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HEALTH

FOUNDED BY THE LATE DR. U. RAMA RAU

A JOURNAL DEVOTED TO HEALTHFUL LIVING

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Contents

Our Milk Problem—*Editorial*
Our Amazing Circulatory System
Are You a Pogonotomist?
There's no Substitute for Parents
The Doctor Probes His Own
Heart
The New Brain Test
Keep Moving! You Arthritics!
Low-Bloodpressure
What People Eat and Why?
Baby's Weight
Dietitian's Role in Hospitals
Eat Your Troubles Away

What's New in the News



Dr. U. KRISHNA RAU, M.B., B.S., M.L.A.,
Speaker, Legislative Assembly, Madras.

We wish to convey to our readers the welcome and glad news of our Editor Dr. U. Krishna Rau having been elected as the Speaker of the Madras Legislative Assembly on the 30th ultimo. The worthy son of a worthy father (the late Dr. U. Rama Rau, our Founder Editor and a former President of the Madras Legislative Council), Dr. Krishna Rau has himself been connected for many years with the political and social life of the City in various capacities, having been the Mayor of Madras in 1947 and also the Minister of Industries and Labour during 1952-1954.

We are confident that Dr. Krishna Rau will be able to hold the scales even, during the deliberations of the New Assembly, the leaders of the different parties in which offered handsome praise and encomiums in welcoming him as their new Speaker.

1-5-1957. } U. Vasudeva Rau,
Associate Editor.

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By

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'HEALTH'

A Monthly Journal Devoted to Healthful Living

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

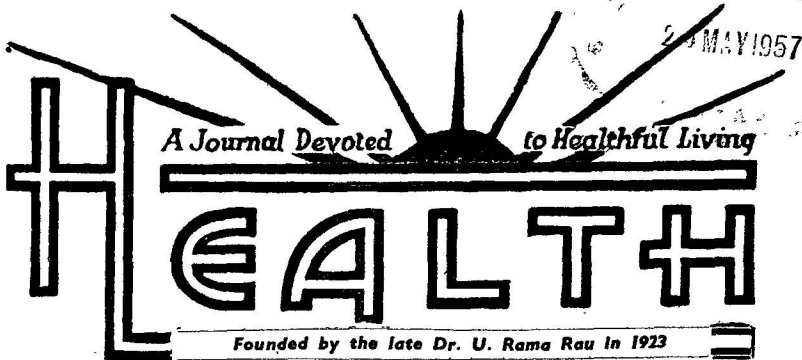
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No. 5

OUR MILK PROBLEM

WE have frequently referred to the need for improving the present poor state of our milk supplies, as regards quality and more particularly in respect of the quantity required for raising the nutritional status of our people—particularly the children of the land.

“The average *per capita* consumption of milk in the western countries is about 15 to 20 ounces a day but it is under 2 ounces in India and even this low average figure does not represent the true state of affairs, because the majority of the rural population hardly ever taste milk except on ceremonial and festive occasions. Even during illnesses, they take only rice or wheat gruel. The middle and upper classes of people take some milk or its products every day and the richer folk take milk as such in sizable quantities or in their coffee, tea, cocoa and ovaltine! The average of 2 ounces is thus a fallacious one.”—(Chari, 1956)

The Central and State Governments being seized of this depressing state of affairs have been

making concerted efforts to improve it in various ways. Budgetary provision has been made in the Five-Year Plan for financing large dairy farms, and other cooperative ventures. But even these cannot go a long way in solving the problem of our rural needs. The co-operation and assistance of international organizations like the UNICEF have been enlisted and enormous quantities of milk powder are obtained through their generous help and distributed to the poorer children in urban and semi-urban areas where facilities are available for mustering the children and for preparing and distributing the milk. The rural population which constitutes nearly 75 per cent of the country's people, have not yet benefited much from these schemes, but we are confident that the schemes will

eventually be extended to the rural areas so that the village children, young and old, will also receive the benefit.

The milk supply in large cities and towns all over India needs considerable augmentation and improvement in quality. The Aarey and Anand Colonies in Bombay State have, we learn, been functioning well and meeting the demands of a substantial portion of the large city of Bombay and of the Kaira District. The milk problem in the City of Madras is, however, awaiting solution. The advice of Sri D. N. KHURDY, Milk Commissioner of Bombay, was sought by the Madras State Government in November 1955 and his recommendations and suggestions for the establishment in Madras of a milk colony similar to the one at Bombay have been accepted. We understand that arrangements are under way to implement this proposal.

It would necessarily take some months or perhaps even a year or more before this colony is established and enters into production and distribution. Even then it may not be able to cater to the entire needs of the city which is rapidly expanding in size and population and also in the coincidental amenities like hotels and eating houses which are large consumers of milk. The local milk vendors will continue to be a factor to reckon with for some years more. They will have to be kept under more vigi-

lant control and supervision. The Prevention of Food Adulteration Act notwithstanding, some of these enemies of public health have been carrying on their nefarious trade in adulterated milk and the punishment on conviction of the few that are prosecuted, has not been severe enough to deter them effectively from plying their trade.

From a tabular statement prepared by Mr. Khurdy based on data furnished by the Madras Corporation's Public Analyst, we find that only about 3,000 samples of milk have been analysed every year during the last 5 years and that over sixty per cent of these were found to have been adulterated. The total number of convictions during this period was about 1,300 and the average fine per conviction was only Rs. 30! A total of three thousand samples per annum for a large city like Madras, is, in all conscience, a very poor number and means only 10 per day on a 300 working days' basis, not even one from each of the 50 and more wards of the City Corporation, where several thousands of transactions of purchase and sale of milk take place every day.

What deterrent effect or fear of the law can 10 stray samples produce on the large number of exceedingly clever and efficient adulterers engaged in producing and distributing watered milk or passing off solutions of skimmed milk powders as genuine milk? The detection of offenders should be made more effective, frequent and systematic, and the punishment inflicted must be sufficiently deterrent to prevent repeated misfeasances. Otherwise, people cannot hope to have clean, pure and unadulterated milk. There should be many more *well-paid* food inspectors who must work in shifts and also greater analytical facilities to cope with the large increase in the number of samples that will be necessary to work the Act efficiently.

The antidote to apply for ant, wasp and hornet stings is vinegar or lemonjuice.

Our Amazing Circulatory System

THE world's most remarkable transport system is the circulatory system of our own body. Longer than any railway, it has an estimated 60,000 to 100,000 miles of route. Silently, automatically, working day and night, it normally provides the exact blood flow required by any tissue or organ, carrying food to, and wastes away from, several hundred million customers—the body cells. The circulatory system even produces its own rolling stock, the red and white cells. In a single second it manufactures more than a million new red cells to replace an equal number of cells that have perished.

This magnificent transport system is self-repairing. A pin-prick destroys hundreds of minute capillaries. New ones sprout immediately. Yet get a minor cut: instantly a cottony web of fibrin forms over the wound, trapping red cells and building a sealing clot. But for this, even a minor wound might mean death.

The blood circulates through the system at the approximate rate of 75 gallons an hour. Arteries are living, pulsing, muscular tubes. Blood enters them from the heart in surging gushes. Arteries even out this flow by relaxing with each beat, contracting between beats. Thus blood reaches the tiniest branches of the circulatory system as a smooth-flowing stream.

Circulation has two responsibilities. Arterial blood transports a mixed cargo to the cells:

amino-acids for tissue-repair, sugar for energy, minerals and vitamins, hormones, oxygen. On the return journey through the veins, blood carts off carbon dioxide from combustion that has taken place in the cells, excess water and debris from protein metabolism.

Follow the fate of a bit of protein food taken at dinner. In the stomach and small intestine acid and enzymes break it down into some 20 amino-acids. The wall of the small intestine is lined with *villi*, minute hair-like protuberances which look, under the microscope, like the pile of a carpet. There are an estimated five million of them, each containing tiny blood vessels whose walls are porous enough to admit molecules of amino-acids.

Thus the remnants of the food are taken aboard the blood stream. The first stop is the liver, the blood's master regulatory organ. It is the liver's job to see that blood contains at all times the exact amount of sugar needed by muscles and the precise quantities of amino-acids required for tissue building and repair. If you have eaten too much bread, the blood entering the liver will contain too many amino-acids. Part will be stored, some may be destroyed.

From this point onward the blood acts like a conveyor belt. In time it will reach every cell in the body, unloading a portion of its cargo wherever needed—cargo which will build muscle in a growing child, or produce a

new film of skin over a burnt finger.

The sugar in your coffee and the mashed potatoes follow much the same course. In the small intestine both are converted into glucose. This, too, is carried to the liver. If there is an excess, the liver converts it into glycogen and stores it. When needed as fuel for muscles, it is reconverted into glucose and dribbled out. During exercise the liver will draw on the 12 to 24-hour reserve it keeps on hand at all times.

Fats represent another stockpile of fuel. Broken down in the intestine into fatty acids, they are picked up by the lymphatic system, which feeds them into the blood as needed.

The array of proteins which the blood carries is particularly remarkable. Each protein appears to have a special transport function. One is designed to carry iodine needed by the thyroid gland; another carries phosphorus for the teeth; a third, calcium for bones.

At all times there is approximately a quart of oxygen in circulation. Hæmoglobin, the iron-containing protein which gives blood its red colour, is the carrier of this life-sustaining gas. In the presence of excess oxygen hæmoglobin gives up carbon dioxide and, like a hungry sponge, soaks up oxygen. This takes place in the lungs. In cells along the circulatory system the reverse takes place. Hæmoglobin gives up its oxygen and takes aboard carbon dioxide.

The most important and fascinating part of the circulatory system is the great network of capillaries, the microscopic junction points between arteries and veins. It is in these tiny vessels, so small that red blood cells must pass through in single file, that blood fulfils its ultimate destiny—the nourishing of cells and the absorption of cellular wastes.

Blood in the veins carries a variety of wastes—mainly carbon dioxide, water and the nitrogenous by-products of protein metabolism. The circulatory system has two chief dumps for these unwanted materials; lungs and kidneys.

The kidneys are elaborate filtering devices containing 64 miles of piping. Every 24 hours these small bean-shaped organs separate 180 quarts of filtrate from the blood. Impurities—mainly urea and ammonia, the final waste-products from your food—are separated and concentrated in two quarts of urine. The other 178 quarts of purified fluid are returned to the blood. Just as the liver controls amino acids and sugar, the kidneys control the blood's mineral content. Blood entering the kidneys may contain an excess of sodium, potassium, or magnesium phosphate. The excess is removed and discarded, and the blood leaves the kidneys with its minerals precisely proportioned to meet body-needs.

The unbelievably complex task of blood-traffic control is handled by the vasomotor centre in the base of the brain. Nerve

impulses go out from 'this point tightening or loosening the muscular walls of arteries—in effect opening and closing sluice-ways. To provide blood to fill the miles of collapsed capillaries, valves are opened to the body's main blood storage centres, the spleen and the liver. As the carbon dioxide content of the blood rises, the brain orders the heart and lungs to speed up.

The six to seven quarts of blood in the adult body contain 30 millions of minute red cells. Formed mainly in bone marrow, they are born and destroyed at a stupendous rate: 72 millions *per minute*. As they pass through the liver, aged red cells—their life span is 30 days—are plucked out by the microscopic fingers of cells shaped like starfish. They are destroyed, but the ever frugal body salvages 85% of their vital iron. This is carried back to the bone-marrow by the blood for the

manufacture of new hæmoglobin. Without this miraculous iron recovery most of us would face the pale death of anæmia, since iron is scarce in the average diet.

Besides red cells, blood contains a variety of infection-fighting white cells, some of which engulf and eat invading bacteria.

Another fascinating blood component is the chemical which determines blood "types", it has been suggested that each individual's blood may differ in minor respects from the blood of all others.

Thus, your blood is a remarkable fluid, and the transport system which carries it a marvel. The throb you feel when you press fingers to wrist is the faint murmuring of one of the wonders of the universe.

—(Condensed from *Today's Health*, via *Reader's Digest*, February 1957).

Protein intake of Breast-fed Poor Indian Infants

The infants of 14 Indian women were weighed regularly for six months and 24-hour-estimates of milk-output were made every two weeks by test weighing; the infants were fully breast-fed. From questioning of the women they were considered to have an intake energy of from 1500 to 1800 calories and of protein between 27 and 50 g. daily. Seven of them were given a supplement of skimmed milk during weeks 4 to 16 and the other seven from the 16th week onwards. The babies' protein-intake was based on a previously calculated average of 1.2 g. per 100 cc. (about 4 ounces) of breast-milk.

The average weight of the infants rose from 98 oz. during the last week to 203 oz. at the 22nd week; the daily average milk-output varied from about 16 to 18 oz.; and the estimated average protein intake for the infant fell from 2.0 g to 1.1 g per 2 lbs of body-weight at 22 weeks. The numbers in the protein supplementation groups were too small to permit a valid comparison. It is considered that although the infants were small in size as compared with European and American standards their actual rate of growth may be normal and their protein intake on the basis of their body-weight quite adequate.—(Natr. Research. Lab. Coonoor. *J. Trop. Paediat.* 2; 1956).

[NOTE.—Infants of even the poorest of Indian mothers when breastfed for the first 3 months of their life, are found to thrive well, in spite of the fact that these poor mothers have only the barest sustenance by way of food and comforts. This is obviously Nature's provision against heavy infant morbidity and mortality.—Ed. HEALTH.]

Are You A Pogonotomist?

AUSTIN EDWARDS

(in *Chambers's Journal*, London)

ARE you a pogonotomist? Unless you are one of that very small proportion of adult males who forswear the daily routine of the razor, then you are one. (Latin: *pogon*=beard; *tomy*=cutting).

Strangely enough, though shaving is a subject that daily concerns millions of men throughout the world, there was little or no technical information on its problems until just before the last war.

From the report of the Shaving Clinic of Pittsburg, it clearly emerges that for the perfect shave there is nothing like hot water and a sharp blade.

The best procedure for self-shaving is as follows:—"Just wash the face with soap and water, using hot water and a non-irritant toilet-soap. Carry on this operation for half a minute, then rinse the face thoroughly. This washing removes all grit (which might and often does damage the razor) and cleanses the skin.

"Then a second layer of soap should be applied—one's own favourite shaving-soap, if desired—which should be thoroughly rubbed into the surface of the skin *with the hand*, using copious amounts of water. These two operations should extend to about *three* minutes.

"When this lathering is completed, no harm will be done by extending the time the face is in contact with the soap by finding

other things to do.....such as brushing the teeth or reloading the razor."

But let us proceed to the actual shave. "Begin by wetting the razor with hot water and keeping the face well lathered. Both the razor and the face should be kept wet during the entire operation. Shave the less difficult portions of the face first, in order that the more difficult parts shall have the benefit of still longer contact with soapy water."

A razor-angle of 25 degrees to the face is the most effective. Blade-wear is reduced to a minimum where the time given to facial preparation is longest—*i.e.*, three minutes or over.

It was Scipio the Younger who introduced shaving as a daily procedure amongst the Romans, though evidence exists of its observance far earlier in history than that.

In Britain, daily shaving was observed by the well-to-do from the 17th century onwards, whilst the monks had practised the art from the days of St. Augustine.

Shells, pumice-stone, or open razors all had their adherents in various ages, but always presumably the danger and discomfort of cutting the face was present. It would seem, however, that not until 1895 was the safety-razor born.

It has been calculated that the human male, in a shaving-life extending for, say, fifty years

from the age of sixteen, grows one-fiftieth of an inch of beard each day. Therefore, in an average lifetime, he will have reaped between thirty and forty feet of whiskers!

Hair on the face does not grow at a steady rate. It varies according to age, to the time of the day and the season of the year, growing faster during working-hours and in the summer. If we call fifty years an average lifetime of shaving, man removes in this time over 456 million hairs. The shavable area of a man's face is about 40 square inches.

It might be imagined that the hairs on one's chin are round. Not at all. A round hair is an exception. They come in all sorts of cross-sectional shapes, rectangular, triangular, crescent-shaped, and oval. The ordinary whisker is about as thick as the razor-blade used to cut it—i.e. about four-thousandths of an inch.

To make a blade last and serve as long as possible, the following advice should be remembered:—

Clean the blade after a shave, leave it loaded in a lightly-clamped razor and then rinse under a tap, preferably a hot water tap. Shake off the surplus water and allow to dry, in the razor. Investigating British scientists proved that more damage is done to the edge of a blade by drying on a towel than is caused by possible corrosion.

It is most important that for perfect shaving the exposure of the blade and the angle at which it is used should be exactly right. When a bad shave results, the man blames the blade, but it is often the case that the real offender is the razor, which, through being knocked about, is no longer presenting the blade at exactly the right angle of 25°.

Will the electric razor ever completely oust the present accepted type? I don't know, but I do know that, come what may, employ whatever type of implement you like, use whatever soap or lotion you prefer, and give yourself the closest shave you've ever had—it will all be to do again tomorrow!!—(*English Digest*, February 1957).

BCG Vaccination and Measles

Dr. Cross presents a case in which extensive suppurative regional adenitis followed BCG vaccination. An attack of measles occurred shortly after the vaccination, and the author speculates that the measles intensified the reaction to BCG vaccination.

Pædiatricians have long recognized that measles characteristically lowers resistance to infection in general and to tuberculosis in particular. Deferring BCG vaccination during a time of high prevalence of measles seems a sound principle. Moreover, with exposure to measles in a given patient, it would seem desirable to defer vaccination with BCG.—(*Am. Rev. Tuberc.*, 72: 228, 1955). [NOTE:—Such precautions have been recommended in various other countries, and also in respect of some other vaccinations and inoculations in the presence of certain adverse conditions of climate, weather, epidemics etc.—Ed. HEALTH].

**Neither school nor church nor any other organization
can replace the home in giving a child the qualities
he needs for successful living.**

THERE'S NO SUBSTITUTE FOR PARENTS

MORTON HUNT

WITH so many organizations devoted to child-training and development these days, thousands of parents are beginning to doubt their own importance. They seem willing to surrender to others their most precious right—that of passing on to their children the family's spiritual and moral heritage.

"Perhaps we have failed to get across the best of our findings," say the experts. "There is no substitute for parents." Outside organizations such as the school, church or camp can often be helpful, but it is the parents' influence—for good or for bad—that remains the paramount factor in the child's character-formation.

If a child is habitually late, never does his homework and loses his valuables, his parents may send him to camp, in the hope that "they" will teach him a sense of responsibility. Such parents underrate their own influence. All the camp training in the world is of no avail if, when the child gets home, he is again allowed to become too dependent on his parents.

It may seem like the act of a loving mother to pick up after Johnny, to buy another watch to replace the one he lost. Certainly it's quicker and simpler than getting Johnny to do these things for himself. But the gift of a new watch is of very little worth compared with the gift of

an inner guide to conduct. The parent who would give the finer gift cannot buy it cheaply, or expect to have it given to the child by outsiders.

Schools cannot teach children to be honest, when there are conflicting values at home. While making a study of class-room cheating some years ago, an examiner let the children mark their own papers, then checked to see how many answers had been changed. A group of children from well-to-do middle-class homes, shockingly enough, were proved to have cheated far more than a group of poorer children. Why? Because in the "good" homes, while honesty was given lip service, success was the main goal. The children had seen their success-driven parents tell lies to promote their interests, give flattering welcomes to people they despised and do a hundred similar things. In such circumstances honesty simply doesn't "take."

[Note:—And every one knows that children copy and imitate the parents and their methods.—Ed. HEALTH].

Psychologists agree that a basic liking for people can be created or prevented during the child's first year of life. If an infant is always handled gently, fed when hungry, comforted when miserable, he begins to get a fundamental trust in others and an unshakable liking for human beings. Parents who are

impatient, easily angered or too busy to spend time with their children are building characters with sand. It is the child's love of his parents that makes him want to adopt their best traits and learn the qualities they urge upon him. No outside agency or expert can supply that love.

Parents likewise play the major role in teaching their children courage—even when they least realize it. For courage, the secure belief that one can face up to problems and new situations, is not something that can be beaten or lectured into a child. It becomes indirectly.

Real courage has its roots in the child's feeling about himself, in his sense of worth and self-respect. The child who is made to feel too little, too young or too stupid to think his own thoughts or make his own decisions will not develop courage.

The present is a time of change in the patterns of family life. For centuries the family was a self contained unit. Girls learnt from their mothers how to cook and sew. Boys learnt from fathers how to plant, hunt, build and defend the home. Along with these skills children learnt a set of goals in life and a concept of morality. But now fathers work far from their sons and see them only if and when they have leisure hours. Mothers buy pre-cooked foods and ready-made clothing and have lost the old techniques of child-rearing.

This doesn't mean that the job is beyond the abilities of modern parents. It does mean that they must consciously

lavish time and ingenuity on the job of child-rearing. Take the condition sometimes called "technological unemployment of the young."

"This isn't easy," says Mrs. Sidonie Gruenberg, Editor of the *Encyclopædia of Child Care and Guidance*. "It takes planning. But even in the house there are responsibilities a child can assume. You can teach him to take telephone messages, to help with a smaller brother or sister; you can put him in charge of making minor household repairs. It's simpler to do everything yourself, but that deprives the child of the chance to feel needed, to learn responsibility."

It is easier to answer a child's questions with flat pronouncements than to discuss them with him creatively. Yet through such painstaking discussions children and parents can develop a wonderful closeness.

Dr. Reuben Hill, a University Professor, accidentally discovered an interesting technique in this respect. One night, as two of his children were climbing into bed, four-year-old David asked him why the moon and stars didn't fall down, like the snow. Hill decided to pass the buck to seven-year-old Judy by asking: "What do you think?" Judy bubbled over with ideas, and soon David was chiming in with suggestions of his own.

From then on, this "What do you think?" game became a nightly routine in the Hill household. Among the subjects discussed were sex differences, digestion, death, heaven, poverty. The children thus acquired a wealth of new understanding. "With us, and with many of our friends who tried it," says Dr. Hill, "the game became a short-cut to all sorts of significant issues."

There are no hard-and-fast rules about passing on important values to your children. There are hundreds of ways to be a good parent. With the complications of modern living we

can't expect parenthood to be an effortless and unconscious process. We must give our best to the task, just as we would to any important creative work. And the reward is unlike any other in life.—(*Reader's Digest*, Jan. 1957).

The Doctor Probes His Own Heart

NINE times a young surgeon plunged a rubber tube into his veins and pushed it towards his heart. Other doctors called his experiments suicidal and worthless. That was twenty-seven years ago.

The surgeon's tests have now earned him a share in the world's highest award, the *Nobel Prize* with the two men who developed his technique.

Dr. Werner Forssmann was twenty-five when, in his Berlin laboratory, he risked his life to benefit heart sufferers. Every one of his nine experiments was viewed by sceptical colleagues as a potential suicide. They watched Dr. Forssmann insert a catheter, a thin oiled tube, into a vein in his own arm. Then he pressed it along his blood-stream towards his heart. A nurse held a mirror in front of him. Otherwise he had no help.

The second time, Dr. Forssmann got the catheter 26 inches into his body. Then he walked up two flights of stairs to show on an X-ray screen that the tip of the tube had entered his heart. Yet he received no encouragement from his superiors. They tended to look on the experiments as useless circus

tricks. Dr. Forssmann survived, but his career dwindled. He soon had to give up his researches and turn to a new line of study.

Looking back on it—and now a father of six children—he said recently:

“They thought I was a danger to the patients. I bear no ill-will, but it is nice to know one was right. An old veterinary surgeon's print which I found in a cupboard, gave me the idea of getting a catheter into the human heart. This old picture showed a horse undergoing the operation, and I thought how useful it would be if the investigation could be made on humans. As I could not afford to buy guinea-pigs, I had to use myself instead—even though it had many of my colleagues and friends worried.”

Frau Forssmann is also a doctor and helps her husband with his practice in the Rhineland town of Bad Kreuznach.

Dr. Forssmann paid generous tribute to the two American doctors who share the Nobel Prize with him: Professors Andre Cournand and Dickinson W. Richards, of New York.—(Robin Smyth, in *Daily Mail*).

THE STORY OF YOUR MIND ON A SCROLL OF PAPER 40 YARDS LONG

THE NEW BRAIN TEST

Prof. Robert J. Edwards

A MURDERER lay on a couch and a smell of ether filled the room. Deftly, a nurse attached a series of electrodes to his head. Soon a large, multi-dialled machine began to hum, recording electrical impulses from his brain. Eight tiny pens scratched out the story of his mind on a scroll of paper forty yards long. That machine was the electroencephalograph. Its evidence showed that William Preston suffered a gross abnormality of the brain. Chiefly on its testimony, he was found guilty of murder but insane.....

Doctors believe that intensive studies with the electroencephalograph may uncover some of the mysteries of mental illness, speed up diagnosis and transform the futures of epileptics. Already the EEG machine, as it is called by doctors, has proved as great a boon to others as it did to William Preston in saving him from the hangman.

To a boy, for one, who fell out of a tree at the age of seven. He was unconscious for only a moment, but fifteen months later he began to have fits. Always they grew more severe. Soon his character began to change. His intelligence sagged. At eleven years he was sent to an epileptic colony. At fourteen, his mind befuddled his IQ (intelligence quotient) now at rock-bottom, he was certified as

mentally deficient and sent to hospital. At eighteen, his emotional behaviour was that of a child of seven. Rebuke him, and he sulked. Praise him, and this well-built eighteen-year-old jumped for joy. Sometimes he would relapse into a violent, destructive rage lasting two days. His IQ had dwindled to fifty-one, twenty points below what it was at the age of eleven.

The EEG machine revealed severe abnormality in a particular part of the brain. This was removed in a remarkable operation.

In a few weeks his intelligence raced from childhood, through boyhood and adolescence towards that of a man. He is home now and has had no further fits. He is learning to become a gardener. And—here is another astonishing fact—he has grown rapidly in height.

Dr. Grey Walker, pioneer in the use of EEG, describes the brain as a "vast aggregation of electrical cells, some ten millions of them, through which surge the restless tides of our electrical being, relatively thousands of times more potent than the force of gravity."

Electronic EEG picks up these currents, multiplies them millions of times and puts them into their various categories as it does so. Thus the *theta* rhythm—pleasure rhythm—of a young

male college student registered a reaction when a girl of 16. stroked his hair and faded to nothing when she stopped!

Worry, placidity, fear, imaginativeness, stolidity, strong emotional tendencies and abnormalities—the EEG-pens point objectively at them all.

I was a little apprehensive when Dr. Margerison, in order to show the harmlessness of the machine, agreed to a demonstration on my brain.

Eight pairs of electrodes were attached to my head. I was asked to lie on a clinical couch and relax. An observer said afterwards that I looked as if I was taking a nap in the middle of a home-perm. Then, in the next room, the little pens began to whirr and scrawl their way across yard upon yard of paper.

A third of the way through the test, a bright light was flashed, varying in frequency, above my closed eyes. The doctor asked me which frequency I liked best, which I liked least. At one stage, I had the sensation of floating through space, a feeling sometimes encountered when

in bed after a convivial evening with friends.....

And then it was over. Afterwards, the doctor, for ethical reasons, would say little on the results of the test except to assure me that it was perfectly normal, that I was right-handed, which is true, and that I tend to think factually rather than visually and could never be a painter!—also true.

Hundreds of patients will be tested on the machine in the next four years. Just as a pain in the stomach can be a symptom of appendicitis, so the doctors hope to unearth more of the characteristics of mental illness and test their treatment.

Similar research methods are being used by another psychiatrist. He has built a machine, invented by himself, which records many of the bodily reactions to mental impulses, including blood-pressure, pulse-rate, skin-resistance, heat-loss and muscle-tension.

—(Condensed from *Evening Standard*, London via *English Digest*, February 1957).

Bristling Inquiry

There are some two hundred uses for discarded tooth-brushes This fact emerges from a recent inquiry held in U.S.A. according to a *Pharmaceutical Journal*.

Cast-off toothbrushes are, it appears, most commonly used for cleaning shoes (64 per cent); the cleaning of jewellery is a close runner-up (41.5 per cent). They are also frequently employed for "sprucing up" old bicycle parts, golf clubs, electric razors, fishing tackle, shells, stones, and collectors' coins.

But there are far odder jobs undertaken with old toothbrushes..... The painting of pictures, for instance, and the application of hair dye. Not to mention the scouring and polishing of turtles' backs, and brushing of dogs' teeth. And the most inappropriate use to which "old bristles" have been put—the smoothing of icing on cakes! A dangerous *misuse* in fact, since it can lead to sinister and potentially dangerous infections.—(*The Pharmaceutical Journal of America*: Jan. 1957).

EAT YOUR TROUBLES AWAY

How to Slow Down Getting Old

MEDICAL men now studying the problems of old age (the science of geriatrics) point out that this period of life need not be the twilight of life into which men and women must enter as unwilling tourists.

There is no phase of life for which preparation is more necessary or more rewarding.

The man or woman who provides for his sunset years—physically, mentally, and emotionally—fulfils Browning's poetic prophecy,

The best is yet to be,
The last of life,
For which the first was made.

Specialists agree that the sources of geriatric disability start in the late thirties and early forties. With good nutrition, you can prevent or forestall the killer-diseases of senescence.

You should heed the warning signs of organ degeneration which, in some cases, appear as early as the twenties:—decreased elasticity of certain lung tissues; gradual decrease in volume and acidity of gastric juices, producing indigestion; decrease in size and weight of the kidneys. Muscles, tendons, ligaments, joints, and the nerves degenerate into a weakening of the body reflexes and activities. If bad nutrition has allowed the body to weaken generally, arthritis

can attack before the age of twenty-five! Gradual atrophy of nerve cells, as age advances, can be forestalled with a diet rich in proteins and the B vitamins.

Many food elements can postpone the gradual failing of eyesight, narrowing of the field of vision, decreased elasticity of the lens, slower adaptation to the dark, and a lessened sensitivity to light. Diet is also a big factor in the decrease of hearing, the inconsistent thinning of the mineral content of the bones, the decay and failure of the teeth, wrinkles of the skin, and greying and thinning of the hair. Changes in the blood are definitely influenced by what you eat.

Many people start to break down chemically in middle life—later becoming nutritional cripples. These cases have been undernourished for years because their diet lacked the proper chemical nutrients of proteins, vitamins, and minerals. Some doctors believe that this chemical disturbance is severe enough in some cases to contribute to cancer.

Balance your wear and tear with physical build-up through foods, and you can slow down the ageing of your body and live a lot longer than you think! —(Condensed from the book published by Herbert Jenkins, London).

The Good Surgeon

"A surgeon's operative skill is now judged not by the speed of his hands but by their gentleness. His true worth is better assessed by a stroll through his wards the day after operation than by a visit to the operating room while he is at work."—(Editorial *Cur. Med. Dig.*, 5: 56).

KEEP MOVING AND KEEP SMILING! YOU ARTHRITICS!

To those afflicted with osteo or rheumatoid arthritis the importance of keeping on the move cannot be too greatly stressed. Physiotherapists spend much of their time exercising their patients and teaching them to exercise themselves. But very often a sufferer will believe that while the short-wave diathermy or the radiant heat did most to relieve their pain, the exercises only gave them severe discomfort.

Naturally they ask themselves what sense could there be in carrying on with them?

Yet from extensive experience it has been shown that if the afflicted joints remain immobile, severe stiffness and even fixation results, and the patient becomes more crippled and increasingly disabled. Therefore, exercises must be done and kept up continually, not only at set times every day but at any spare moment.

If the hip joint is afflicted, for instance, gently rotate the leg whenever opportunity presents. The fingers can be exercised without removing the gloves. The wrists and elbows can be moved slowly and gently even in public places without attracting the slightest attention, thus rendering the joints more supple

when they are next needed for action.

A joint constantly in motion not only gives less pain to its owner but also does much to raise *morale*, especially if it can be realized that through perseverance a sufferer may avoid becoming completely handicapped.

Care should also be taken to keep the limbs in the position most natural to them; a straight limb will function more painlessly than a crooked one.

Damp and intense cold are severe enemies. Wet feet, damp clothes, and beds that have not been sufficiently aired should be avoided.

Nothing helps to combat arthritic pain as much as heat. To keep the body at a fairly even temperature is not only necessary to comfort but also to mobility.

Extra warm clothing should be worn throughout the year. Beware of chilly winds on warm days. A cold body makes the muscles contract painfully. An electric blanket or hot-water bottle may be as necessary to some in summer as in winter.

To sum up, the best advice that can be given to any arthritic sufferer is:—"Keep warm, keep smiling, and keep moving." —(*Better Health*, London).

Researches in Honey

Dr. Takuma of Tokyo recommends the use of honey for sweetening milk used for babies, as it is good for their growth and also prevents anaemia, intestinal infections like diarrhoea, dysentery etc. It will arrest rickets to some extent and also reduce round-worm infection.—(*Japanese Med. Jour.*, Aug. 1956).

DIETITIAN'S ROLE IN LARGE HOSPITALS

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THE value and importance of proper, suitable and adequate dieting for patients in hospitals are getting to be recognized and the appointment of specially qualified and trained dietitians for hospitals is now being considered by the States Governments.

Many ailments have their origin in malnutrition and in the eating of unsuitable foods deficient in one or more of the essential food factors; also because the absorption and assimilation of foods,—the metabolic processes—undergo serious derangement. In diseases like diabetes, gout etc., we all know that efficient controls and restrictions in diet are necessary to effect a cure in addition to the medication given to the patients. It will therefore be obvious that even in hospitals, the dietetic regimen of patients needs to be carefully supervised and regulated to suit not only the individual patients but also the varying reactions and responses of the patients to the therapeutic measures administered. Monotonous and uniform diets of bread and milk or *Iddly* and *sambhar* (S. Indian Hospitals) such as have been in vogue in most hospitals may not conduce to rapid amelioration of some of the diseases particularly

in some classes of patients not used to such food.

(1) A trained qualified dietitian placed in charge of the dieting of hospital patients will certainly be a valuable acquisition and a great help to the medical, surgical and nursing staffs of the hospitals. (2) He will make notes of the customs habits and taboos of the patients and plan their diets accordingly; this will have a great psychological effect on them. (3) He will, with his special knowledge of food values, be able to assess the quality of the food supplied by contractors and advise the Superintendents promptly. (4) He will keep a constant and vigilant watch over the kitchen, and its staff: not only will he see to the proper sanitation of the kitchen and hygienic handling of foods but also exercise supervision and control over the proper processing, storage and distribution of the foods. (5) He will also advise on and arrange for the preparation and supply of special diets to patients suffering from diabetes mellitus, gout, rheumatic conditions, gastric disorders, peptic ulcers etc. He will also co-operate with the doctors in planning highly specialized diets, e.g., Sippy diet, Haig diet, etc. to suit the metabolic needs of patients. This will in fact, be one of the main functions of the dietitian. (6) At the same time, he will evaluate the caloric and other values of the diets prepared and served, their effects on the patients concerned and by suitable research and appraisal try to alter or/and improve them wherever possible. (7) It may

also be possible, as a result of the experience gained on the working of the scheme, to introduce better or more scientific methods of processing, handling, and storage and distribution of foods, which would result in greater economies, or better hygienic procedures. (8) The dietitian will also be in a position to educate the patients, and their relatives, and the staff of the hospital in the knowledge of the proper nutrition needed in

health and disease and thus help in carrying this knowledge gradually to the homes of people.

The more important functions of a hospital dietitian, are briefly outlined above, in the hope that all large hospitals in our country will employ a specialist of this kind and thereby improve the nutritional status and care of the patients and also effect economies in dietary management consistent with efficiency and hygienic needs.

LOW BLOOD-PRESSURE

SOME people are worried about this very opposite condition to hypertension. Not high blood-pressure but low is their complaint. What are the main differences between high and low blood-pressures and what precautions, would you suggest?

As in the case of high blood-pressure, many people are so alarmed by their doctor's mention of the fact that they have low blood-pressure that they immediately begin to worry and to feel there must be something seriously wrong with them. In fact, low blood-pressure is not at all uncommon, especially in young people. Some experts estimate that it occurs in 25 to 30 per cent. of normal healthy people. It is more useful for the blood-pressure to be low in slender, wiry people. Young people who go in for regular sports and athletics often have a blood-pressure on the low side.

This type of low blood-pressure is obviously a normal variant

within the wide range of human blood-pressures. Blood-pressure usually rises by steady stages from infancy throughout adolescence, reaches a certain level in adult life and remains there until roughly the age of forty-years. Then it begins to climb again—as a rule only slightly and very gradually.

High blood-pressure is *hypertension*. Primary or constitutional *hypotension* is the term given to low blood-pressure occurring in healthy people. It gives rise to no trouble. In fact people who have it may count themselves lucky. The statistics of insurance companies show that they live, on the average, considerably longer than other people, with a normal or a raised blood-pressure.

To regard primary hypotension as an abnormality or to worry about it is just as illogical as it would be for a motorist to complain that his car did more miles to the gallon than his next-door

neighbour's. People with primary hypotension function just as efficiently as the rest of us—but with less strain on their hearts and blood vessels.

Secondary hypotension, as the next variety is called, results from some underlying disorder. The simplest cause is the loss of a large quantity of blood, which reduces the pressure in the blood vessels below normal. This is usually quickly made good, but in conditions where repeated bleeding occurs—from nose-bleeds, gastric ulcers, piles, or excessive menstrual loss, to give some common examples—the patient may have a low blood-pressure.

Low blood-pressure may also occur in certain severe forms of heart failure, particularly that associated with blockage of the heart's own arteries, the coronary vessels. It may occur, too, in acute illness where the patient has lost weight and is generally weakened.

In all these conditions, the basic underlying cause is usually quite easy for the doctor to diagnose, and treating the main cause is the best way of dealing with the low blood-pressure.

If you can do a full day's work and feel well, you have a normal blood-pressure for your requirements, whatever the figures may be on the machine. People vary in many ways physically and temperamentally and yet are considered normal. Blood-pressure varies just the same.

Dizziness and breathlessness are probably not connected with low blood-pressure. In any

case they cannot be severe if one is able to work hard and to eat and sleep normally. The sensible advice therefore, to be given him is that he should forget about his low blood-pressure. Almost certainly, his blood-pressure is high enough for his body's requirements.

A third form of low blood-pressure is termed *postural* hypotension. It results in some people, from the blood vessel tone being rather low, so that when they stand up, especially if they get up suddenly from lying or stooping, not enough blood is supplied to the upper parts of the body.

Normally, the blood vessels in the lower parts of the body and in the abdomen contract slightly when we alter our posture. This form of hypotension occurs at times in all of us if we are run down or very tired, and especially early in the morning.

It is a common cause of "faints" in rapidly growing, rather weedy adolescents. It also occurs in people of slender build with a long trunk and poorly developed muscles, and in some elderly people who are not very robust.

Such people often have a normal blood-pressure in the arms when they are lying in bed, but if they stand up the blood-pressure falls, and they may feel weak or dizzy, or may have spots in front of the eyes or even a momentary "black-out", because the amount of blood reaching the brain is inadequate. Usually, if they lie down again for a few

moments, the condition rights itself fairly quickly.

In severe cases, mostly in elderly and delicate people, the application of a firm binder to the abdomen, and perhaps of crepe bandages to the legs, will sometimes help to prevent the blood "pooling" in the vessels within the abdomen and in the lower limbs.

One common condition in which this type of low blood-pressure—with dizziness and faintness—may occur is during the early stages of convalescence after any exhausting illness. On first getting out of bed, after having been recumbent for several days or weeks, patients frequently feel weak and may complain of these symptoms.

Although some degree of weakness is inevitable, the practice is to-day becoming general of encouraging the recumbent patient to move the limbs and do trunk and head-raising exercises before actually getting out of bed. This helps to tone up the blood-pressure-regulating mechanisms of the body.

In many hospitals, even after a severe surgical operation, the patient is encouraged, before the stitches are out, to do exercises in bed. A cheerful and briskly

efficient physiotherapist, usually a young woman who herself looks the embodiment of physical health, can do much, by coaxing and firmness, to improve both the *morale* and the physical condition of the patients under her charge, whether they be patients in a hospital ward or frail old people at home.

Low blood-pressure, therefore, may be constitutional. In this case it is an advantage, and, if you have it, you have every chance of living to a ripe old age. Sometimes the low blood-pressure is secondary to some illness or bodily weakness. Even then, apart from its being the cause of dizziness or faintness, it is in itself of no serious consequence. In so far as treatment is required, it is the treatment of the underlying condition. If this can be put to rights, the low blood-pressure will then return to whatever level is normal for the individual.

So while a diagnosis of high blood-pressure may well make you pause for thought, quite often the fact that you have a low blood-pressure is a matter for congratulation.

—(Dr. Beatty's book "*How to Live with Your Blood-Pressure*" via *Family Doctor*).

Beauty in Women

Beauty, when unattended by other qualities is a woefully over-rated endowment. When it has only regularity of features to recommend it, when it has the chill of marble without the warmth of flesh, when it offers no challenge, betrays no interest and expresses neither joy nor understanding nor animation—in other words, when it is uninhabited, beauty can quickly become a bore. Charm is really what makes a woman haunt the minds of men, more than beauty. It is that radiance of personality which is a sort of bloom on a woman. If she has it, she doesn't need anything else; and if she doesn't have it, it doesn't much matter what all else she has.—(J. M. Brown in *Vogue*).

How Well Do You Know Your Onions?

A GIRL with a date usually makes sure that she doesn't eat onions. Yet the onion is one of the most romantic of vegetables.

At one time girls used to write the names of their boy friends on onions, one on each. They then placed them all in a box of moist soil and waited. According to the superstition, the onion which sprouted first would bear the name of the future husband.

There is an old Irish legend that if you want to be lucky in love you should eat plenty of raw onions.

In England, during the reign of Queen Elizabeth I, the onion was a royal dish. The Queen often had bacon, pickled onions, and beer for breakfast.

Tomatoes also have romantic associations. When the French began to eat them they were known as "love apples." They did not become popular in the rest of Europe until just over a century ago.

At the time of Napoleon and Josephine the potato gained a reputation as a love potion. It was known that Josephine was fond of potatoes, and therefore French ladies decided that the eating of plenty of spuds was the sure way to hold a husband.

To popularize the potato, Louis XVI accepted a bouquet of potato flowers from Parmentier. Queen Marie Antoinette wore one in her hair.

The Chinese used rhubarb as a medicine nearly 3,000 years B.C. Yet when it was first introduced to England rhubarb was grown as an ornamental plant—rather like the aspidistra. Cleopatra's doctor, Dioscorides, knew the herbal values of the plant. He called it Rhia because it was said to grow on the banks of the River Rha (the Volga). The Romans called it Rheubarbarum, which became rhubarb.—(David Boyce, in *Sunday Dispatch*, London, U.K.)

The Potato and A. A. Parmentier (1737-1813)

The potato owes its present popularity mainly to the work of the French apothecary, Parmentier. The potato plant was brought to Spain from S. America in the beginning of the 16th century, but notwithstanding the efforts of European monarchs to popularize it as a foodstuff in times of grain-famine it was not much used till the beginning of the 19th century, and then its spread was due mainly to Parmentier's work. He served as an apothecary in the French Army in the 7 Years' War.

In 1771 he won a competition for an essay on a foodstuff which could replace grain in times of famine, by describing the potato and he continued to make the food better known until he disappeared from public attention during the Revolution, being a favourite of Louis XIV. On 17th October 1953 his memory was honoured by the Society of Pharmacists by a "*Journée Parmentier*." The last item in the day's proceedings was a dinner beginning with '*Potage Parmentier*' (potato soup) and many potato dishes followed. —(*Voeding*, 17 : 210-15, 1956).

WHAT PEOPLE EAT AND WHY

Dr. W. R. AYKROYD,

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THE question "Why do we eat what we do in the way we do?" seems a simple one, but a moment's thought shows that there is no simple answer.

Foods can be divided into a number of main groups such as cereals, starchy roots (potatoes, yams), pulses (peas, beans, etc.), sugar, fats and oils, fruits, vegetables, meat, eggs, fish, milk. All human diets consist of these foods in varying—very varying—proportions.

Processed food is not new.—"Food technology," in a broad sense of this term, has been as important a factor in the development of food sources as domestication, selection and careful husbandry and cultivation. Beginning with the use of fire for roasting meat, man has learnt to 'process' most of his foods in various ways, the invention of bread being a striking example. Out of domestic and local processing have grown the food industries which turn the raw material from fields and plantations into the elegant products familiar in our shops and found on our tables today.

Large-scale food industry is not new; for example, sugar has been a factory product for centuries and in ancient Rome there were great bakeries which made the bread for the proletariat. But within the last century or so the food industry has expanded to such a degree that it now exercises a profound

and, on the whole, beneficent influence on human food patterns.

Widening choice of foods.—Since rice, but not wheat, flourishes in South-East Asia, the inhabitants of that region are in general rice-eaters rather than wheat-eaters. But during recent centuries the effect of geography has been steadily reduced. In the first place, the useful food plants and food-producing animals originating in one region have spread round the world. Secondly, the development of transport and technology has decreased dependence on local food supplies.

The majority of people in what are nowadays called the under-developed countries, however, still live on foods which they themselves produce locally. In such circumstances, food patterns are less flexible and the diet in general more monotonous than in modern urbanized civilization.

Influence of custom and habit.—Scientifically speaking, a diet is satisfactory if it provides calories, proteins, vitamins and minerals in sufficient quantities. People in general however, do not hold that view. There are certain 'extras' in most human diets—tea, coffee, alcoholic drinks, flavouring agents, etc.—which contribute little to dietary requirements but in practice have come to be regarded almost as essential commodities as

staple foods. Their production influences agricultural economy in many parts of the world and they figure significantly in the family food budgets. People *will* have their 'extras' even at the expense of more nutritious articles of diet!

Every cultural group has its strong preferences for certain kinds of foods and cooking and for a certain timing, size and sequence of meals, eaten according to a local ritual.

Economic factors.—Economic factors exert a fundamental influence on dietary patterns. In return for a given sum of money, certain kinds of foods yield more calories than others. In the first group are cereals, starchy roots and sugar, and in the second milk and milk products, meat and eggs. Less land and agricultural effort are needed to produce a given number of cereal calories than the same number from foods of animal origin, which are considered to be somewhat richer in some essential nutrients.

'Enough food' is a primary human necessity. When people are poor they must, to obtain sufficient calories, rely mainly on the cheaper foods. Investi-

gations in many countries have shown that, in general, family diets become more varied and nutritious with increasing income and what is true of families is also broadly true of countries and regions.

In poor agricultural countries cereals usually provide 65 per cent or more of the total calories. While the consumption of some valuable foods rises with increasing income, that of other valuable foods may fall. Again, some poor agricultural countries obtain a better diet than others from approximately equivalent and limited food production resources.

Food consumption studies.—The main objects of food consumption studies is to find out whether diets fulfil requirements and to apply this knowledge in practical efforts to raise nutritional levels. These should include programmes to educate people in better habits of diet. Successful measures to improve diet call not only for knowledge of what people eat; a clear understanding of why they eat what they do in the way they do is also essential.—(Contributed for *World Health Day*, 1957).

Egg on the Whistle

An egg-timer which whistles when an egg is boiled to the required degree of hardness is a new household gadget now on sale in Australia.

The egg is placed in the saucerlike tray of the aluminium-made timer, which has a central, upright handle, enabling the gadget to be lowered into the saucepan. When the boiling water reaches positions indicated by various markings on the upright unit, these show the degree of hardness, and the warning whistle sounds automatically.

It is not necessary to spoon the egg out of the saucepan. During boiling, the egg is held securely in the tray, and the tray, with the egg on it, is raised from the saucepan by its handle when cooking is complete.—(*World Digest*, November 1956).

BABY'S WEIGHT

A STEADY gain of weight in a baby is a reassuring sign of general good health, and regular weighing is an important part of every baby's routine. It is best to weigh the baby daily for the first two weeks after which weekly weighing is sufficient, as long as the child is doing well. This weighing is most conveniently done on your weekly visit to your local Welfare Centre. Then the same accurate scales are available, and expert advice is obtainable should there be any cause for worry.

Usually there is a loss of several ounces during the first days after birth but these are regained in a few days and afterwards the baby tends to gain weight regularly. The weight may vary an ounce or so each way from day to day without mattering very much as long as the child is well in himself, but a half an ounce a day—or a little more than a pound per month—is an average gain of weight.

As a rough guide, the average baby of seven pounds doubles his birth-weight by the time he is six months' old, trebles it by one year and is about four times his birth-weight when he is two years' old. Naturally, there are normal "large babies" and normal "small babies," so these weights are no more than averages, which may vary considerably even in normal infants.

Fortunately, most causes of weight-loss are not serious but, serious causes *do* occur and make an early diagnosis and treatment essential. So it is impor-

tant that mother should know when to consult a doctor and when the problem is one with which she can safely deal herself. In general it is safe to ~~delay seeking~~ advice if the child's general condition is *in no way* affected by his loss of weight and this loss of weight is neither great nor prolonged. Mother *should* seek medical advice if there are any accompanying symptoms.

By far the commonest cause is faulty feeding. The infant is either receiving too little milk or milk of the wrong quality. Mothers can usually correct this if the fault is obvious.

For every pound of his weight a baby needs $2\frac{1}{2}$ ounces of milk each day, thus a 10-lb. baby would need 25 ounces, or five 5-ounce feeds. With a bottle-fed baby this is easily supervised. A breast-fed baby should have a series of test feeds at the clinic, should under-feeding be suspected.

Breast milk is the ideal food and practically always suits the child. If dried milk is used, care must be taken to see that the right amount in right concentration is prepared.

Diarrhoea and vomiting must always be regarded as possible sources of danger, since if they become severe a very rapid and profound loss of weight may occur with a serious deterioration of the child's general health. This is why gastro-enteritis may be so disastrous among young babies. Many perfectly normal

babies vomit or regurgitate a small amount of their food. And some may even perhaps pass an occasional unformed stool. But anything more severe than this should demand immediate attention.

An acute infection anywhere in the body may cause a loss of weight, usually, for the obvious reason that the child's appetite diminishes. The infectious fevers, chest infections, common colds and the like behave in this way. Thus nasal catarrh, a cough, running ears, or other common symptoms, should be treated with the respect they deserve. Their cure will improve appetite and weight.

There are many other causes

of failure to thrive, but fortunately most of them are very rare. These are the ones that need elaborate investigations and treatment which may be carried out only by the doctor.

The important points are that diarrhoea and vomiting and any infection should be watched with great care and receive immediate medical attention if they do not improve rapidly. Above all, do not wait until the child is seriously ill before consulting your doctor, since however serious or trivial the cause of your child's loss of weight may be, early diagnosis and treatment are always the first and speediest steps to recovery.—(*Family Doctor*, 7 : February 1957).

Onions—Good For Health

THE onion—which leaves its “fragrance” behind on the hands and forks, and causes the preparer to weep—belongs to the lily species. It is of high dietetic value, on account of the mineral salts which it contains, in addition to vitamins A, B and C.

It would need many pages to extol all the virtues of the entire onion family, and the uses to which the various kinds of onions may be put.

Onions are of various shapes, sizes and colours. The round, red-tinted variety is the hottest, the mildest being the Spanish onion. Many people can tolerate the latter, even though they cannot enjoy the more strongly flavoured kinds. There are some

people who cannot endure the onion in any dish, which seems a pity, for it is considered to be a good remedy for colds, catarrh, constipation and other ailments. The onion is diuretic and a good cleanser of the intestinal tract. Eaten in moderation it is a valuable food, but *if taken in excess it may produce discomfort.*

Many people complain that onions are indigestible, but if they are grated and *eaten raw* they are usually *digestible*; in fact, one authority states that the onion should always be eaten raw, as cooking destroys some of its virtues, and disperses its aroma.

In small quantities, onions are an excellent ingredient in a salad of mixed root vegetables,

Pleasant Topics from 'After Dinner'

(By Oswald Lewis)

Advertisement

Willesden Electricity Department once issued a poster:

Don't kill
Your wife
With work
Let electricity do it.—(*The Times*).

Americans

An Englishman, walking with a very boastful American who persistently belittled every thing he saw, suddenly came in sight of the Forth Bridge. 'My, what's that?' said the American. 'I really can't say,' replied the Englishman, 'it wasn't there yesterday.'—(*Stories for Speeches*: Bable).

Soames Forsyte said 'If you wanted to be private in America you had to disconnect your telephone and get into a bath.'—(*Two Forsyte Interludes*: John Galsworthy).

Angling

The only time that a fisherman tells the truth is when he calls another fisherman a liar.—(*Punch*).

Army

A Colonel was not satisfied that his men had sufficient facilities for expressing their needs. He had a notice board put up headed 'Wanted'. When he next went round he demanded to see the board, and on it was written 'A new colonel'.—(*Stalky's Reminiscences*: Maj. Gen. L. C. Dunsterville).

Art

Being wedded to art and a human being at the same time is a form of bigamy for which the penalty is life punishment.—(*The Tatler*).

Banks

A bank is a place where they lend you an umbrella in fair weather, and ask for it back again the moment it begins to rain.—(*Trade and Commerce*).

Charity

Probably the most generous people in the world are the very poor, who assume each other's burdens in the crises which come so often to the hard pressed.—(*Random Reminiscences*: John D. Rockefeller).

Committees

A committee is a body of important people who keep minutes and waste hours.—(*The Financial Times*).

Mr. Bernard Shaw once observed, after a long committee meeting, 'The subject is not exhausted but we are'.—(*Shavian Shots*).

Commons (House of)

A French Member of Parliament went to sleep for four hours during a debate and when he woke they told him he had been Prime Minister twice.—(*The Recorder*).

A very shrewd man of the world went so far as to say that 'the House of Commons

has more sense than anyone in it'.—(*The English Constitution*: W. Bagehot).

I have heard a very experienced financier say 'If you want to raise a certain cheer in the House of Commons make a general panegyric on economy; if you want to invite a sure defeat, propose a particular saving'.—(*The English Constitution*): Walter Bagehot).

Competition

A gossip is one who talks to you about others; a bore is one who talks to you about himself; and a brilliant conversationalist is one who talks to you about yourself.—(*Medley*).

A sick man that gets talking about himself, a woman that gets talking about her baby and an author that begins reading out of his own book never know when to stop.—(*Poet at the Breakfast Table*): Oliver Wendell Holmes).

Cricket

The fast bowler of the village team was also the local doctor. A villager arriving late at the match asked how the doctor was doing. 'Oh! He's doing fine', was the answer. 'He has got four wickets and three patients so far!'.—(*The Tatler*).

Debts

Whistler, when Chapman (his framemaker) called about his unpaid account, offered him champagne.

'You will pardon me, Mr. Whistler', said Chapman, 'but when you find yourself unable to settle my bill I am surprised that you are able to indulge in the extravagance of champagne.'

'Oh, don't let that worry you, my dear Chapman', replied Whistler. 'I don't pay for that either'.—(*Recollections of a Savage*: E. A. Ward).

America is the only country in the world whose difficulty has mostly been not to raise money but to spend it.—(*The American Commonwealth*: James Bryce).

The rarest of loves is that of a debtor for his creditor.—(*The Benefactress*: Countess von Armin).

Democracy

A small boy was toiling up a hill carrying a still smaller boy. A man asked him if he did not think the burden was too much for him! 'It is not a burden,' answered the small boy, 'it is my brother'.—(Abraham Lincoln).

Dentists

No professional man lives so much from hand to mouth as a dentist!—(*The Laughter Lover's Vade Mecum*).

Hand-Book on FIRST AID IN ACCIDENTS

By Dr. U. RAMA RAU

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

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NING,

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WOUNDS,
BITES,
SNAKE BITE
BRUISES,
STRAINS &
RUPTURE
of MUSCLES,
POISONING,
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