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EDITORIAL

EFFECTS OF SUN'S RAYS

THE Sun's rays consist of visible and invisible rays. The visible or luminous rays are the light rays which we see, and are composed of the seven colours of the rainbow, namely: red, orange, yellow, green, blue, indigo, and violet. When the light rays are passed through a prism they are disposed into these seven colours. Beyond the red and violet are invisible rays, which cannot be seen and are called Infra-red and Ultra-violet rays. The sun's rays have mainly three actions—calorific or heating effect, illuminant or lighting effect and actinic or chemical effect. Broadly speaking, infra-red rays are heat rays and their action is mainly heating; luminous rays of the spectrum give us the light, and ultra-violet rays are concerned with chemical action and, in larger doses, are irritant and destructive of tissues. Sun's rays are essential for the continuance of all life in this world.

Nothing can germinate or grow without exposure to sun's rays. It is no wonder, Aryans worshipped the sun as God. Hindus too have given great prominence to the sun as life-giver. It is an undisputed fact that tropics are the most fertile part in the world. It is because we have the maximum hours of sun's rays. Plenty of sun shine and rain are conducive to abundance of vegetation, crops and animal life. As we go farther from the tropics towards the north or south, rain-fall is meagre, vegetation is scarce and fertility is poor. At the freezing South or North pole, where there are six months continuous nights, the ground is all covered with one sheet of ice, with no vegetation and few animals.

Knowing full well the benefits derived from sun's rays, we still dread the approaching hot summer days and curse the heat of the life-giving sun. Excess of heat and light are,

however, harmful to our body; when the living tissue gets over-heated, katabolism increases with the result that the waste products accumulate more rapidly than the system can deal with. These accumulated katabolic products damage the delicate nerve centres. Moreover, excessive atmospheric temperature upsets the heat regulating mechanism of the human system. In healthy persons, heat production and heat loss balance each other, irrespective of the outside temperature. Heat is produced in the body by work, and excess of heat is got rid off by radiation, conduction and evaporation, and a normal temperature is maintained by regulation of heat production and heat-loss.

When the outside temperature is high, the heat lost by conduction and radiation becomes negligible, the system resorts chiefly to evaporation through the skin and sweat glands. When this evaporation is also impaired by a high degree of atmospheric humidity, the system is unable to regulate the heat maintenance, and break down occurs. This is the cause of heat-prostration or heat-exhaustion, heat-cramps and heat-stroke or sun-stroke.

Heat-Prostration or Heat-Exhaustion. This is characterised by a sudden attack of fainting with a preceding feeling of giddiness or dizziness. The face may be pale, shrunken, bedewed with sweat or it may be suffused or even cyanosed with congested eyes. In children, when exposed to hot sun, it may be ushered by convulsions. The child will complain of poor appetite, headache, hot skin and suppressed sweating, and low temperature may last for some days. Predisposing causes for these conditions are generally the run down condition of the patient due to previous attacks of malaria, filarial fever or any debilitatory disease like syphilis or dysentery or addiction to alcohol or narcotic drugs. A dirty or unhealthy skin may also prevent

sweating and evaporation, interfering with the regulation of body temperature. An unsuitable tight clothing is an important pre-disposing cause. Treatment is to remove the patient to a cool, dark and quiet place. Strip off all tight clothing. Dash some cold water on the face. If the temperature is subnormal, warm packs all over the body and friction with massage should be undertaken. If the sweating is suppressed, hot vapour baths may be effective.

Heat-Cramp.—This is caused by dehydration due to continued exposure to high temperature plus some other toxic products produced internally. Cramps of muscles like the calf muscles, abdominal muscles and muscles of the trunk and upper limbs are quite common. They affect generally those muscles that are commonly used. Muscular spasms like those in tetany start suddenly and the patient winces with pain. To afford immediate relief, rest with warm-bath and mild sedatives will do good. Later on, dehydration may be remedied by giving more fluid intravenously or by mouth.

Heat-Stroke or Sun-Stroke is an acute disease with a sudden onset characterised by hyperpyrexia and shock, brought about by exposure to direct solar heat or sun's rays and high atmospheric humidity. Predisposing causes are the same as for heat exhaustion, namely debilitative diseases, alcoholism, tight-fitting clothes etc. The patient suddenly faints or falls down, the skin feels very hot and the face flushed. The temperature may shoot up to 110° F. There may be premonitory symptoms of giddiness, frequent passage of small quantities of urine, dryness and heat of skin and thirst. There may be also gastric symptoms like vomiting and diarrhoea. More commonly cerebral symptoms like coma, delirium and convulsions etc. supervene. Treatment must be prompt and energetic, if you want to save the patient.

Loosen the clothes, carry the patient to a cool, quiet place; spray iced water over his body and fan him vigorously to reduce the temperature. Iced enema may also be given. Constant massage of the limbs must be done to maintain circulation. When the rectal temperature comes down to 102° F., an ice cap to the head is all that is necessary. Stimulants and frequent sips of water are given freely.

Prevention is important. During hot weather, vigorous exercise

should be forbidden, and wearing of light clothes should be encouraged. Plenty of water should be taken and head must be protected with an umbrella, a pith-hat or a big white marvadi turban. The diet should contain plenty of fruits to maintain the alkali reserve and Vitamin C content of the body, and less proteins. Vitamin B, for its regulatory action on the gastro-intestinal tract and its action on the nervous system, should be taken in proper quantities along with the diets.

HOW TO FORM GOOD HEALTH

By B. P. SINHA, Sonapur, Bihar.

WE should remember an ambiguous saying in English, namely; "Drink your solids and eat your liquids." It means, one should chew one's food so thoroughly that it becomes nearly liquid in the mouth before swallowing it and 'eating the liquid' simply means drinking the liquid very slowly. One of the principal causes of indigestion and dyspepsia is not chewing our food thoroughly.

It is a notable fact that if the food is chewed thoroughly and tested completely, the quantity of food generally taken by us is diminished considerably. Most of us take too much of food than is necessary for the body. The extra amount of food is converted into poison and injures the health slowly but surely. Really, most of us die of over-eating. We should bear in mind, 'To lengthen our life, we should shorten our meals.'

The man who wants health but does not want exercise, is well nigh asking for the impossible; for health cannot be divorced from physical activity. The human body cannot be kept in an efficient and normal condition, if its muscles are not exercised.

It is, therefore, essential that a systematic and well regulated exercise should be taken. It will produce real enthusiasm for every-day tasks and generate a reserve of energy and stamina on which we may draw every amount of our life. The man who follows a regular programme of exercise banishes that tired feeling, of which so much complaint is made now-a-days. By exercise, a man can fortify his body in a natural manner and thus avoid disease. The exercise taken should, however, be of an agreeable and not over-fatiguing nature. It is not necessary that all should be religiously following a particular system of exercise. Much scope in this matter is permissible to each individual to find out for himself the best course of exercise suited to his own case.

Thus, on these two things, it is essential for us to take care if we have to live happily in this transitory world. We should dispel our ignorance of taking and choosing food. Here, I quote a well said poem :—

"Better hunt in fields for health unbought,
Than fee the doctor for a nauseous draught.
The wise, for cure, on exercise depend.
God never made his work for man to mend."

—Dryden.

The Necessity for the Changes of Environment

IN THE

Treatment of Mental Cases

BY

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THE atmosphere in which neuroses and psychoses flourish is not at all suitable for carrying on treatment of a mental case. Such vitiated atmospheres are frequently found in our very hearth and home in India. Here, we come across heads of families who pay scant consideration for others, who are in the family circle, demanding sympathy and privileges for their own selves at the expense of others. Here, we also find spoilt children who must have their own way on all occasions and they are given indulgence by grandmothers and aunts. Both of these are instances of introverts and they are delighted by being the centres of attraction. Then, the Indian wives and widows are examples of the extrovert type of personality; their lives are meant for sacrifice—they must not enjoy. When the latter are ill, they are not half as much distressed for their own selves as for the dislocation of the works of the household which will inconvenience others; they think that others should not suffer for their ailments. It must be brought to the notice of all concerned with mental cases that neither of these situations is congenial to treatment.

In most cases, the child's behaviour is a reaction to its environment, surroundings and particularly to its parents. It is a difficult task for the general practitioner to become a friend of the parents to a degree sufficient to impress upon them that a change in their behaviour and attitude will bring in the desired change in the child. For this reason too a change of environment for the time being is beneficial and, in the meantime, attempts are to be made to adjust

the attitude of both the parties to proper orientation. Here also, new difficulties crop up in India; husbands, wives and parents are not infrequently averse to separation from a relative who is suffering from mental illness. Their main objection to the transference of the patient to a hospital being that they themselves would not be accommodated there. But, it must be remembered that in the treatment of mental patients, a change of the personal environment is more urgent than mere change of places. The benefits which are derived from the removal of the person to an institution, a firm in the country or a hill station, would be nullified if some of the relatives of the patient, whom he dislikes at heart, are allowed to accompany him to those places. This particular point should be stressed by the physician when he advises the shifting of the patient from his home to the hospital or a country-side town, and he should not be afraid of speaking the truth, though apparently, it is a cruel order.

Once this change of environment is decided upon, the patient should be placed in the charge of such persons who are accustomed to tackle mental cases. There are several advantages in this procedure.

(a) When a person suffering from a mental disorder is treated at home, he becomes the centre of attraction of many persons around him; on the other hand, if he is admitted into a

hospital, he is regarded as only one in a group of persons afflicted with similar maladies, and he does not feel ill at ease.

(b) Further, he is taken care of by such attendants who have got experience in handling mental cases, and this in itself has a soothing influence upon him. Moreover, it is difficult for ordinary people to assess the importance of the individual symptoms—they might lay too much stress on some trivial point, forgetting to note down such items as the quantity of food the patient has taken, the amount of sleep he has had, or the masked suicidal tendency the patient has got.

(c) In an institution, the patient gets the advantage of constant supervision and attendance by experts, whereas, in contrast to these, under home treatment, only one round daily by the medical practitioner is a very meagre arrangement indeed.

(d) The regularity and routine followed in an institution create some good habits in its inmates regarding the taking of meals, receiving baths, having sleep, opening of bowel, training in occupations suitable to the patient and so on.

(e) Here, the patient can neither find the opportunity to brood over his domestic affairs nor can he indulge in his financial worries which are so detrimental to treatment—In other words, he gets that sort of peace and rest of the mind which are so essential for recovery.

(f) Lastly, here the patient sees with his own eyes that some patients leave for home after being cured and compares his own case with those of others and is satisfied to observe that after all his condition is not as bad as of some other patients in the institution. This kind of impression (positive suggestion) has got much to do with his ultimate recovery.

It is an established fact that very few so-called specifics for insanity are in use in mental hospitals (and most of these specific medicines have got to prove their worth yet), still the sum total of the effects of the aforementioned items of treatment does much good to the patient. Apart from the timely administration of some sedatives and laxatives, very few medicines are of use to the patient.

When the acute phase is passed, then we have to solve another difficult problem and that is the question of rehabilitating the patient to his normal environment. Truly psychotic cases may not be able to face the realities of life even after the subsidence of the episodic illness. For them the environment has got to be modified according to their necessity i.e. they have got to lead a partially shielded life. Psychoneurotic cases on the other hand can be made to return to more or less normal existence with the help of psychotherapy and it is here that the psycho-analyst has to prove his merit.

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Laughter

Strange, when you come to think of it, that, of all the countless folk who have lived before our time on this planet, not one is known in history or in legend as having died of laughter.—*Max Beerholm.—Illinois M. J.*

DUST

By

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Burdwan, Bengal,

DUST is one of the various important factors which influence our health. Every body has some idea of dust as a sort of uncomfortable nuisance due to the presence of small particles of suspended matter in the air. In this article, I propose to examine their nature in detail with reference to their harmful effects on our system, and then note and suggest means and contrivances for the preventing, as far as practicable, of the effects caused by them.

Dust is one of our chief environments. Where there is life there is dust. There is dust everywhere, in the sky and on the earth. Fine particles of various origins float in the air and these constitute the dust. When they are not in sufficient numbers, we cannot see them, but these become visible if a streak of light brightens them. For example, if a streak of sun's rays enters a dark room through a small aperture, the dust is visible floating into air. When the particles are sufficient in number we see a "cloud of dust".

The dust may be of animal, vegetable, mineral or stellar in origin, and, therefore their classification will be as follows:—

1. **Animal Dust.**—These consist of fine particles of wool, silk, leather, dried sputum, dried dung, hair, emanated particles from animals and human beings, dried crusts of ulcers etc.

2. **Vegetable Dust.**—These consist of fine particles of cotton, jute, flax,

hemp, wood, flour, pollen grains in flower, etc.

3. **Mineral Dust.**—Quartz, flint, granite, coal, iron, lead, etc.

4. **Stellar Dust.**—When any mass is drawn by earth from any stellar body, generally it is oxidized and the fine particles remain in the atmosphere as dust.

The effects of these particles of dust on human beings are also different.

(1) The animal dust generally causes catarrh of the air passage, but if it contains active germs of specific diseases, the effect is dangerous and may produce the specific diseases.

(2) The vegetable dust is more harmful and may cause asthma, bronchitis and pneumonia.

(3) The mineral dust often predisposes to tuberculosis, of the boys specially, if it contains silica.

Dust is the normal constituent of atmosphere. It does not cause any harm generally, except when it is present in excessive quantities. It often mechanically irritates the mucous membrane of air passages. Sometimes, the dust particles are deposited in lung tissue, when it remains lodged for a long time. These deposits in the lungs are different in character according to the source of the origin of dust. These deposits are often found in autopsy. When it is due to deposits of coal dust, it is called Anthracosis; when due to iron dust, it is called Siderosis; stone dust causes Silicosis; vegetable dust causes Byssinosis.

Smaller the particles of dust, the greater is the harm. The dust particles when under $12\ \mu$ in size, are really dangerous, and metallic dust is more dangerous than the vegetable as it is sharper in nature. The particles irritate the mucous membrane and

have corrosive action upon it and thereby facilitates the infection of T. B. and other germs. The effect of dust may be classified as follows:—

(1) Mechanically obstructing air passages.

(2) Irritating mucous membrane of the air passages.

(3) Conveying toxic substances with the particles.

(4) Conveying organisms with it *e.g.* bacteria etc.

(5) Irritating skin, nose, eyes etc.

Air is constantly vitiated with dust and the workman suffers most, engaged in dusty trades. They both inhale and ingest dust, which often causes irritation and injures the health. The trades which are very dusty not only affect the workmen but also the public in general: and therefore no dusty trades should be allowed within a city. The grinding and polishing machines; the oil, cotton, jute and flour mills; the mineral industries; the brick fields and pottery works; the lime, cement, surki and coal godowns; etc., are the common examples of such dusty trades.

The modern transport of motor cars and the railway carriages does not only vitiate the atmosphere with dust but is also responsible for many deaths due to different diseases caused by them and due to accidents. The occurrence of burrow pits, blind nallas, easy transference of disease-carrying insects and infected persons, cause Malaria, Kala-Azar, Plague, Cholera and various other diseases. The widespread of epidemic, say of Cholera, now-a-days, is a common occurrence after a pilgrimage, due to the so-called benefit of the railways. Leaving aside this aspect of the question, the dusty atmosphere caused by them is a nuisance. None pays heed to the injurious effects of the smoke of a railway train. It is dusty, soils the linen and the body, it often causes injury to the eyes, causes cold due to the irritating effect of the respiratory passage.

When a person gets cold after a train journey, it is often attributed to exposure; but I think it is mostly due to the irritation of nasal mucous membrane. Moreover, this smoke from the engine is not only disgusting, but the injury received from it, is obtained after a fair price is paid for the journey, to the Railway Company. I would suggest to remove this smoke nuisance. At present, some railway companies have introduced air conditioned carriages but the poor people,—that is, most of the population of our country,—are still unfortunate enough not to be able to use such a carriage. Will the Public Health Department mind to this injurious effect of smoke nuisance of the railway engines? The rate payers of the cities and the towns are spending thousands of rupees for alleviating the dust of the roads by watering and tar-painting, but what steps are taken to prevent the wrongdoers from making the atmosphere so dusty? It is not possible for hygienic reasons, to keep all the windows of railway carriages closed; and the passengers with paid tickets suffer most. The worry of the common folk is thus always neglected, only to enrich the rich people. Though road-cess is paid, the villagers suffer from knee-deep road dust and from clouds of dust after a car passes through a village with its grandeurs; though heavy tax is paid, the citizens suffer from dust of rich trades, and of roads of poor localities; though fare is paid, the passengers suffer from dust of the engines. Of course, these troubles are mostly the lot for the poor people!

Prevention.—Dust nuisance can be prevented in two ways. First, by preventing dust from coming out from its source. Secondly, by preventing dust from entering into habitation. In fact, dust cannot be absolutely prevented as it is an integral part of the world, but the nuisance of dust can be prevented by certain means, and this is necessary to improve the sanitation and public health of a country.

The roads should be painted and

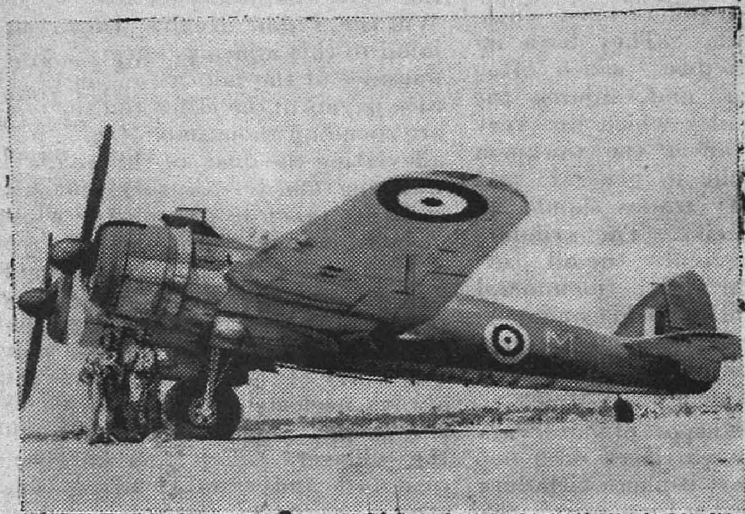
oiled. The roads also require flushing with water. The automobile vacuum cleaner is a nice machine to remove dust from street. These are possible only in cities. In small towns, asphaltting the roads has minimised the dust to a great extent. Watering of the roads should be adequate, and the general sweeping of the street should be done at least twice a day; and men should be engaged to pick up dung etc., throughout the day. The vehicular speed should be enforced to a maximum of 5 miles per hour.

The dusty industries should be at

requires serious attention. My suggestion is to prolong the smoke pipe downwards with inflow of waste steam in it, so that inflow of air would push the smoke onwards, and the water of the steam would prevent the smoke from freely spreading into the air.

In residential quarters and in offices, there should be trees a little away off to catch dust. The floors may be painted with wax; or linen, soaked in oil, may be spread on the floor. The floors should be scraped with soaked rubber or linen. The windows should have double panes,

so that it would not hinder ventilation, but would prevent entry of dust. General cleanliness of the rooms is also essential. In an improved way, the ventilation may be done by a propelling fan. The inlet air, passing through water, and distributed in the rooms. There should be large glass



"Beaufighter" Britain's Giant Fighter.

The new R.A.F. twin-engined "Beaufighter" aircraft, having a range of 1,500 miles, is now in operation in the Middle East Command. Carrying a crew of only two, the pilot and the observer, it is one of the most heavily armed fighter aircraft with the R. A. F.

least half a mile off, from the town, and there should be proper ventilation of the rooms there, with dust-catching appliances at the outlets of ventilation, and proper cleaning of these places should be enforced. Electric fan devices should be enforced. There should be arrangement for washing the air with water sprays. In motor cars there should be some appliance fitted to the outlet of the silencer pipe, to prevent dust from coming out of the outlet pipe.

In railway engines, the matter

panes in the wall, for proper lighting; and there should be curtains in the doors; and the doors should be kept closed as far as possible with automatic hinges with springs.

Enforcement of Smoke Ordinance is required. The burning of ordinary coal should be prevented and facilities should be given for smokeless fire for cooking and other purposes. When ever there is a steam coal engine, the chimneys should be sufficiently high; and mixture of steam with the smoke at the outlet, should be enforced.

THE CULTIVATION OF COURAGE

By LACHLAN GRANT, M.D., D.P.H.

THE bravest heart will have its lapses from the heroic attitude to life, and yet it should not be numbered with the cowards, for as Mardth said "Perfect simplicity is unconsciously audacious" and,

"The bravest are the tenderst,
The loving are the daring".

With inherently brave men, bravery never goes out of fashion. Whether

spiritual impulses and humanitarian ideals, and it grows by kindness in another's troubles and courage in our own. In "Coningby", we are counselled to nurture our minds with great thoughts—"To believe in the heroic makes heroes". And Amiel said, "Heroism is the brilliant triumph of the soul over the flesh, there is no real piety without heroism". The

inculcation of courage in the young is of the first importance, for the philosopher has said: "Without courage there cannot be truth, and without truth there can be no other virtue."

If some are "cowards on instinct" and nothing can ennoble them, it should make us all determined to do



Britain's Indian Army in Action

A Sikh Regiment who fought brilliantly during the Lybian Campaign is here seen stoically fulfilling their call of duty in the Eritrean deserts.

acting stoically a silent and desperate part or in the turmoil of life's battle-front facing fearful odds, the man of true metal requires no poisonous potion or strident artificial urge to goad him on to brace endeavour in fulfilling the call of duty. Heroism is a collective form of moral force generated by high

our own part and instil into youth the principles and motives that go to the making of brave men and women. *After all, despondency and cowardice are mental maladies and, as in the case of ordinary physical diseases, prevention is better than cure.—Medical World.*

A Study in Suicides

By

—DR. S. A. SUBEDAR, L.C.F.S., R.M.P., West Kathiawar.—

THE problem of suicide remains one of the unsolved mysteries of human nature. It is a perversion of the instinct of self-preservation. Whether the action of a man, who ends his life in a fit of temporary insanity, is justifiable or not, wiser heads shall judge. The increasing misery of a large number of people has led them to end their lives. Whatever may be the motives, suicide is a social malady and its increase is an ill omen.

Legal aspect:—It is a felony if the act is committed by a man who has reached the age of discretion. If two persons agree to commit suicide together and one of them survives, he is guilty of murder and may be hanged.

Age:—Suicide under five years is unknown. It is rare under ten years. A young girl in Paris committed suicide because her parents did not give her sweets. In U.S. of America, a boy aged twelve years drowned himself, because his parents did not allow him to go to a cinema. Onset of puberty may be one of the factors.

Season:—A great number of suicides in India occur in spring and in early summer. In England and America, more men attempt suicide in April than in any other month, and more women in August. Exposure to cold renders the resistance of the body low and consequently, the body becomes an easy prey to functional disturbances.

Occupation:—Suicides are found to be the highest in soldiers, doctors, chemists and lowest in clergymen and sailors.

Time:—Suicides mostly occur in

the forenoon. Night suicides are rare. This is due to the instinct to attract attention. Thus, a man will write flam-boyant farewell

letters and funeral directions. In fact, "Their life is a mask and their death a pose."

In Germany, sixty cases of suicides are reported daily. Japan comes next: 1600 cases per year in New York, In U. S. A., San Diego, California, gives the largest number. In Bombay, the number of suicides per year is 130. In Calcutta, 128: In Madras, 83. In British Isles, 14 cases of suicides are reported daily. In India, the number of females committing suicide is comparatively lower than that of males. In Europe, Moore analysed 1147 cases of suicides. He found that 616 were females and 531 males. The attempts of males are more successful than those of the females. Another observer has found that in females, attempts at suicide are commonly made during a menstrual period, especially on the first day. In India, cases of suicides are given undue prominence by the local papers and are described as sensational news.

Usual forms:—The most usual forms are poisoning, drowning and hanging. In males, the most popular forms are hanging and poisoning. In females, drowning, hanging, jumping from heights and setting fire to the clothes.

Causes:—Inability to adapt oneself to the surrounding circumstances, monetary difficulties, self punishment, disappointment in love matters, frustration of sexual desire etc. A well-to-do man of advanced age in Jetpur married a young girl. Only after a month of his marriage, he was found with a deep wound, self inflicted on his neck. Cases, have been recorded where lovers entered into a death pact

and ended their lives clasped in an eternal embrace. Physical pain, pain of sarcoma, tic, fear of insanity, extreme thirst, bankruptcy, dismissal and exposure of fraud, are some of the causes in males.

In females, ill treatment from the mother-in-law : although no male has ever committed suicide owing to the treatment of his mother-in law. Neither is there any case on record of an European woman who has committed suicide owing to this sort of ill treatment. Loss of a child and the habit of *suttee* ; unmarried women sometimes commit suicide in order to avoid social disgrace.

Henderson believes in the constitutional predisposition to suicide and is unwilling to put all blame on the social causes. He never saw any one committing suicide who was of sound mind. He maintains that only people suffering from mental disorder commit suicide. According to him, melancholics should not be left alone.

Varieties :—Suicide by custom. In olden days, relatives of a ruling monarch committed suicide after his death in order to keep him company in the next world. This is proved by the archæological excavations from the tombs of Pharaohs of Egypt. When the "Mikado", the late Emperor of Japan, died, some of the courtiers and near relatives of the Emperor considered it a high privilege to accompany him to the next world and committed suicide. Even now, in Japan, instances are frequent where a man in a fit of religious or patriotic frenzy, performs "Hari Karri", a ceremony in which the devotee plunges a sharp sword in the abdomen till he dies. The ceremony is conducted with great show and elaborateness. We have also heard of creditors who have smashed their brains out, on the threshold of the defaulting debtor.

Political suicide :—Mr. Mac. Sweeny, the Mayor of Cork in Ireland, committed suicide by undertaking a fast.

During this period, he took nothing but water. He died on the 73rd day. This form of suicide by fasting unto death is now-a-days undertaken by political prisoners in order to create sympathy in their cause. We also hear of prisoners in jail resorting to this method as a protest against jail routine and regulations. Mr. Gandhi, the greatest apostle of non-violence creed, has, on several occasions, undertaken a fast for the sake of eradicating social evils or as a penitence for the sins of others. Few are capable of following this philosophy.

Religious suicides :—A form of self destruction indulged in by the devotees of "Shiv." They dedicate their lives to the hero of their faith, inflict severe injuries on their bodies—at times severing their necks from their trunks, or allowing themselves to be crushed under the huge chariot-wheels.

The highest rate of suicides is found in Protestants and the lowest in Roman Catholics. It is common in alcoholics and epileptics. It is a wrong belief that melancholics never commit suicide.

In Germany and New York, there are regular offices where expert advice is given to these maniacs in order to prevent them from committing suicide. In England, the Coroner and the papers are strictly prohibited from expressing and publishing any irrelevant and unnecessary remarks in connection with the case. Salvation Army has also done a great deal in preventing people from committing suicide.

Is suicide justifiable? :— It is not found in lower animals. It is, therefore, an acquired characteristic of mankind. It is anti-social.

At the inquest, the man who committed suicide is described as having ended his life in a fit of temporary insanity. If he survives the attempts, he is imprisoned. The plea

of insanity is then overlooked. The law requires to be changed. Punishment in such cases does not improve. Reform and not retribution is the solution.

Henderson believes that a combined effort, in which all the resources of the community can be utilized, should be undertaken. This will

modify the occurrence of suicide and keep it within bounds. It is certainly desirable that all hospitals and especially surgical wards, to which patients are admitted after a suicidal attempt, should make provisions for adequate, systematic and psychiatric examination and plan of treatment.

SPRING OFFENSIVE IN HEALTH WAR

DEAR readers, be careful of the spring offensive. Every year you see this Health war and you are sure to have it this year too. Be

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prepared from now. The spring, though the pleasantest season of the year with pleasant breeze, sweat scented flowers and chirping of birds, is the best period for the enemies of health to advance towards the fort of health. They are Cholera, Small-pox, Typhoid etc. Now-a-days, there is a change in the mode of war-fare. The attack now is not confined to the spring alone. They now treacherously attack the fort of health throughout the year sporadically. Nevertheless, we must not overlook the spring offensive. We must guard our forts from now against both land and air attacks. In the war of health, different types of weapons are required for different types of enemies. We must make necessary arrangements from now so that we may not get surprise attacks.

We should always be careful regarding the three 'F's, the spies. They are: food, finger and flies. They bring all sorts of diseases into the fort of our health. Of these, the flies are the most dangerous. They not only spy, they also carry with them bombs of diseases which they drop on all the articles we use. Be very careful so

that the diseases may not enter through them.

Keep everything clean and covered. Always wash your hands specially when you take anything. Don't allow any fly to sit on any of your articles. Remember, these are the salient points to fight with the enemies.

Now, guard your fort of health with the help of the anti-air-craft guns,—cleanliness, the long-range guns,—vaccination and inoculation. Keep at the entrance to your fort of health proper food (easily digestible), fresh air and pure drink. By this, I can say, you will certainly be able to drive away your enemies in no time.

Here, I shall give you some clues for fighting with the special types of enemies' columns.

'Small-pox' Regiment.—Erect the long-range guns, vaccination, from now—(i.e. vaccinate yourself), keep the anti-air-craft guns, cleanliness—take easily digestible food, keep off from the 'Spies'. Don't be frightened. You will be able to fight with them easily.

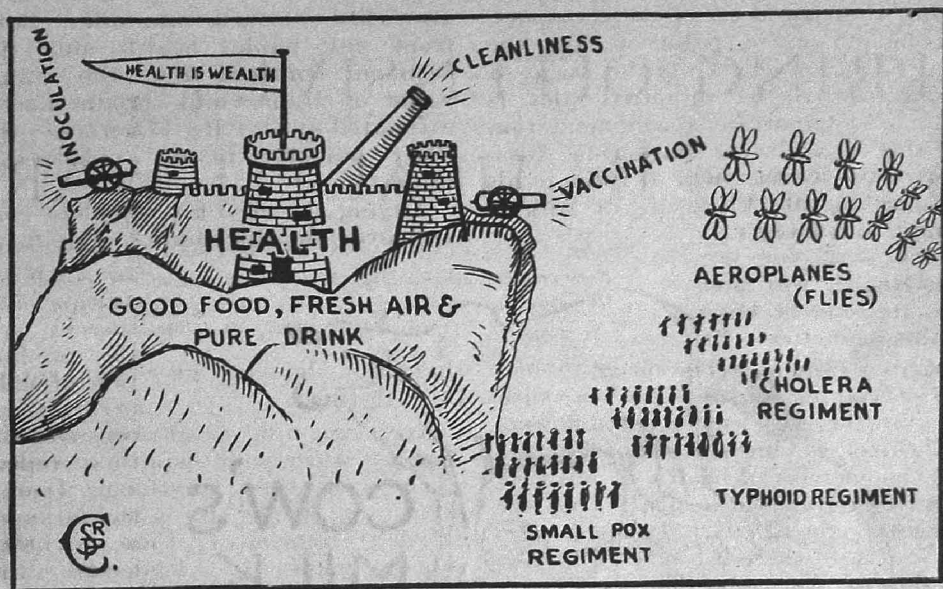
'Cholera' Regiment.—Keep the

long-range guns, inoculation and the anti-air-craft gun, cleanliness. Inoculate yourself and keep every thing clean from now. Take pure and boiled water and milk. Keep every article of food covered so that the 'Spies' do not enter. Take every thing boiled, hot and easily digestible.

then easily defeat these types of enemies.

'Typhoid' Regiment.—Keep the long range guns, inoculation; keep at the gates of health-fort pure and easily digestible food. Keep everything clean; take boiled water and milk. Avoid raw fruits. Always wash your

'HEALTH WAR'



Don't take anything from the market during the period of active warfare (i.e. when epidemic is raging); there should be complete black out after 9 P.M. (i.e. don't keep up late in the night), all sorts of alcoholic drinks and raw fruits to be avoided. Take fresh air and be bold. You will

hands before taking anything Beware of the 'Spies'. You shall then be able to resist the advance of the enemies.

These in brief are the points to be reckoned while adopting Defence Measures against the spring offensive in health war.

Eating Ice

"Many persons experience bowel cramps and gas in the abdomen when they eat or suck ice," *Hygeia, The Health Magazine* says, in answer to an inquiry as to whether eating or sucking ice is injurious to the health. "Especially in hot weather, or after strenuous exercise, taking large amounts of any ice-cold liquid is not advisable. As long as no particular symptoms are observed, the problem would seem to be one of personal taste. Some persons can tolerate moderate amounts of ice without harm."—*Illinois Med. Jour.*

Need for Reorganization of Milk Trade

Adopted from the 'Indian Medical Gazette'.

"REOrganization of milk marketing and the creation of a 'monopoly' marketing organization, to be responsible for the purchase of milk from rural areas, its transport, precessing and distribution, and the control of quality from the stage of production to that of actual sales, is the most important recommendation of the Agricultural Marketing Adviser to the Government of India, in his Report on the Marketing of Milk in India and Burma."

Importance of Milk in Diet.—He stresses the vital importance of milk of the Indian population, whose diet is deficient in first-class proteins which are easily obtained from milk. Both from the public health and the economic points of view—the annual value of India's milk production is estimated at over Rs. 175 crores—the dairy industry is of considerable importance.

Urging the need for complete control over the distribution of milk in



Both the quality and the quantity of milk available serve as an index into the state of health obtaining in the Society.

'The deplorable state of affairs existing in the milk trade of the country' he says, has been realized by many in the past, and comparison has often been seen rightly made with progress achieved elsewhere in the world... As a result of various circumstances peculiar to India—economic, social and religious—it may not be possible to achieve here all that has been achieved in other countries within the same space of time, but matters could certainly be considerably improved if the problem were tackled on the right lines.

an urban area, and thereby on the production of milk in rural areas concerned, the report says special legislation, of a provincial nature, will be necessary as 'although there is an element of compulsion in the suggested

monopolizing of the milk business, this appears to be the only way in which both producers and consumers can be protected.'

Stricter Control over Quality.—The report also urges the necessity for the revision of standards of purity and for the more vigilant control of the quality of milk. 'Most milk,' it states, 'is distributed under filthy conditions—enough to create a dislike for milk in the minds of many consumers... There is a strong feeling amongst consumers and progressive milk dealers that official control of

the quality of market milk has been very lax. Adulterated dirty milk is gradually driving away pure and clean milk from the market. It is almost impossible to obtain pure milk in open markets, with any degree of certainty.

The abolition of 'mixed' milk standards, which allow scope for adulteration; the raising of the standards for 'cow' and 'buffalo' milk to correspond with the natural composition of Indian milk; the recognition of toned "standard" milk and the re-drafting of by-laws relating to the production and sale of milk and dairy products, so that they can be properly enforced, are recommended.

Organization of Collectors.—The application of co-operative principles to the assembling and distribution of milk not having produced the desired results, the report recommends that

efforts should be made also to organize the collectors of village milk who handle large quantities, and not only the producers as has been done so far.

'To improve the fluid milk trade' it is urged, 'the small and inefficient processor and distributor must be gradually eliminated. Processing and distribution in cities and towns must be entrusted to large, well-managed organizations, which can make use of every aid that science can offer and can improve the technical efficiency of their business and put on the market a high quality product.'

The cost of handling 1000 maunds of milk a day under the proposed scheme of reorganization would necessitate the investment of approximately Rs. 4,50,000. As the scheme is a self supporting one, the sum is likely to be recovered in less than 10 years.

THE MENACE OF LOUSINESS

A SKIN DISEASE PRODUCED BY LICE

Adopted from the 'Medical World'.

THE Cleansing of Verminous Persons Act is a tacit recognition of the fact that pediculosis is a menace to the community at large. The louse is ubiquitous. Its three varieties are well-known, but it is well to recall certain facts regarding each. The *pediculus corporis* is the variety mostly to be found amongst the uncared-for and the unwashed, and soldiers were often the victim of its inroads during the Great War. The lice lie hidden in the fold of dirty under-garments, but they deposit their eggs on the hairs of the trunk. It is larger than the *pediculus capitis*, and has always a dirty white appearance. The lice attack the skin, and suck the patient's blood. This causes papules, and these in turn produce intense itching. As a result of scratching, the patient's body soon becomes covered over with blood-stained crusts and linear scars. The

skin in due time becomes characteristically pigmented. The back, shoulders and neck are the sites most commonly affected by these lesions. Boils, carbuncles and other secondary infections may be readily produced. Body lice are not only a menace in this way, but they also act as carriers of disease from sick persons to sound. Typhus fever is known to be transmitted by the body lice as well as some other infectious diseases.

The *pediculus capitis* is even more commonly encountered in this country. It lives among the hairs, laying its eggs along the latter to which they are firmly cemented. The eggs are usually deposited near the root of the hair. This louse is also a blood-sucker, and causes lesions on the scalp. Itching results, and scratching causes secondary infections. In bad cases, the glands of the neck, more particularly those in the occipital

region may become enlarged, and may even break down and suppurate. This louse varies in colour with the colour of the victim's hair. They are often entirely invisible even after careful search. This variety is commonly the cause of impetigo contagiosa, and epidemics of ringworm in schools can frequently be traced to carriage of the fungus by the head louse. In elementary schools, pediculosis capitis is very common, and readily spreads from one child to another.

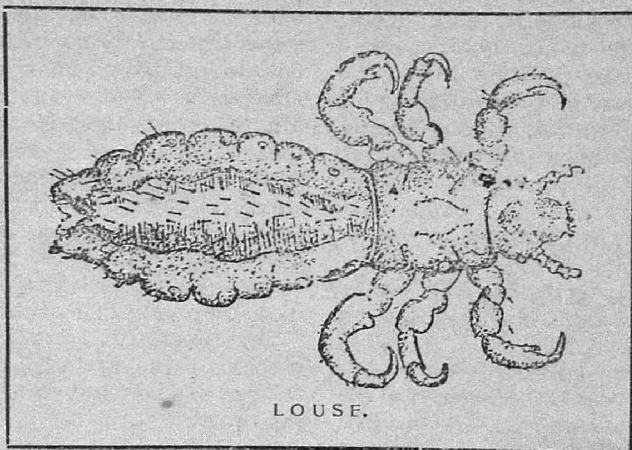
The pediculus pubis, or crab-louse, is a grayish-coloured insect, possessing claws which it fixes into the skin of the pubic region. It may also in some cases appear in the axillary regions, the eyelashes and other hairy parts of the body. It may be acquired by sexual connection and

by using an infected lavatory. Innocent persons may readily get an attack of pediculosis pubis by using a public lavatory; and too great care, therefore, cannot be exercised in avoiding such a disagreeable infection. Even lavatories which might be supposed to be quite above suspicion as regards cleanliness are often not to be trusted. Public lavatories at best can only be described as a necessary evil for which, of course, there can be no substitute.

There is an important side to the question of the menace of pediculosis, and more especially, perhaps of pediculosis capitis. We refer to the prevalence of this disease in factories and workshops, dairies, laundries,

biscuit factories, confectionary works, and even restaurants and tea-rooms. The Chief Medical Inspector of Factories' annual reports give certain statistics regarding the number of young persons who are rejected on this account. These figures, however, only apply to girls under 16 years of age. Unfortunately, the disease is also prevalent amongst boys and women over the age of 16 years. It is, in fact, high time that every female worker, especially in food factories, laundries and dairies were compelled to be medically inspected as to cleanliness, and that every

servant or waitress in tea-rooms and restaurants were brought under similar requirements. Our experience has been that our foodstuffs are handled in many cases by girls and women who are



LOUSE.

suffering from pediculosis. One young woman had been buttering bread in a restaurant for a year and a half, whose head was covered with nits. She came under medical examination, but there are hundreds of such women who do not.

It is quite a mistake to suppose that pediculosis is a disease only of the young and of females. It is met with almost as frequently in adults, and even occasionally in boys. Unfortunately, many persons are unable to distinguish nits or the ova of pediculi from scales due to dandruff. The latter come from the scalp which is dry, and they can easily be brushed or lifted off the hair. Ova, on the other hand, are cemented firmly on

to the hair and cannot be lifted off or brushed away. This is a fact which cannot be too much insisted on as we have known medical men issue certificates of cleanliness to girls and women infected with pediculosis, because ova were mistaken for scales. Nits in the hair are an absolute cause of rejection of young persons under the Factory and Workshops Act. They ought to be likewise a reason for non-employments of all persons over the age of 16, more especially in premises where foodstuffs are being dealt with.

To give a complete list of factories and shops in which pediculosis in older persons has been encountered would be impossible in this place; but we may mention the following; laundries, dairies, dressmaking and tailoring workshops, confectionery works, biscuit factories, milk shops, pickle factories, beer and wine bottling stores and upholstery workshops. These alone constitute a somewhat formidable list, but it is by no means a complete one. In fact, we believe that it is just as well that the public should remain in total ignorance of these facts. We have not included in our enumeration tea-rooms and restaurants. Our experience of these may have been unique, but we can scarcely believe that it is so. Behind the scenes in all such places are the service-rooms, not always so hygienic as one could wish them to be. Here, women wash up dishes, prepare the food, butter the bread and serve up the articles of diet. We think we can take up the challenge with perfect safety, and state that not a few of these women are suffering from pediculosis. In other words, they are not fit to handle food, and yet they are allowed to do so without let or hindrance. Why are such places not open to medical inspection we wonder. Here is a new line of investigation for the lay press and also for the Minister of Health.

We have heard a great deal from a

certain section of the press on the menace of our bathing-pools. All this is good and praiseworthy; but there is a much greater hidden menace in our workrooms, factories and elsewhere. It is the menace of pediculosis. How do women get this disease now that hair is kept so short in these days? It is just for this very reason that they do get it. In our experience many an innocent and otherwise clean girl and woman contracts the disease after a visit to the hair-dresser.

Another source of infection with the *pediculus capitis* is the well-known custom of trying on hats. At sale time, everyone is familiar with the almost mad way in which women try on one hat after another, regardless altogether of the persons who may have been engaged in a like process before them. How this is to be prevented is a problem to which we fear there is at present no solution. Women, we suppose, must go on taking the risk: but personally, we should advise a thorough shampoo with a good disinfectant on their return home. No doubt such advice would be laughed at, but it is nevertheless sound and practical in the extreme.

These two sources, however, are by no means exhaustive. Cloak-rooms may convey the infection quite readily. Infection may also be got in omnibuses, trains, taxis and the public conveyances. Even picture-houses and theatres are by no means immune. There are, therefore, many modes of infection with *pediculi*. As we said at the outset, these parasites are ubiquitous, and curiously enough, they seldom arrive on the hair, body, or pubis singly. In fact, it is safe to say that where there is a male there is always a female in his company, and *vice versa*. Pediculosis is therefore a menace, and its great danger lies in the fact that it is so often a hidden and an unsuspected one.

The Old Ones Are the Best

The horse and mule live thirty years
 And nothing know of wine and beers;
 The goat and sheep at twenty die
 And never taste of Scotch and Rye;
 The cow drinks water by the ton;
 And at eighteen is mostly done;
 The dog at fifteen cashes in
 Without the aid of Rum and Gin;
 The cat in milk and water soaks
 And then in twelve short years it croaks;
 The modest, sober, bone-dry hen
 Lays eggs for nogs, then dies at ten;
 ALL ANIMALS are strictly dry,
 They sinless live and swiftly die;
 But Sinful, Ginful, Rum-Soaked MEN
 Survive for three score years and ten!

—J. A. M. A.

Air Raids and Public Health

“THE public health considerations pursuant to the big raids on were of first-class importance. Drainage and water communications suffered widespread damage, and, having in mind the possibilities of a typhoid outbreak, it appears that locally we lived on the edge of a volcano for a few weeks following mid-November. No outbreak did in fact occur. The escape was due to the immediate application of all preventive measures (among which the work of the corporation water department must not be forgotten), the co-operation of the citizens in relation to these measures, and in part also, perhaps, to a slice of good fortune. In the three weeks following the November raid, some 17,000 persons in the city were immunised against typhoid by inoculation. This represents about 7 per cent. of the ‘preblitz’ population and about 10 per cent. of the population remaining in the city at the time. The conditions were such as to constitute an inducement to the public on behalf of immunisation, although the sharpest stimulus, namely, the occurrence of actual typhoid cases, was fortunately absent. Opinions will differ as to whether in the circumstances the response was a reasonable one. Having in mind the lack of precedents in regard to mass anti-typhoid immunisation of civil populations in this country, I regard the response as not unsatisfactory. The main point is that facilities for personal protection were there to hand for those who were wise enough to embrace them.” The universal boiling of drinking water and milk and the chlorination of the public water supply were obvious preventive measures from the first. The orders as to boiling were relaxed at the year end; chlorination continues. During the year 1941, there have also been occasions requiring the re-imposition of all anti-typhoid measures. Dr. Massey adds: “The social and environmental problems of public

air raid shelters have evoked wide publicity. But early misgivings as to their epidemiological results have so far proved unwarranted. It is indeed remarkable that, after two winters of black-out conditions and shelter life, the mental and physical health of the community should be maintained at so satisfactory a level. The findings, however, do not invite complacency, for we have far to travel yet.” A complete local scheme is in operation whereby medical and nursing attention is available at all the larger public shelters.—*Medical Officer.*

Health and Hygiene Problems of Evacuation

DISCUSSING the problems met with in rural and semi-rural areas due to the war evacuation from English cities, Peterson J. J. writes in the *Jour. of the Royal Sanitary Institute*: Infectious diseases followed very much their normal course without epidemic prevalence. Other health problems might be divided into two classes, those concerned with minor ailments and those concerned with mental hygiene.

The minor ailments, usually treated at home, took on a more serious aspect from the crowding and strangeness of the surroundings. The sanitary inspector located quarters for treatment centres. For the more severe cases a hostel or sick bay was necessary. These centres also served for cleansing and disinfecting not only individuals but clothing, bedding and so on. One of the most difficult problems was the city family in the rural area without convenient water, gas, bathing and toilet facilities. Again the sanitary inspector met the need by arranging central wash-houses.

Deeper than these difficulties were those of the mental hygiene group, lack of adaptation, wanton mischief, petty pilfering. These were treated as far as possible from the standpoint of the psychologist and not the police service.

Lessons for the future are all too plain. Too much cleaning has been done for the people, that should be done by the people. It should be an offence to send filthy children or those suffering from infectious disease to school, compulsory cleansing orders should be served on tenants, and the domestic amenities and conveniences enjoyed by the town dweller should be made available in the country.—C.P.B.—*National Health Review.*

War and Disease

WHATEVER the outcome of the present war, we may be sure that disease will be the final victor, accounting for the largest number of victims and carrying on its deadly work long after the voice of the last gun has spoken. It has been said that the last war was

exceptional in that for the first time the number of casualties from military action exceeded the number of victims of disease. That may have been true of certain armies during the period of hostilities, but it is emphatically not true when the victims of disease among the civilians are taken into consideration. Every war produces conditions favoring the spread of disease, of which mass movements of population is one of the most important. In preparation for war the strength of armies is increased by recruits from villages and agricultural districts as well as cities. The former fall ready victims to such diseases as measles and mumps, meningococcic meningitis, and the pneumonias.—FRANK BOUDREAU, M.D., *N. Y. State Jour. Med.*, (July 15) 1940.—*Minnesota Medicine*.

What Not to do In a Sick-room ?

1. Do not wear an inconvenient dress—but have something simple.
2. Do not take your food in the sick-room.
3. Do not be afraid of fresh air.
4. Do not whisper in a sick-room.
5. Do not walk about in a stealthy way or on tip-toe, and always have soft-soled shoes on, nothing that creaks.
6. Do not discuss about the health of the patient before his face—be hopeful and cheerful.
7. Do not give any medicine without first looking at the label to make perfectly sure that it is all right.
8. Do not act upon your own judgement in defiance of the doctor's orders.
9. Do not be alone with a delirious patient.
10. Do not be fussy in your ways.
11. Do not have any noisy occupations in the sick-room
12. Do not neglect the personal cleanliness of the patient.—*Indian Medical Record*.

Feet

WE don't die of foot troubles and they are not infectious; so the public health service has hitherto taken little interest in them. As feet are usually enclosed in opaque and inflexible cases and as inspections have to be done quickly, and the removal of boots is inconvenient, the school medical service gave precious little attention to feet until recently. The orthopaedic surgeon, when he entered the team, did take interest in feet, possibly more than was desirable; for most orthopaedic surgeons are artists and there are exceedingly few human feet, save those of infants, which are beautiful. But the essence of beauty is perfection of form for perfect function, so ugliness and incompetence go together and the surgeons are right in averring that even in children only a very small percentage of feet can pass muster. So interest in feet has been aroused and the treatise by Dr. E. H. Wilkins which appeared in THE MEDICAL OFFICER of 5th July, and four following weeks should do much to stimulate this growing interest and lead to the inspection of feet—

bare (and if possible, clean)—being made an integral part of routine school inspection. The Board of Education has urged this, but not insisted upon it, so though it is done in some districts, it is far from general.

We draw attention to the fact which Dr. Wilkins mentions that human feet, like everything else appertaining to our species, are subject to physiological variations, so the perfect artistic foot of the Greek sculptors would be met with but rarely. It is to be noted that the Greeks did not give their statues a standard pair of feet, but gave them variations, all of which are physiological, to conform with the sex, age and build of their owners. We must also bear in mind the evolution of the human foot to become a structure of stance and locomotion only, and that therefore it is normal for the toes to be almost immobile and the elaborate musculature of the sole nearly functionless. The toes are not without function and what Dr. Wilkins says of the great toe should receive particular attention, for though it is rare to see a great toe which does not deviate to the outside there can be no question whatever that this deviation is disadvantageous and therefore not due to evolutionary action.

"But feet, in the main, are due to poverty—poverty of nutrition, poverty of footwear, poverty of rest, poverty in the broadest sense." To these may be added poverty of exercise, for no structure can develop or maintain efficiency unless it is fully utilised. Dr. Wilkins draws attention to what everybody can find out for himself, that children very rarely complain of their feet even when they are badly deformed. This is probably due to the greater surface of the feet in children than in adults in comparison with the weight they have to carry.

School medical officers particularly should be grateful to Dr. Wilkins for giving them a lead to do something which is worth doing, and for condensing in small space a vast mass of information which is scattered throughout the literature and has not heretofore been presented to us in a digested form.—*The Medical Officer*.

Surgical Treatment of Tuberculosis

THE trend toward surgical treatment of tuberculosis is perhaps the most significant and far-reaching change which has come about in the tuberculosis hospital field. This has involved changes in design and equipment of the hospital, in the organization by the staff, in provision for nursing of surgical cases, and development of closer relations with general hospitals. Wherever the tuberculosis hospital is not prepared to meet the demand for better operating rooms, laboratories, and roentgen ray equipment, the facilities of the general hospital must be utilized.—*Editorial. Penna: Med. Jour.*, March, 1940.—*Minnesota Medicine*.

The symptom complex which is commonly called the onset of tuberculosis, is not the onset but the stage of active progression, characterized by cough, fever and night sweats. Esmond R. Long, M.D.—*Illinois M. J.*

Prevention of Cancer

CANCER does not as a rule develop in the previously healthy tissues. It usually has its origin in organs affected by chronic irritation, inflammation or other disease which may have been persisting for months or years. The incidence of many cases of cancer of the skin, mouth, breast and uterus can actually be prevented if the chronic ailments and other conditions of these organs which form the prolific centre for development of cancer are properly treated in the early stages and removed. The small scaly and slightly pigmented patch that appears on the face, especially in the old, demand immediate attention as this may become cancerous. Some of the flat black moles existing from birth are dangerous especially when these are located in places subjected to repeated injury and irritation. If these are treated surgically such moles and similar skin defects must be widely and completely removed. Workers in crude petroleum, paraffin, tar, arsenic and radium and X-rays should observe extreme precautions to guard against the possible occurrence of skin cancers. Bad teeth, excessive use of tobacco and the habit of betel chewing, syphilis and other chronic infection are responsible for many cancers of the mouth. As these conditions are quite remediable, mouth cancers are largely preventable. The importance of good dentistry and good oral hygiene in this connection is obvious. Cancers of the breast, are very often associated with chronic inflammatory conditions of that organ. Any abnormal discharge from the nipple must be regarded with suspicion and a competent physician's advice should be obtained without delay. The lump in the breast is always serious and it is impossible to be certain that it will not become cancerous if it has not already become cancerous. Its removal and pathological report after microscopic examination is the safest procedure when this is carried out by the diathermy knife.

Cancer of the neck of the uterus is frequently preceded by chronic inflammation of that organ resulting from injuries due to child birth or from some form of chronic infection. The proper and timely repair of such injuries and the removal of such inflammatory conditions will go a long way to prevent the occurrence of uterine cancers. In fine, prevention of cancer depends upon the timely recognition and removal of these conditions which are definitely known to favour the development of cancer. A periodical physical examination of every year after 40 by all physicians who are familiar with the pre-disposing causes and the early signs of cancer will do much to protect an individual against fell disease. In women, a thorough pelvic examination should be included specially if children have been born. Now, coming to the present, he who has had cancer and has been successfully treated, it is exceedingly important that the advice of the physician with regard to reporting for periodical examination be most carefully followed in order to detect promptly a

possible recurrence of the disease.—By Rao Bahadur. Dr. M. J. S. Pillai, L. R. C. P. & S. (Edin.) L. R. F. P. & S. (G). D. R. (Edin.) F. F. R. (Lond.) Madras.—*Medical Digest*.

The Story of Eye-glasses

THE origin of eyeglasses is lost in antiquity. Lense-shaped crystals have been found in Egyptian tombs and among the ruins of ancient Greece. It is thought that Nero used an emerald lens to watch the gladiatorial contests in the Coliseum. Although it was known for thousands of years that objects could be magnified by viewing them through certain lenses, their use as an aid to vision was not appreciated until the thirteenth century of this era.

Many believe that the Chinese were the first people to wear eyeglasses. There is a legend that once upon a time there lived in a sacred mountain the "worthy genius Cho Tso." He made crystals from the golden sands in the streams and enclosed them in frames fashioned from the shells of sacred tortoises. The wearers were blessed with long life and good fortune. When Marco Polo visited China, he was presented with a pair of spectacles. He considered this one of his prized possessions. The wearing of eye-glasses in those days was dictated by fashion and not by the needs of the eyes.

In 1276, Roger Bacon published in his "Opus Majus" the first description of the convex lens as an aid to vision. From that time on, frequent references to eye-glasses appear in literature. In the Middle Ages, they were worn chiefly by the clergy, who were almost the only persons who could read or write. If one visits the Church of San Nicola in Treviso, Italy, he will see the first painting in which spectacles were shown on a person. It is a portrait of Cardinal Ugone, painted in 1360.—*The Medical World*.

Book Review

Swasthya Siksha.—Published by the Public Health Dept. Jodhpur. Editor: J. Prasad.

We are very glad to receive this Hindi periodical, dealing with the subject of 'health' carrying the same message as our "Health".

In sweet, homely Hindi, this magazine conveys the message of healthful living through short verses, stories, illustrations and conversations, a method better than which it is impossible to conceive, especially when the message has to reach the masses: This is in itself enough to make the magazine a success. To add to this, it is an organ of the Public Health Department. The State authorities have really done well to have entertained this idea. The magazine, due to the scarcity of paper now-a-days, is smaller than it ought to be; nevertheless, we wish the Magazine every success in its endeavours to live a long life of yeoman service to the lay masses.