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HEALTH

FOUNDED BY THE LATE DR. U. RAMA RAU

A JOURNAL DEVOTED TO HEALTHFUL LIVING

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M.B., B.S., M.L.A.

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U. VASUDEVA RAO

M.B.

What's New in the News?

Electro-Surgery

A new and simple method for destroying portions of brain tissue to control Parkinson's disease and other involuntary and spastic disorders has been reported to the Annual Clinical Congress of the American College of Surgeons.

Dr. George W. Smith, Neurological surgeon at the Medical College of Georgia, described the new technique that introduces a thin electrode through a needle-sized opening in the temple bone of skull. The wire is advanced into the globus pallidus (brain tissue) under X-ray guidance and destroys about ten per cent of the globus pallidus by electricity.

Of 14 patients with Parkinson's disease treated, nine have had good results, and there have been no deaths.—(*The Mail*).

Such a Dream of a Cooker

By way of experiment an American firm has constructed a completely automatic freezer/cooker unit, which will produce a fully cooked meal, after buttons have been pressed, without the housewife having to do anything at all.

In the freezer fourteen different foods can be stored, each of them ready for the oven in the fireproof dish. Madam selects her meal and presses the appropriate buttons. The dishes move on to a conveyor and into the oven, each one arriving there at the correct time, so that they are all ready for the table together. When the meal is ready for serving, chimes ring.

Cooking is by high-frequency micro-wave power, and takes about an eighth of the normal cooking time. Alas, the makers say that they have no plans for marketing the equipment at the moment, but that it is merely a prototype showing what can be done.

Fashions in Castor Oil

A French company has started producing a new synthetic material which can be given the feel and the appearance of any existing material, such as silk, nylon, or wool. The factory at Marseilles is producing at the rate of 4,000 tons a year, and the main ingredient of the material is *castor oil*. Castor oil is being specially cultivated in South Africa for this purpose.

Robot Replaces Typist

A London firm is marketing a product which could mean that you will see far fewer typists in our offices of the future. The machine is an automatic device which

gives "instructions" to a number of "slave" typewriters. In its turn the machine receives instructions from the office boss in the form of a perforated tape. The human typist can butt in and add a name and address or put in a paragraph applicable to one particular letter, but otherwise will go on producing the same letters over and over again until they are switched off or until they run out of paper.

The makers believe that a battery of four of these machines will do the work of twelve expert typists!

Safe in Your Car

A British patent has been taken out for a safe which can be fitted in a car. The safe is let into the rear floor boards, and is bolted and welded to the chassis without any alteration in the design of the vehicle. The sides are 1/4 inch steel sheet; the top, which opens upwards, is 1/2 inch thick and secured by two locks. It was designed primarily for use by firms who have to collect large sums of money from the banks, and for commercial travellers to carry valuable samples.

Cool and Unruffled : Quick Washed and Dried

A British firm claims to have produced two new cotton fabrics which retain their crisp, non-shrinkable, and crease-resisting qualities in the most humid tropical climates. A director of the Manchester firm making the fabrics said: "We believe that, with a secret know-how rather than a secret process, we have produced something to revolutionize what men wear in the hottest countries—lightweight cotton fabrics, which are cheaper than linen."

The new fabrics are already being marketed in the Far East. "One of the big advantages of the fabrics is that they can be hand-washed in the evening and be ready for use again in a few hours."—(*Progress in So.*).

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THE CONTROL OF TUBERCULOSIS IN INDIA

(The Seals Sale Campaign)

INAUGURATING the Eighth T. B. Seals Sale Campaign at a function held under the auspices of the Tuberculosis Association of Madras on the 18th of October 1957, Mr. M. A. MANICKAVELU, the Madras State Minister of Health, stated that "unless we take more vigorous steps to increase the bed-strength in hospitals and clinics and to attend to the preventive side of it, it would not be possible to tackle the disease properly." The present campaign has therefore, great potentialities and should therefore, be vigorously pursued.

This annual campaign serves to focus the attention of those interested in the prevention and control of the disease on the special intensive measures needed to check the spread of a disease, which levies a toll of

five lakhs of precious human lives, and disables five times as many every year. It serves to collect funds for organizations for the prevention and cure of tuberculosis and also to educate the public about the preventive measures against this scourge. All the sanatoria, clinics and hospitals in the country together have only a total of 16,850 beds. Most of these institutions are already over-crowded, with the result that the care and treatment afforded are necessarily often very inadequate. The Second Five-Year Plan aims at increasing the number of beds for tuberculosis patients by 4,000 thus offering one bed for every 120 sick. That is manifestly insufficient; and whether even this expansion will fully be achieved when the present financial stringency lasts, remains to

be seen. Even if it is accomplished, other facilities will still be required to ensure that all or most of those afflicted with tuberculosis receive the necessary treatment. Domiciliary treatment is, of late, becoming increasingly popular in the country and if the scheme comes to be more extensively tried or adopted it will certainly benefit not only those for whom there is no accommodation in hospitals, but also others who do not require to be there. It will be a source of satisfaction to patients of this class to stay at home, beside their families, but suitably isolated, and do some light work, and attend to their affairs. Home treatment has been made easier by the introduction of new effective drugs, which can be administered even without the help of doctors and nurses. The experiment has been tried in some centres, and has proved very successful; there is no reason therefore, why it should not succeed in other centres as well. But even so, the number of tuberculosis patients who can thus be treated cannot be very large, as many of the sick live in ill-ventilated houses in congested and insanitary areas which will not by any means be considered suitable for home-treatment. But where suitable conditions do exist, the system can be introduced by public health authorities or local bodies, and it deserves support by all voluntary agencies promoting social welfare.

It will also be necessary to

improve housing and sanitation, provide protected water supplies and drainage systems in all towns and villages, prevent the dust nuisance, relieve congestion, and maintain healthy open spaces, especially in towns. "Another paramount need is the prevention of malnutrition, caused by a lack of food or by the consumption of adulterated foodstuffs. These are serious problems which can be solved completely only when the economic condition of the people, and the finances of the State are developed."

In the meanwhile campaigns designed to secure funds for ameliorative work, such as the Seals Sale Campaign, deserve the wholehearted and generous support of every person in the land. Small contributions which buyers of the T.B. Seals will be making towards fighting tuberculosis will, as Rashtrapathi RAJENDRA PRASAD pointed out in his message of the 1st November 1957 to the T.B. Association of India, "go a long way in creating the necessary public opinion in the country and giving an opportunity to the people to identify themselves intimately with the anti-tuberculosis campaign." The Seal Sales campaign, we are told, is to last for 4 months but we would strongly urge its being made a permanent feature all round the year; greater publicity and more intensive propaganda must be made through every conceivable agency in the land, official and non-official.

GIDDINESS

LEO GILCHRIST, M.D., M.R.C.P., D.P.M.

STRICTLY speaking, giddiness implies some degree of unsteadiness or disturbance of balance.

To understand how giddiness is caused, it helps if you know first just how you keep your balance normally. Let's see what happens when, as I hurry along to catch my bus, I suddenly trip and fall forward. At once my head and shoulders are thrown backwards in an effort to regain my lost balance and steady myself.

I know perfectly well what is happening. I could, if I wanted, let myself fall, but quite automatically I have taken counter-measures, without being aware that I have done so. This is because inside my brain there are centres which receive information about the position of my head, trunk and limbs. If I'm in trouble—and they've just had information to that effect—they instantly send out messages enabling me to retain my balance. These centres in the brain are called co-ordinating or *balancing centres*.

The most important provider of information about balance is the inner ear. This consists of three small semi-circular tubes, set at right-angles to one another. Each is filled with fluid. They work like spirit-levels set in three different planes. Each ear has this set of 3 tubes. Both these sets of tubes work together.

If you spin rapidly on a revolving chair, the fluid in the hori-

zontal tube in each ear moves more slowly than the tube itself for a few seconds. Then it catches up. Now if you stop spinning round suddenly, the fluid goes on moving until it hits the end of the tube. This gives the sensation of turning round in the opposite direction. These balancing centres in your brain have received contradictory reports from different parts of your body, and the result is that you feel giddy for a moment. But the giddiness soon passes off.

[This is exactly what happens immediately after you perform a rapid-spin and whirl dance.—Ed. HEALTH.]

A very important thing to remember is that is your inner ear the mechanism by which you hear is closely linked with the balancing mechanism. So both can be easily upset by any disease of the ear. In fact, ear troubles are responsible for most cases of giddiness.

A very important thing like wax in the ear can cause deafness by preventing the transmission of sound. That same wax can cause giddiness by pressing on the drum and increasing the pressure of the fluid in those three semi-circular tubes. As the sets of tubes in each ear work together, interference with one of these sets is especially likely to cause giddiness.

If you have wax in your ear, never try to remove it yourself with a match or broom-stick, a bent hair pin or any other gadget. It is far better to go to

the surgery and let your doctor syringe the ear out than to poke it about yourself, running the risk of injuring some delicate part or getting deaf.

Catarrh is another possible cause of giddiness and deafness.

The middle ear, the compartment between the drum and the inner ear, is connected to the throat by a tube which we call the Eustachian tube. This tube normally remains closed at its lower or throat end. It can be opened up, however, by swallowing air. This opening up is sometimes necessary when one is flying or diving, to equalize the pressure on the outer and inner side of the ear drum.

If the throat end of the Eustachian tube is blocked by catarrh, the air in the middle ear is slowly taken up and the pressure falls. This fall in pressure can cause giddiness and it can cause deafness.

A throat infection can also spread to the middle ear through the Eustachian tube and, if it is allowed to go on untreated, it may reach the semi-circular tubes in the inner ear. An attack on these tubes by infection results in an unpleasant condition which we call *labyrinthitis*. The inner ear is the most important factor in maintaining our balance, but it is not the only one. The eyes also play a big part. It is much more difficult to stand perfectly still with your feet together and your eyes closed than it is, if you keep your eyes open.

A fear of heights can also cause giddiness in some people.

There are, of course, a number of physical conditions which can cause giddiness. Meniere's disease is an important one, especially in middle-aged men. The person with this complaint may find he is getting increasingly deaf in one ear. He may have noises in the ear. After these things have been going on for some time, he is suddenly attacked by severe giddiness. The sufferer from Meniere's disease need not however, despair. With medical treatment, up to 75% of people can be helped considerably. A sedative may be all that is needed. If not, the doctor may prescribe a low-salt diet and cut down the amount of fluids taken. The idea is to stop or diminish the rise in pressure of the fluid in those semi-circular tubes and the part of the inner ear concerned with hearing, the *cochlea*—so-called because it looks somewhat like a conch shell. This rise in pressure may be causing the attacks of giddiness, so the intake of fluid is cut down. As the body cannot retain water without adequate salt, a low-salt or salt-free diet will also reduce the amount of fluid in the body. This does help a number of sufferers.

Alternatively, drugs like nicotinic acid and histamine may be prescribed. These drugs dilate the blood vessels that supply the semi-circular tubes and the cochlea. In this way, the increased circulation of blood will often lead to the absorption of this excessive fluid. But if all these things fail, the affected part of the inner ear can be

treated by means of an operation. Anæmia may produce giddiness because the balancing centres are very susceptible to any alteration in their supply of blood or oxygen.

Both high and low blood-pressures can cause attacks of giddiness. These attacks usually happen when the individual stands upright after stopping, sitting or lying down. This is because the circulation to the brain and the balancing centres takes a few seconds longer than usual to adapt itself to the change in posture. In migraine, too, changes in the blood supply to the brain may cause giddiness. This usually comes on before the headache.

Pregnant women may also have attacks of giddiness. At-

tacks are also common at the change of life—menopause.

Drugs like quinine, aspirin, salicylates and streptomycin used mainly for the treatment of tuberculosis can cause giddiness, noises in the ears and deafness, if taken in excess.

If you suffer from giddiness, don't let it worry you but don't let it go on untreated. Go down to the surgery and see your own doctor. Here, as with most other conditions, the earlier you are treated the better. There are few conditions causing giddiness which cannot be cured and, even if a complete cure cannot be achieved, it is nearly always possible to relieve most of the symptoms.—(*Family Doctor*, August 1957).

Three Worlds

Affection, indulgence and humour alike are powerless against the instinct of children to rebel. It is as essential to their minds and wills as exercise to their bodies. If they have no reasons for it they will invent them. It is hard to imagine families limp enough to be always at peace. Wherever there is character there will be conflict. The best that parents and children can hope for, is that the wounds of their conflict may not be too deep or too lasting. —(Carlyan Doren in *Reader's Digest*, Oct. '57).

How to Read a Book

Mortimer J. Adler says: "There is only one situation, I can think of in which people make an effort to read better than they usually do. When they are in love and are reading a love letter, they read for all they are worth, they read every word three ways; they read between the lines and in the margins; they read the whole in terms of the parts, and each part in terms of the whole; they grow sensitive to context and ambiguity, to insinuation and implication; they perceive the colour of words, the odour of phrases and the weight of sentences. They may take the punctuation into account. Then, if never before or after, they read and re-read.—(*Jarrolde*).

Home Treatment of Minor Skin Wounds

Dr. Herman Goodman, the famous New York Dermatologist says "The Official Tincture of Iodine (*mitis* 2%) is the best application for cuts, wounds and abrasions, which are comparatively slight and do not need a doctor's attention. This tincture should be reasonably fresh, as iodine which has been stored for a long time in the cupboard or medium-chest for a long time is known to develop an acid irritant. The bottle should be kept tightly corked or better, stoppered. The tincture should be applied sparingly; do not reapply unless necessary."

DISEASES OF CHILDREN

(Some Misleading Symptoms)

URSULA JAMES, M.B., M.R.C.P.,

(Paediatrician to the Victoria Hospital for Children (St. George's Hospital), St. Mary's Paediatric Unit, The Royal Free Hospital, The General Lying-in-Hospital, and Medical Director, The Violet Melchett Mothercraft Home)

SYMPTOMATOLOGY may be very misleading in children, particularly in infants, and detailed history-taking together with a thorough examination and evaluation of the findings are necessary if pitfalls are to be avoided.

Crying.—A mother will often say that her baby has abdominal pain, but on questioning it becomes clear that this interpretation has been reached because the baby draws up its legs while crying. This certainly occurs with colic such as that which accompanies intussusception (obstruction) but most babies alternately flex and extend their legs while screaming, whatever the cause.

Screaming results from hunger, but may also be due to colic from over-feeding. In the first case it would occur one to two hours before the next feed is due, and in the second it follows feeding but may continue intermittently during the whole interval between feeds. Vomiting follows over-feeding but also accompanies under-feeding, and excessive weight gain may occur in the early days of overfeeding but failure to gain weight, or actual weight-loss follows if overfeeding persists, and at this stage the weight pattern closely resembles that of under-feeding. The alterations in the stools may alone be the deciding factor in

the diagnosis between these two extremes of feeding mismanagement. The small, hard infrequent stools are else the small, frequent, slimy-green hunger stools are seen in the under-fed child and the large bulky undigested stools, leading to a true diarrhoea, occur with over-feeding.

Diarrhoea.—To many mothers diarrhoea is synonymous with frequent bowel action. The breast-fed baby has infrequent stools, often after an interval of several days, but the stool is large, digested and semi-solid in consistency, and this picture does not constitute constipation. The hungry baby may pass as many as 10 or 12 small, green, slimy stools daily, but these are hunger rather than diarrhoeal stools. The colour and number of the stools are less important than the consistency, size and odour, and these facts, together with further information on the presence or absence of blood, slime or pus, must be determined before any complaint of either diarrhoea or constipation can be accepted.

Gastrointestinal symptoms predominate in a large number of diseases in infancy which affect primarily organs unrelated to the alimentary tract. Upper respiratory infections which may be so minimal as to escape

detection, not infrequently result in gastro-enteritis, (stomach-troubles). Otitis media (ear-ache) may lead to fretfulness but the baby seldom shows evidence of earache although he is unwilling to feed and later develops diarrhoea, vomiting, or both. Nasal obstruction caused by the common cold makes it difficult for the baby to suck, therefore he is irritable from discomfort and cries with hunger, he loses weight and may vomit or have diarrhoea. All too often breast feeding is discontinued or the milk-mixture is changed because the blocked airway is overlooked and the feeds are blamed for the symptoms.

Anorexia and vomiting:—Many diseases in infancy have few symptoms other than difficulties over feeding, and foremost amongst these are meningitis and urinary infections. Meningitis in infancy must be recognized at the onset if treatment is to be successful. Vomiting is often the first symptom, and for this reason the anterior fontanelle should be palpated in every infant who presents with this symptom. In most cases of meningitis the tension will be increased or the fontanelle may actually bulge, whereas in cases of vomiting from other causes, excluding those associated with raised intracranial pressure such as subdural hæmorrhage, hydrocephalus or cerebral tumour, the tension will be normal or decreased.

The very young baby may fail to gain weight when taking satisfactory feeds, although

later he will be disinterested in feeding and increasingly apathetic or irritable, and in cases of urinary infection the examination of the urine will reveal the presence of pus cells together with growth of organisms (*pyelitis*). This clinical picture of pyelitis of infants is a common one and the diagnosis will not be reached unless the urine is examined. Symptoms related to the urinary tract are never seen in pyelonephritis of infants and are seldom seen in older children. Acute pyelitis may be ushered in by convulsions, and occasionally abdominal pain is present in children over two years of age, but frequency and pain on micturition are unusual. Enuresis (involuntary urination) is a common symptom of urinary tract infection in children who have previously acquired bladder control.

Enuresis:—Enuresis developing in a previously clean child should always suggest organic disease and this must be excluded before an emotional factor is blamed. Polyuria resulting in enuresis may arise from diabetes mellitus, diabetes insipidus or chronic nephritis and an examination for the presence of pus cells, red cells, casts, albumin, sugar and acetone will go far to establish a diagnosis.

Abdominal pain:—Abdominal pain in children is one of the most difficult symptoms to interpret. Appendicitis and other acute abdominal emergencies must be excluded before any other causes are considered, although appendicitis is found

in a very small percentage of children with abdominal pain. Pain is referred to the abdomen in many cases of tonsillitis and of pneumonia. A child seldom complains of a sore throat, but frequently of central abdominal pain, and no examination is complete until a good view of the tonsils has been obtained. In some patients there is little to see in the throat, but the tonsillar and cervical glands will be enlarged with a swelling of the mesenteric glands. In other cases there is follicular tonsillitis with exudate on one or both tonsils.

Lobar pneumonia is often associated with abdominal pain especially when either of the lower lobes is affected and the diaphragmatic pleura is involved. Right lower lobe pneumonia may be difficult to distinguish from appendicitis. On examination there may be guarding and tenderness most marked on the right side of the abdomen before there are obvious signs of consolidation in the chest; occa-

sionally appendicitis co-exists with pneumonia.

Abdominal pain is sometimes the presenting symptom in juvenile rheumatism, and it may be the first symptom in tuberculous meningitis, or in any acute infection in childhood.

Recurrent attacks of abdominal pain, sometimes associated with nausea, vomiting and headache, are seen in the periodic syndrome of childhood, but this functional disorder must never be considered until organic causes have been excluded; once the child has been labelled "Periodic Syndrome" it does not exclude appendicitis as a cause for any future attack of pain.

It is obvious then, that consideration of abdominal causes for abdominal pain in children is too narrow a conception of the problem, and a full examination of every system is essential before any diagnosis can be reached.—(*Mother and Child*, London, March 1957).

The Mind In the Making

"Getting something for nothing," is not the peculiar and perverse ambition of disturbers of society. Except for our animal outfit practically all we have is handed to us *gratis*. Who can flatter himself that he invented the art of writing or the printing press, or discovered his religious, economic and moral conviction or any of the devices which supply him with meat and raiment or any of the sources of such pleasure as he may derive from literature or the fine arts? In short, civilization is little else than getting something for nothing.—(*Reader's Digest*, Oct. 1957).

Deafness and Head Noises

Head noises are not always due to ear disorders. They may be associated with some forms of heart trouble, kidney disorder, or anæmia, or the result of medication with quinine, streptomycin or salicylates. They may also be caused by ill-fitting dentures, which lead to strain and congestion around the lower jaw.—(*Health for All*, London, Oct. '57).

BEAUTY AND HEALTH

(Dandruff and its Remedy)

VERONICA LUCEY CONLEY

The facts about dandruff.—Dandruff is not a new condition. The Egyptians referred to it in their writings as "scurf". It probably dates back much earlier, to the first people who spent a great deal of their time indoors, consistently wore head coverings and neglected scalp cleanliness. These are predisposing factors for dandruff. The cause of the condition is not known, but the various types of dandruff are recognized as symptoms of a disorder of the sebaceous glands, whose primary function is to lubricate the skin.

Even though it is a recurring condition for which there is no known cure, proper treatment will keep dandruff under control. Physicians have used sulphur, salicylic acid, resorcinol and tar for many years. Sulphur is often the medication "of choice"—medical jargon for "most suitable under all circumstances"—because it combines safety with efficiency. The time-tested usefulness of this chemical may be due to its direct action on the skin. Sulphur is one of the most important elements in the skin and is essential for normal tissue formation. The excessive scaling which we call dandruff is a disturbance in this process. The addition of sulphur may in some way compensate for a deficiency. It is usually prescribed in the form of an ointment or a lotion. The concentration of the medication and frequency of use depend upon the severity of the

condition, as determined by the physician.

Some dermatologists have used other drugs with apparent success. A few have written enthusiastically on one or more of the recently introduced dandruff preparations. However, we know of no evidence that any of them is more generally effective than those already widely used by dermatologists.

Some of the much advertised dandruff remedies solid in drug stores contain sulphur. But more commonly they contain, as an active ingredient, a germicide or fungicide presumably on the theory that some bacteria or fungi cause dandruff. The *pityrosporum ovale*—a fungus still publicized, though no longer anything like so intensely—has been studied by various researchers for years and still has not been shown to be the cause of dandruff. Other organisms are also under investigation but to date their role in dandruff, if any, is not clear. For this reason, claims that an anti-dandruff preparation is effective, simply because it kills germs, should be greeted with scepticism.

The majority of the new dandruff remedies are sold without a prescription. This causes some concern because the purchaser diagnoses and treats his own ailment. This self-medication may do no harm and, in fact, it may even bring about improvement in some cases. Nevertheless, whenever a disease exists,

there is no satisfactory substitute for treatment by a physician.

One of the problems in discussing dandruff is that the term does not mean the same thing to all people. When a physician talks about dandruff he does not mean - though many people do - the normal flaking of the skin, which is at times more noticeable on the scalp than elsewhere. These small dry scales represent a few of the millions of cells shed each day as we go about the business of changing our entire body covering. Instead of just stepping out of our skin, like the snake moulting, we gradually and invisibly shed dead cells and manufacture replacements. If the skin becomes unusually dry, groups of these dead cells form flakes or scales on the body's exposed surfaces, and cling to the scalp, distribute themselves on the hair shaft and from there drop on the shoulders.

Treatment :—Good grooming measures include daily brushing and gentle massage. It is well to keep in mind that the scalp is probably dry to begin with. Too vigorous or too frequent rubbing may therefore, aggravate rather than improve the scaling. For this reason, experiment with a daily brushing and fingertip scalp massage to extend the period between grooming.

Normal physiological scaling is essentially a cosmetic problem and good grooming demands that each person work out a suitable hair-care schedule. No special medication is needed.

Not even physicians can always

be certain where normal shedding ends and abnormal scaling begins. The line of demarcation is not always clear. This is also true of the diagnosis of the various types of dandruff. For simplicity, dandruff can be classified as dry, oily or inflamed. In all types, scaling is usually heavy and persistent and other hairy areas besides the scalp are often involved - the arm-pits, the eyebrows and chest. The dry form is characterized by dry, white, or grayish flakes. Greasy, yellowish flakes which sometimes form crusts are found in the oily form. The skin and hair often feel and look oily. When redness and inflammation of the scalp are present, the condition is called seborrhœic dermatitis.

Not all cases of dandruff would fall clearly into one category or the other. However, for a basic understanding of this condition, it can be thought of in terms of the foregoing three broad types. All of them are frequently accompanied by itching.

One well-publicized aspect of dandruff is a claimed relationship with baldness. It is true that any actual *scalp disease* is a threat to good hair health. This is one reason why the problem of seborrhœa and typical male baldness has been studied for years. Furthermore, seborrhœic dermatitis is often present on the scalp of those who are becoming bald. But investigation has shown no evidence of any causal relationship. —(*Today's Health*, U.S.A., May 1957).

THE VALUE OF TRACE ELEMENTS

In the Healthy Growth of Plants and Animals*

HARLAND MANCHESTER

IN several farming areas of the world cattle breeders have encountered a peculiar disease among their stock. It is characterized by stunted growth, poor appetite, rough coats and sunken eyes.

Wherever the disease occurred, it seemed to be connected with some mineral deficiency in the soil, *e.g.*, iron. The scientists discovered that *pure* iron salts wouldn't work, and that obviously the curative agent was a trace of *cobalt* present in minute quantities in *iron salts*, and was apparently essential to ruminants (animal which chew the cud).

Forage samples from the New Hampshire valley were analysed and found to be deficient in cobalt. Sick cattle fed with small amounts of the mineral, recovered almost immediately.

Now cobalt—given in 0.5 part per million in the feed—is curing pining cattle in deficient soil areas throughout the world. Its precise function is not yet known, but new light was thrown on the matter last year, when the structure of the new “growth vitamin,” B_{12} , was finally determined. At the heart of the giant B_{12} molecule, scientists found a single atom of cobalt.

Cobalt is one of several “trace elements” (zinc, copper, manganese, boron, iron and iodine) tiny amounts of which are essential to the health of plants or animals. Their value has long

been suspected, but many of the key mysteries concerning them have been solved only recently.

Peach growers in California and citrus growers in Florida were once puzzled by a “little leaf” disease which stunted foliage and fruit. Some experimenters thought the anæmic growth might be caused by a lack of iron, so they treated some test trees with iron sulphate and they recovered. Iron-hunger seemed to be the cause. Other experimenters tried the same medicine but with no luck. In Texas the buckets used in the feeding of the trees were of galvanized iron and it was found that minute traces of zinc from these buckets had cured the trees. Experiments by Dr. W. H. Chandler, of the University of California, confirmed that *zinc actually caused the recovery*.

About that time a fruit grower alleged that his trees were being blighted by radio waves from a local station. He put a wire fence round the trees “to jam the waves,” and they recovered miraculously. Scientists suggested that radio waves had nothing to do with it. The soil was deficient in zinc, and the rain had washed enough zinc from the wire-fencing to satisfy the trees’ hidden hunger!

Experiments soon showed that a variety of trees and plants developed deficiency diseases if grown in soils short of zinc. Now the missing zinc is sprayed on

the trees. Or a galvanized iron nail is driven into the trunk to do the trick.

Dr. Frank Gilbert added copper sulphate to the fertilizer on 100 farm test plots. Plants which got the copper produced as much as 30 per cent more crop than untreated plants. Dr. Gilbert does not suggest the indiscriminate use of copper on all farm-lands, but in areas where it is needed a small investment per acre is yielding big dividends. A trace of copper in the feed is also essential to animals since it aids iron in the production of red blood corpuscles; iron is not readily absorbed or assimilated in the absence of a trace of copper.

[*Note*:—The use in India of copper vessels for storing drinking water and for cooking purposes had obviously this object in view, *viz.*, the ready assimilation of iron present in vegetables etc. in the presence of traces of copper dissolved out from the vessels. This excellent habit has gradually gone out of vogue, in most parts of India, which is indeed most regrettable.—Ed. HEALTH].

Some years ago scientists discovered that absence of boron in the soil could cause spongy brown spots inside apples and "heart-rot" in beetroot. Then it was discovered that if household borax was sprinkled on a sickly alfalfa field there was an amazing increase in the yield. It has now been established that diseases of celery, tobacco, turnips, cauliflower and other plants are caused by boron deficiency. The mineral is widely used, but with caution; *more than one part per million in the soil may be poisonous to the plants.*

So far as is known, boron is of no use to animals, but both plants and animals may have serious trouble without a dash of *manganese*. Dr. F. V. McCollum, after his famous discoveries of Vitamins A, B and D, gave rats a manganese-deficient diet and found that lack of the mineral had a profound effect. The male rats became sterile. The females bore litters, but made no nests and neglected their young until they died. The rats became nervy and frightened; a sudden noise would cause some of them to have fits and die.

Since then it has been found that manganese-hungry chickens develop a crippling deformity called "slipped tendon." After years of investigation it has been found that a number of plant ailments, including "grey speck" in oats, "marsh spot" in peas and reduced vitamin C content in tomatoes, are caused by manganese deficiency in the soil.

The mineral content of soil varies widely, even in small areas. Once, impurities in fertilizers supplied trace elements; now concentrated fertilizers of high purity no longer contribute the necessary elements to the soil in some regions.

Many animals in the U.S.A., now get their minerals by licking coloured salt containing all the necessary trace elements. Thousands of tons of this salt are consumed annually, and trace minerals are also added to formula feeds.

Scientists use an iron "chelate"—a sort of chemical zipper

which the other soil ingredients could not open, but to which plants have the key. As little as a third of an ounce of chelated iron in the soil will keep a tree green for a year. The *chelated iron* has revived ailing trees in a few weeks, bringing *bumper yields of oranges* in previously barren trees.

Much of the mystery of the trace elements has yet to be unravelled. They appear to be vital parts of enzymes—the tiny catalysts which promote essential changes in all living things. In the past, scientists have been

hampered by the difficulty of detecting and following such minuscule traces of metal. But atomic science has now made it possible to use “tagged” atoms of the metals which broadcast their presence and enable the scientist to trace them through the organism. Using this method, Dr. C. L. Comar found that cows can't store up cobalt, and need more within a week. Other minerals are being thus traced in plants and animals, with a view to lifting more “ancient curses” off the soil.—(Condensed from *The Rural New-Yorker*).

A GIRL'S BEST FRIEND

MOTHERS often believe their daughters to be more intelligent than everyone else and, at the same time, sillier than everyone else. A mother who sees her daughter off to school for the first time believes firmly, for instance, that her offspring will not only be top of her class but will also stick her head out of the window just as the train reaches a tunnel and not even get there.

Mothers always expect the best and always expect the worst, which means that they always win. Earn a medal for the best hive of bees and mother will be standing near saying she always knew it. Get stung and mother has always told you so. Go abroad and have a wonderful time and mother will always have known you were sensible and self-reliant. Fall into a canal at Venice and mother always knew no good would come of it.

Mothers, being unpredictable, can be adaptable. When circumstances change, their true genius makes itself felt. Whatever they believed in before, now turns out not to be what they believed in at all, after which—circumstances often being unstable—it might even develop that what they really believed in all the time is what they believe in now.

Lots of mothers, of course, aren't like any other mothers. But in at least one respect they are all the same—they stand loyal to their daughters. Rob a bank, commit murder, blow up the government, and nothing will shake a mother's conviction that in the first place you didn't do it, and in the second place somebody made you do it.

But try telling her you always wear sufficient underclothes and see if she believes you!

—(Marjorie Riddell in *The Atlantic Monthly* via *Reader's Digest*, Oct. 1957).

SPECIALISTS

IN recent years the trend in medical practice and associated fields has increasingly been to specialize in some particular branch. The specialist limits his study and practice to a certain type of therapy, to certain diseases or disorders; or to diseases and disorders of certain organs. The following list consists of some common designations which parents may meet with in the course of seeking special types of aid for their children.

Allergist:—A medical specialist in the diagnosis and treatment of bodily reactions of persons exceptionally sensitive to specific substances or conditions.

Dermatologist:—A medical specialist in the study of the skin—its functions and structure, diseases of the skin and their treatment.

Endocrinologist:—A medical specialist concerned with the body's hormone secretions and with ductless glands and their relation to the functions of the body.

Gynaecologist:—A medical specialist in diseases or disorders of women, especially with respect to the reproductive organs.

Neurologist:—A medical specialist in the diagnosis and treatment of disorders of the nervous system or of its workings.

Obstetrician:—A medical specialist in the care of women during pregnancy and labour and for a short time after delivery.

Oculist:—See Ophthalmologist.

Ophthalmologist:—A medical specialist in the physiology, anatomy, and diseases or disorders of the eye.

Optician:—A person who makes or deals in lenses and instruments for correcting vision.

Optometrist:—A specialist in measuring the range of vision and other variables in ability to see.

Orthodontist:—A dental specialist in the treatment and correction of teeth that deviate from normal biting and chewing arrangement.

Orthopaedist:—A medical specialist in the correction and treatment of diseases, ailments, and deformities of the bones, muscles, and joints of the limbs, through manipulation, special apparatus, or surgery.

Otologist:—A medical specialist in the anatomy, functions, and diseases of the ear.

Paediatrician:—A medical specialist in the physical care of children and in diagnosis and treatment of children's diseases.

Psychiatrist:—A medical specialist in the diagnosis and treatment of mental and emotional disorders.

Psychoanalyst:—A specialist concerned with helping individuals work out their personal adjustments by seeking with them the sources of their problems in relation to their life situations.

Psychologist:—A specialist in mental functions—such as thought, sensation, perception;

also, a specialist in studying the behaviour of an individual in relation to his environment. Some psychologists specialize in tests designed to help in understanding the workings of the mind in health and disease. Unlike a psychiatrist, a psycho-

logist is not an M.D.

Surgeon:—A medical specialist in diseases or disorders requiring surgical procedures. Within surgery itself there are many branches of specialization, such as plastic, brain, and aural surgery,

Are We Using the Power God has Given Us?

NORMAN VINCENT PEALE, D.D.

IN an interesting book, *The Magic Power of your Mind*, Dr. Walter German tells of a man of 80 who was hit by a lorry while crossing the street and killed. Autopsy revealed many tuberculosis scars on the man's lungs and extensive evidence of ulcers. The heart and kidneys showed considerable deterioration. The medical examiner telephoned the widow, "How old did you say your husband was?" he asked.

"He was eighty," the widow answered.

"With all the things that were wrong with him," the doctor told her, "he lived 30 years beyond his time. How do you account for his vitality and energy in the face of such a medical history?"

"Well," she said, "I wouldn't know except that my husband never went to bed at night without saying, 'I will be better tomorrow!'"

This is a clear illustration of the fact that even when there are physiological difficulties in the human body, the focusing upon them of the health-producing, dynamic, creative power of

the mind greatly helps. The more I try to study the ways of God and man, the more convinced I am that God has given us more power over our own lives than any of us has ever taken. *For god has given us the power to think, the power to believe, the power to have faith—and thus the power to channel into our lives His creative forces.*

It's so easy to become discouraged and moan, "Everything's going badly for me. I'm beaten." People will think you are a pathetic figure—and you will indeed be just that. Furthermore, thinking like that is likely to affect events and you adversely.

If, on the other hand, you ask God for hope and optimism, He will create in you a new spirit. And how important to your well-being this is! Remember the words from the Poverbs, "For so he thinketh in his heart, sa is he." With God's help you can do amazing things in your life if you want to do so with all your heart, which means with all of your deep desire and *real faith*. You are master of your life—God and you.—(*New York Herald Tribune*, July 1957).

COD LIVER OIL

AS AN AID IN FIGHTING TUBERCULOSIS

(American Experiments show 100% Recovery Rate)

By **FORCEPS** (An Indian Doctor in England)

THE main causes of the vast tuberculosis problem in India are "rooted in ignorance and poverty.....In the long run I am sure, it is the preventive measures which will pay the best dividends", said Raj-kumari Amrit Kaur, previous Union Minister of Health in a broadcast to the nation.

The latest development in this field is further evidence from U.S.A. that Cod Liver Oil is effective in the prevention and treatment of pulmonary tuberculosis.

Dr. Getz of California studied 1,100 persons, who were previously *not* suffering from tuberculosis, over a period of years. He found that there was a definite correlation between a low concentration of Vitamin A in their bloods, and their developing tuberculosis. A follow-up of these patients showed that of those with moderately advanced tuberculosis approximately three-quarters had lowered Vitamin A blood values, and that the overwhelming majority suffered from night-blindness which is a typical symptom of Vitamin A deficiency.

In a second experiment with tuberculous patients an attempt was made to throw further light on the problem of abolishing the nutritional deficiencies which correlated with the onset of the disease. The diet of a number of ex-servicemen in hospital

with active tuberculosis was supplemented with the substances found to be lacking in their blood. This group was compared with a similar one which did not receive such additions to their diet.

There were 78 patients, who took part in the experiment. Of these, 37 were given no extra vitamins; 26 received synthetic Vitamin A in various forms together with a good supply of Vitamin C; 15 were given daily doses of cod liver oil and the same dose of Vitamin C as the second group. In all other respects the three groups were treated identically. Within 30 days of the start of the experiment, the concentration of Vitamin A in the blood of 96% of the patients receiving cod liver oil had risen to normal. On the other hand the blood concentration of Vitamin A of 8 of the 26 receiving synthetic Vitamins was still below normal after 180 days. Vitamin A protects the skin and the mucous membranes, in particular the membranes lining the lungs and other parts of the respiratory tract. It is also necessary for general growth. A regular daily dose of cod liver oil is therefore a worthwhile addition to the regular diet and is an essential addition to the diet of persons who are deficient in Vitamin A.

A still more striking fact observed was that all of the

15 patients, who were receiving codliver oil, made good recoveries and were discharged as inactive cases of pulmonary tuberculosis, a 100% recovery rate. In contrast, 15 out of the 37 patients with no supplements, and 10 of the 26 who received synthetic Vitamin A, failed to make satisfactory improvement and had to be given further treatment. There was thus only 60% and 62% recovery rates in the case of the other two groups.

Viewed from either angle the figures are impressive and significant. They suggest that codliver-oil is of definite value both in raising the blood-level of Vitamin A and in facilitating healing in pulmonary tuberculosis. Since it has been shown that there is a correlation between low Vitamin A blood-levels and the development of tuberculosis, the figures indicate that both in the prevention and in the treatment of the disease, cod liver oil is effective.

In Britain the results of Dr. Getz's experiments were recently presented to the National Association for the Prevention of Tuberculosis by Professor A. C. Frazer, Head of the Department of Pharmacology in the University of Birmingham. He pointed out that Vitamin A was an essential constituent of the diet. It could be formed from carotene, present in green and yellow vegetables, but some people are unable to convert carotene to Vitamin A. According to Dr. Getz, tuberculosis patients belong to this group.

The average diet, especially that of the lower income groups to which nearly 80% of Indians belong needed to be supplemented with Vitamin A, said Professor Frazer. A dilute solution in oil—as occurred naturally in cod liver oil—was probably the form most easily absorbed.

Cod liver oil was effective against rickets because it was a rich source of Vitamin D, the vitamin needed for proper bone-formation. There was evidence that vitamin D also played an important part in the healing of tuberculous lesions. It was very effective in the treatment of tuberculosis of the skin. Three separate fractions in cod liver oil, other than vitamins, had been shown to limit the growth of disease-bacteria, particularly the germs which caused tuberculosis.

Already cod liver oil is accepted as useful for preventing and curing rickets, night-blindness and other nutritional deficiencies. This might be extended to include tuberculosis.

In Britain, cod liver oil has been largely responsible for the virtual abolition of rickets. The evidence now to hand suggests that its use as a regular routine might be invaluable in raising resistance to tuberculosis and other respiratory diseases.

In other parts of the world, especially in areas where country dwellers are flocking to the towns, the problem of tuberculosis is rife.—(*PDA/BCLO/43*, London).

ATTACK ON INSECTS

A FEW months ago we drew attention to the fact that in many parts of the world strains of insect pests are emerging which are resistant to insecticides. There is some connexion between the intensity at which insecticides are applied and the speed at which resistance develops. In Britain, for example, where the climate does not foster insect pests so freely as in warmer climates, there are fewer cases of resistance, and the almost ubiquitous immunity of houseflies to D.D.T. and other chlorinated hydrocarbon insecticides has developed more slowly. While the problem of resistance is not restricted to pests of medical importance, there are more definite cases of this type than among the far more numerous agricultural insect pests. Apart from the housefly, which is almost everywhere resistant to D.D.T. and its analogues, body lice and bed bugs are resistant in a number of places, though rarely in Europe; four different strains of anophelines which are malaria-vectors are resistant (in Greece, Java, Saudi Arabia, and the U.S.A.), and several strains of the culicine mosquito. The housefly is in most places resistant to gamma B.H.C., chlordane, dieldrin, and like substances; the German cockroach is resistant to this group in parts of the U.S.A.; one anopheline malaria-vector (in N. Nigeria) is resistant and so are several culicines. The housefly has been reported resistant to organo-phosphorus insecticides in Denmark, where

these compounds have been widely used.

Altogether, there have been reports of resistance of over 20 species of insects of importance in public health, though in a few cases the evidence is not completely substantiated. This is certainly disturbing though the trouble is still localized for most of the insects concerned, and many of them show only one type of resistance so far. It is important to watch for the emergence of resistance and to counteract it if possible. The only feasible alternative reactions at present are to attempt control by other than chemical methods or to change to different insecticides. The need for change has called attention to the prolific family of organo-phosphorus insecticides, to which only low levels of resistance have been recorded so far. Several of them, now in use abroad, are no more dangerous to man than the chlorinated compounds; they include malathion, diazinon, Chlorthion "dipterex" and D.D. V.P. (apparently only the first is on the market in Britain). It must be admitted, however, that none of the known organo-phosphorus compounds has the long residual action of D.D.T. or dieldrin.

A possible line of defence against resistance which does not seem to have been adequately investigated is the combined use of insecticides of totally different types. Resistance is theoretically due to the survival (and breeding) of a few individual

insects with abnormally high resistance to a particular type of poison. Addition of a different kind of poison might well prevent their survival.—(*British Medical Journal*, 22-9-1956).

Spare the Love and Spoil the Child

A CHILD'S behaviour is usually a reflection of his parents'. This simple truth is in danger of being forgotten. Parents nowadays seem to believe that every child is permanently on the verge of abnormal behaviour and that only strong measures will save the day.

The result is that many parents fear for their children's future and insist on absolute obedience. They use the heavy hand, grim face and nagging tongue to keep them under control. Their one aim is to make their children good, to ensure that they themselves can never be charged with spoiling—which simply means letting him or her have his or her own way, a way which is sure to be thoroughly bad. And they want to be acclaimed for their success as parents.

More than anything else, children need love and affection. The feeling of being treasured by their parents and the sense of security it gives. The more the parents dominate the child's will, the more they use firm discipline and exact obedience, the more they will produce in the child just what they think they are avoiding: an attitude of rebellion, secretiveness, fear and insecurity, in short an un-

happy child. The unhappy child is the child who is really spoiled.

Punishment and scolding, of course, may be necessary but there should be no confusion in the child's mind as to the reason for them. Remember that a child is easily confused and cannot understand the parent who one day nags him out of his wits and on the next overwhelms him with love and presents. This is true spoiling.

To bring up children sensibly is to treasure them as our greatest possessions—but *possessions with minds of their own*. Children should be given as much freedom as possible. Attempts to force them to eat, to rest, to show respect, to open their bowels and to be obedient, often do 'a great deal of damage: damage that often cannot be repaired at all easily or quickly. The more love and affection, encouragement and trust we give our children, the more they will respond with loyalty, affection and respect. The more even-tempered and logical we seem to them, the more obedient and happy they will become. The new saying which should be preferred to the old one is "*Spare the love and spoil the child.*"—(*Family Doctor*, August 1957).

The Most Valuable Thing A Man can Spend

MARGARET BLAIR JOHNSTONE

“**T**IME,” said the Greek philosopher Theophrastus, “is the most valuable thing a man can spend.” Yet how often, instead, do we let time spend us?

But, you say, I’ve got to rush; “Time is money,” you quote old Ben while nervously keeping your eye on Big Ben. I do not quarrel with Franklin’s adage. Time is money. But we need to remember also that time is a fixed income. And, as with any income, the real problem facing most of us is how to live successfully within our daily allotment.

Sooner or later every phase of living through which we rush turns into a physical and emotional tread-mill unless we stop and ask: What can we do about it? How can we *really* live within 24 hours a day?

I have found four simple rules which have helped me, and which I worked out the hard way—while flat on my back during an enforced rest. My basic discovery, which I think all of us must eventually make if we are to lead calmly useful and happy lives, was that *no one is totally indispensable*. Having admitted that—as I had to when I found that things I thought only I could do seemed to be getting done quite well without me—I began to make some new rules for my life.

1. *My first rule is:—Wherever you are going or whatever you are doing, start in time.*

I once had a parish comprising several churches which

meant that we had an elastic schedule for our services. This lent itself to an interesting experiment. One choir member, who was consistently late, complained of our ten o’clock service. “If you had church at a decent hour,” she said, “I’d be on time.”

Soon after this, we arranged services in that church for 11-15. The choir member arrived each Sunday at 11-20. But that winter we held services at 2 p.m., and true to form, in she came at 2-05 without fail!

As parents most of us would not think of bringing up children without teaching them how to tell time. But how many of us teach them timing? How many of us have learnt timing ourselves?

2. *My second rule is: Do it now!*

It’s not what we do but what we don’t get done that wearies us. Procrastination not only wastes minutes but saps our emotional energy by adding dread and dislike to chores which should be routine.

Many a postponed job could be completed in those stretches of time which come to all of us every day—unused waiting time. A university analysis shows that the average individual spends three years of his lifetime just waiting. And a gallop poll which sampled 100 persons at random reports that every one of them expected to do some waiting during the next few hours, but only one out of eight

had any plan for doing something constructive with the time.

Some of the world's great have been those who used their waiting time well. Thomas Edison set up a laboratory in the luggage van and, between peddling sandwiches on the train, conducted experiments. Robert Louis Stevenson seldom left home without two books in his pocket—one to read and one in which to jot down notes.

Industrial studies show that there are comparatively long stretches of waiting time in more than 100 occupations—which indicates that many of us could do *now* small tasks that clutter up other hours.

This doesn't mean that we are never to be inactive. *So my third rule is: Learn when to say "No," and when to say "Yes."*

Channing Pollock once said, "I've got to decide whether I want to be a famous author or an infamous diner-outer. I cannot be both."

And Anne Campbell, in one of the loveliest pieces of verse ever dedicated to a daughter, writes of the choice most parents must make:

You are the trip I did not take.
 You are the pearls I cannot buy.
 You are my blue Italian lake.
 You are my piece of foreign sky.

Because our time income is fixed, we must learn to be selective in spending it. In reading, for example, one can ruin one's eyes on trash or use them to increase knowledge.

So the next time someone asks you to organize the women's outing day or help with the

church bazaar and you are tempted to say, "I don't have time," ask yourself first: to what am I giving first claim on my time? Am I putting first things *first*? Could I curtail some of the time I spend foolishly and invest it more wisely?

4. "Time stays long enough for those who use it," Leonardo da Vinci once said, and certainly *the last rule can help us "stay" time both wisely and well: Take time off.*

An eye surgeon once attended our church. When I called on his family I was surprised to see painting after lovely painting on the walls. "Who did these?" I asked.

"I did," said the surgeon.

Knowing of his long hours on duty and his heavy responsibilities, I said, "But how on earth do you find time?"

"Find it?" he sputtered. "I *don't find it. I take it.*"

Then he told me how at one time the dreaded thing happened. Near the end of an operation he noted a slight tremor in his hand. He took some leave immediately, but the tremor persisted. "From sheer boredom I turned to painting," he explained. "I just couldn't sit about doing nothing with my hands. Then as my skill with the brush grew I found the tremor lessening. Now when I get overtired, I turn to my painting *before my hand starts to shake.*"

A change is as good as a rest, the old saying goes. You don't have to be a surgeon, or a statesman like Churchill, to paint.

Nor need you have Bernard Baruch's busy programme in order to find that 15 minutes a day spent on a seat in the park, simply sitting quietly watching the squirrels and thinking, can refresh you for the rest of the day. No, you may be just an office worker, like a friend of mine who stops at a record shop every noon and plays a favourite

recording.

But take time off—in which you do something that restores the lilt and zest to your life. For, as Ruskin put it, "There is no music in a 'rest'—but there's the making of music in it. And people are always missing that part of the life melody."—(Condensed from *Guidepost*, via *Reader's Digest*, October 1957).

The PROBLEM of IMPOTENCE

A WOMAN'S VIEWPOINT

Dr. Walter Alvarez, the well known popular medical writer with considerable experience of men and matters, recently wrote on the above subject giving the woman's point of view, in his usual terse and lucid style :—

SEVERAL women have asked me if anything can be done for the impotence that comes to many men in middle life. One woman who writes feelingly and intelligently and anonymously says, "I feel that I am sleeping with a stranger—a goodnight kiss seems too much to ask for. If a man is not intelligent enough to understand a woman's nature, no wonder the divorce courts are full of cases!"

Some of the women who are still highly sexed in their 40's or 50's miss a sexual life, while others say that although they can easily put up with the lack of sexual life in itself, they cannot easily put up with the lack of any sign of affection on the part of their husbands. So often an impotent man fails even to kiss his wife and much less to caress her in any way. The man retires to his own bed or to his own room. The couple live like brother and sister!

One woman says, "The wife abhors the thought of being just a housekeeper to the man she loves. Impotence is not normal and it is not normal for us to be forced to accept it, no matter how much we love our husbands. A man should be enlightened as to his responsibilities, and to the keeping of his wife's love before he loses it."

So often, in these cases, the wife begs her husband to go to a doctor to see if anything can be done. Usually, not only does the man refuse to do this but he refuses even to listen or discuss the subject. In this behaviour I think such men are unfair and unwise, although it is true that in most cases a doctor cannot help. About all he can do is discuss the psychological factors. Perhaps he can try the effect of male hormones. Unfortunately when the impotent man's troubles are psychic in origin, as is usually the case,

and he has all the male hormone he needs, the taking of more cannot and will not help him.

In many cases the wife has allowed herself to get stout and unattractive, or perhaps she herself has failed to show much affection. Perhaps she is willing to show some affection only once or twice a month, and this has caused her husband to turn against her. In many cases of this type in which I have been able to study the man, I have found that his sexual drive was never strong, and hence perhaps what little drive he had was gone by the time he was 45. Often if his wife had remained a good sexual partner, he might have gone on being adequate for 20 or more years but when his wife was a poor partner he soon

lost any strong desire to touch her.

In hundreds of cases I have found that a man who inherited from psychotic ancestors much moodiness, a great shyness and self-centredness and such marked hypochondria that he spent much of his life worrying about disease and going to doctors, had no energy left for sex. Perhaps it was impossible for him to love anyone deeply. Many a man of this type will say that even in his youth he didn't care much for girls and seldom took one out. He did not know what to say to them, and he had no spare energy to "waste on them." Often such men have told me that what little interest they had in sex was gone by the time they were 40.—(From the *New York Herald Tribune*.)

Life's Like That

Looking for something different and gay as a birthday gift for my sister, I sent a pair of pyjamas made up of bright scenic prints of the natural wonders of the world. Promptly I received this letter.

"Dear Sis.," she wrote. "I don't mind having '12,948 feet high' indicated on my bosom, but I thoroughly resent 'greatest natural span' across my bottom,—(Mrs. E. C. Ellis in *R.D.*, Oct '57).

Address Unknown

Dear Editor: "Recently I sent a brief item to Life's Like That and after it was posted, remembered I had not included my address. I wrote at once to correct the error. Now I realize I had written nothing in the second letter that would connect it with the first. Consequently, I'm asking you to forget the whole thing. The story wasn't very good any way."

(The foregoing letter is a classic, however, and would like to pay the contributor, but we can't read the signature—and there was no address on this letter either!—The Editors of *R.D.*, Oct '57).

State of Health in USSR

Medical assistance given to the population is free of charge. Sickness benefit is paid to workers and all other employees. The higher living standard of the broad masses and the fruitful work of the Soviet Health Protection System have brought about a radical improvement in the health of the population and a decline in the mortality. In tsarist Russia the mortality was 2.5 times greater than in the U.S.A. and Britain, whereas today the rate is much lower and the natural increases in population higher than in those countries.—(*U.S.S.R. Publication*, Oct. 1957).

HOW TO AVOID BACK-ACHE

“**О**н, my aching back” is a common cry—not at all surprising, perhaps since back-ache is one of the commonest symptoms met with in daily medical practice.

In the past, mother’s, “wash day ache,” father’s “gardening back” and cook’s “housemaid’s knee” were often called muscular rheumatism, lumbago or sciatica. More recently, it has become fashionable to speak of “slipped discs.”

Many doctors now consider that the “disc” which is the cushion between the bones (vertebræ) of the back, is only part of the trouble. Often, in addition, the ligaments and muscles themselves in this part of the back may be strained, or slightly out of alignment. They will, therefore, be a contributory factor to the ache.

Some idea of the complexity of the back may be conveyed if it is realized that 144 muscles are attached directly to the spinal column; that the main nerve trunk of the body—the spinal cord—runs down the backbone from the back of the skull to the pelvis; and that this gives off branches which emerge through openings between the vertebræ, muscles, ligaments, and discs.

Should any strain or awkward movement occur one of these

nerves might be nipped by a slight movement of, say, disc or muscle, causing severe pain or ache.

To minimize the risk of getting backache the following rules must be obeyed:—

1. *Always lift with the legs, and not with the back. Do not arch your back like a bow-string when lifting, but always bend at the knees and keep the back straight as you go down and come up.*

2. *Never assume awkward postures.*

3. *Avoid over-exertion, but take care to exercise regularly, so that your muscles are kept strong and supple.*

4. *Remember your age. Because you have been able to lift heavy weights for the past 30 years it does not mean that you will be able to do so for the next 30 years. All machines have wear and tear and your body can be no exception.*

5. *Do not indulge in strenuous exercise when fatigued.*

The recovery rate and loss of pain can usually be accelerated by heat treatment—a hot bath is as good a way of easing the ache as any—by pain-relieving tablets, and sometimes by manipulation.—(By a Works Medical Officer in *Ingot News* via *World Digest*, June 1957).

Medical Relief in USSR

Pre-revolutionary Russia had one doctor for every 10,000 inhabitants, while USSR today has 17 doctors; the number of hospital beds has grown from 13 to 70 for every 10,000 of the population.—(USSR *Bulletin*, Oct. 1957).

Laughter is the Best Tonic

From "After-Dinner" by OSWALD LEWIS

Motoring

The witness was asked by the magistrate what, in his opinion, had been the cause of the collision.

'Well, sir,' replied the witness, 'as far as I could see both drivers seemed to be chasing the same pedestrian.'—(*Medley*).

There were just as many careless drivers fifty years ago, but the horses had more sense.

There are only two sorts of pedestrians—the quick and the dead.

Museums

A small boy having been taken to a museum for the first time came home and said that he had been to a 'dead circus.'

Nursery

'It's very wrong to work on Sundays,' said the little girl to her young brother, who was doing a little carpentry. 'But what about policemen?' objected the boy. 'They have to work on Sundays. Don't they go to heaven?'

'Of course not,' replied the little girl scornfully, 'they're not needed there.'—(*The Tattler*).

Government departments seem to be of two kinds—those dealing with the outside world, waiting, like Micawber, for something to turn up; and others dealing with home affairs, waiting for something to turn down.—(*Maj. Gen. Sir Edward Spears*).

A rural electricity authority in Ireland put up the following notice: 'To touch these wires is instant death. Anyone found doing so will be prosecuted!'

A captain who had lost a steam roller was asked by the Government of India for an explanation. He wrote on the form of enquiry after the words '*reason fer loss*.'—'*Eaten by white ants*,' and never heard another word about it.—(*The Battle of France: Andre Maurois*).

Old Age

Growing old is no more than a bad habit which a busy man has no time to form.—(*Andre Maurois*).

The old begin to complain of the conduct of the young when they themselves can no longer set a bad example.—(*La Rochefoucauld*).

Lord Balfour of Burleigh once said that there were *three signs* by which you may know that you are growing old. The first is when you notice that all the policemen look absurdly young. The second is when you

have to ask the younger generation to explain the jokes in 'Punch.' The third is when all the members of your family appear to mumble.

Optimism

A pessimist is one who sees a difficulty in every opportunity—an optimist is one who sees an opportunity in every difficulty.

Parliament

An experienced civil servant once said that there were only *three answers* to parliamentary questions: the affirmative, the negative, and the evasive.—(*Evening Standard*).

Parliamentary Government is the substitution of the force of argument for the argument of force.—(*The Times Literary Supplement*).

Pedigree

People who are too much concerned with the pedigree of their forefathers are apt to be like potatoes—the best part of them is underground.—(*Under a Lucky Star: R. C. Andrews*).

Politicians

An eminent Canadian politician once stated that he owed his success to being stone deaf, so that he was unable to hear anyone's advice.

Portuguese

The Portuguese is said to be so lazy that he will not drink coffee in the morning lest it should keep him awake all day.—(*Contemporary Review*).

Post Office

The carrier entrusted with the mail between St. Austell and a neighbouring village in Cornwall early in the nineteenth century seemed to require a very long time to cover his short route. The authorities investigated and found that he was stopping on his rounds to shave or cut hair for any of his clients who desired that service.—(*Old Post Bags: A. F. Harlow*).

Property

If you give a man a garden without any interest in it he will turn the garden into a desert, but if you give a man a desert that is his own property he will turn the desert into a garden, such is the magic of property.—(*Arthur Young*).

Publicity

A girl once explained the difference between printing and publishing: 'You may print a kiss on my cheek,' she said, 'but you must not publish it.'—(*The Laughter Lover's Vade Mecum*).

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