protein-vitamin-mineral starvation finally result in degeneration of the sex glands.

Avoid the physical and mental pitfalls I have pointed out and you'll never have to ask yourself that cruel question, "What's the matter with me? Am I getting old?"—(Condensed from the book published by Herbert Jenkins, London).

'Doctor You're Wanted'

At St. Thomas's Hospital, London, a system has been devised whereby resident medical staff can be summoned, urgently and unobtrusively, from any part of the hospital building.

The outer walls of the hospital have been encircled by a mile-and-a-half-long of wire. Attached to this loop, and powered from the mains, is a radio transmitter.

Fifty receivers, each about the size of a fountain-pen, are carried by the doctors. The receivers are in no way linked up with the rest of the apparatus, but are operated by magnetic induction from audio-frequency currents passing along the wire.

When a doctor is needed, telephonic communication is made with the porter's lodge, where the transmitter is housed. By pressing a numbered push-button, the operator causes the required receiver to "react." The doctor carrying it gets an audible signal, contacts the porter's lodge, and finds out where he is wanted.—(*World Digest*, December 1956).

Statement about 'Health' under Rule 8 of the Registration of Newspapers (Central) Rules 1956.

- | | |
|---|---|
| 1. Place of Publication | 323, Thambu Chetty Street, Madras 1. |
| 2. Periodicity of its publication | Monthly |
| 3. Printer's Name | U. Vasudeva Rau |
| Nationality | Hindu |
| Address | 323, Thambu Chetty St., Madras 1. |
| 4. Publisher's Name | U. Vasudeva Rau |
| Nationality | Hindu |
| Address | 323, Thambu Chetty St., Madras 1. |
| 5. Editor's Name. | Dr. U. Krishna Rau |
| Nationality | Hindu |
| Address | 323, Thambu Chetty St., Madras 1. |
| 6. Names and address of individuals who own the newspaper and partners or shareholders holding more than one per cent of the total capital. | Partners "Antiseptic"
1. Dr. U. Krishna Rau
2. " U. Vasudeva Rau
3. Sri U. Vyasa Rau |

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

I, Dr. U. Vasudeva Rau, hereby declare that the particulars given above are true to the best of my knowledge and belief.

Date 14th Feb. 1957

Sd. U. VASUDEVA RAU
Signature of Publisher.

Pleasant Topics from Periodicals

A man tried to buy a suit at a "bargain basement" tailor. One of the salesmen tried every suit but one on the customer, turning him around and around so he could view himself in the mirror from every angle.

Finally the second salesman took over, showed the man one suit, and made a sale.

"You see how easy it was!" he admonished the first salesman; "I did it on the very first try!"

"I know," shrugged the former, "but who made him dizzy?"

A woman spent a lot of money on a really good corset, and then ruined it by taking out the bones just because they hurt. Her husband saw her, and a few minutes later confronted her with a discarded bone on which he had hoisted a flag with the words: For shame! The very things you extolled as a virtue, you now remove because they hurt!

From "Positions Wanted" column of an advertising paper: "Wanted Boss's marriageable daughter! Ex-Naval Officer, personable, adaptable, having vainly sought agency job through regular channels, desires to make marital arrangements with daughter of advertising agency president or other adequately influential advertising personage. Unusually fine opportunity to liquidate the daughter problem and simultaneously acquire a capable executive for your organization. Absolute satisfaction guaranteed, or your job and daughter cheerfully refunded."—(*Constellation*, Paris).

"Why do you insist on naming the child 'Bill'?" asked a minister.

"Because he arrived on the first of the month," explained the father.—(*Variety*, Karachi).

Two crows were flying through the air when a jet aircraft roared over their heads.

"Good heavens!" said one crow to the other. "He's in a hurry!"

"Well, there's nothing clever about that," replied the other crow; "wouldn't you be in a hurry if your tail was on fire?"—(*Der Stern*, Hamburg).

A woman who considers herself intelligent demands the same rights as a man. A woman who is really intelligent takes care not to do so.—(*Edwige Feuillere*, French actress).

Doctor's Orders

A certain maternity hospital had a notice in the out-patient's department that survived only a few hours after the students saw it. It read: "Before leaving the hospital, all patients must show their pink forms to the doctor."

And the same hospital still has a board at the entrance to one of the wards which proclaims: "Visiting hours.....Husbands only

7-30—8 p.m. Not more than two visitors to each patient."—(*Manchester Guardian*).

Just after Barton was admitted to the hospital, he heard a knock on the door of his room. He called out, "Come in!" and in walked a brusque little woman. "I'm your doctor," she announced with authority; "take off your clothes, please."

Barton asked if she meant all of them; she snapped, "Of course!"

Shyly, he removed his clothes and submitted to a thorough examination from the lady doctor. When she had finished she declared, "You can go to sleep now. But first do you have any questions?"

"Just one, Doctor," said Barton; "why did you knock at all?"—(*Man*, Sydney).

A man is reported to have choked a woman to death in a Paris dancing hall.

The people present no doubt thought they were doing a modern dance.—(*The Outspan*, S. Africa).

Heard on the sands at Sea Point: "Madam, is that your boy who is burying my coat in the sand?"

"No that's my sister's boy. Mine is the one filling your hat with water."—(*Penascola Gosport*, U.S.A.).

McTavish: "I hear you're a great believer in free speech."

McDonald: "Aye, that I am."

"Then ye'll no' mind if I use your 'phone."—(*Crib*, U.S.A.).

"Dear Mary,—Words cannot paint how much I regret having broken off our engagement. I realize now that I need you—more than ever. Will you please come back to me? Life without you is barren and has no meaning. Your absence leaves a space which nobody else can ever fill.—Your remorseful lover, Ted.

"P.S.—By the way, congratulations on winning the football pool."—(*Veld Breezes*, S. Africa).

Strapless Bathing Suit:—A compromise between the law of decency and the law of gravity.—(*Cape Argus*).

Smith went to see the doctor, who asked him, after a thorough examination: "Do you drink and smoke much?"

"I'm afraid so!" replied Smith.

"Well, you'll have to give them both up," said the doctor.

Smith put on his hat and started for the door.

"Wait a moment!" said the doctor. "You owe me five shillings for my professional advice."

"But I'm not taking it!" retorted Smith, as he walked out.—(*Frankfurter Illustrierte*, Germany).

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