

## Home Doctor

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### BRONCHITIS

Bronchitis is the name given to any inflammation of the mucous membrane of the bronchial tubes. In a fairly healthy adult an attack of acute bronchitis is not a very terrifying thing, although it is most distressing and disagreeable.

It is as if an unusually severe cold and cough, instead of confining itself to the head and throat, wandered on down the chest. The irritation of the tubes results in a constant cough and sense of breathlessness. The temperature rises, the patient feels sick, the more so that the incessant coughing does not result in the throwing off of any secretion to speak of.

In a day or two the inflammation in the tubes subsides, the temperature goes down, there is less and less sense of oppression, and the secretion gradually becomes freer. From this point there is gradual recovery, as from an ordinary bad cold.

On the other hand, in the very old or the very young, or with those whose powers of resistance are lessened from any cause whatever, bronchitis is a dangerous disease. It has a tendency to run from the acute into the chronic form, in which the sufferer may be perfectly well during the summer months, or while in a warm climate, but at the least chill or exposure must expect and will get his inevitable attack of bronchitis with symptoms persisting until the return of warm weather.

The moral of this is that it is most essential to give proper treatment during the acute stage. The need of watchful care during a bronchial attack will be the more appreciated when it is understood that such an attack may be the beginning, sign and warning of a tuberculous trouble; and furthermore that whooping-cough and measles sometimes begin that way.

In any case, whether the attack be simple bronchitis or a warning of some other trouble, the first rule should be, "straight to bed." In fact, this good old-fashioned rule at the onset of any type of so-called "cold" cannot be bettered.

A wise secondary rule is to stay in bed till the temperature has been normal for a day or two. If this were observed, relapses would be fewer and convalescences shortened.

Never mind how mild the trouble promises to be, a physician should be at once summoned, not only because he is competent to recognize danger signals, but also because there are many alleviations in his power of the numerous painful and distressing symptoms of this disorder.

### THE PREVENTION OF PNEUMONIA

As a result of extensive and thorough bacteriological studies, medical views in regard to pneumonia, its cause and its prevention, have changed considerably in recent times. Physicians have long known that pneumonia is a germ disease, but until recently they supposed that it was generally caused by a germ called the pneumococcus; the varieties caused by other bacteria they believed were so rare as to be virtually negligible. Moreover, they had so often found this germ in the secretions of the mouth that they assumed that it was always there in inactive form, only awaiting a depression of the vital forces to become active and to cause the disease. Any precautions that a person might take to avoid catching the disease from one who was already suffering from it they generally regarded as futile. The only way of avoiding the disease was, they thought, to keep the system in good condition.

Recent studies have shown, however, that there are several varieties of this pneumococcus, that they vary in virulence, and that the disease caused by them corresponds in its severity to the power for evil of the exciting germ. Physicians now recognize four main varieties of the germ. The first and sec-

ond cause each about one-third of the cases, the third causes about one-tenth, and the fourth, a little more than one-fifth.

In the first two forms of pneumonia the death-rate varies from thirty-three to forty per cent; in the third form it is still higher, but in the fourth form it is virtually nothing. It is the germ of that fourth form which we carry in our mouths. The germ of the other forms are carried only from the sick to the well; in other words, pneumonia is in most of its forms a contagious disease, and the precautions that we should take to prevent it are the same that are effective in any other disease of the kind—especially avoidance of contact or propinquity with the sick.

When a person has pneumonia no member of the family except the one who nurses him should in any circumstances enter the sick room, and all articles carried from the room should be thoroughly disinfected or, if possible, burned. After the disease is over, the room must be carefully disinfected before anyone occupies it.

### NIGHTMARE

A nightmare is a very vivid and disagreeable dream, in which the sleeper finds himself in various terrifying situations from which there is no escape. When the sufferer's fright reaches a climax he awakens suddenly; sometimes he is aroused by his own efforts to scream for help. A bad form of nightmare occurs in young children; it is called "night terror." The child awakes suddenly from a deep sleep, panting, wide eyed, screaming but inarticulate, and clings frantically to anyone who goes to the bedside. Such attacks are most common in children between four and eight years old, but they may occur at any age.

When grown-up people have nightmares, it is generally owing to indiscretions in diet, such as mince pie or lobster eaten late at night. Many persons have to be very careful about what they eat for supper, and can never safely go to sleep lying flat on the back.

One characteristic of nightmare is the startling reality of it. It lacks the misty vagueness of pleasant dreams, and has, while it lasts, all the sharp outline of an actual occurrence. Therefore it is important that young children should be wisely and gently handled when they suffer from night terrors. Do not scold them, or laugh at them, or argue with them. They have suffered a real shock with a consequent loss of nervous force. Until the paroxysm has spent itself, do not leave a child who has suffered in this way alone.

Sometimes, in older children, nightmare accompanies overpressure at school, and the tendency to it disappears in the holidays. In such cases, lighten the pressure of work as much as possible, make the evening meal light and digestible, and keep the child from excitement.

### TEA TOPERS

Southey tells the story of the first pound of tea that ever came to Penrith. The great-grandmother of Wordsworth's wife was one of the party who sat down to enjoy the new herb which had been sent to the hostess as a present, and without directions how to use it. The good folk boiled the whole pound at once, and sat down to eat the leaves with butter and salt. They naturally wondered how anyone could like such stuff, but, fortunately, they did not realise they were in danger of inducing delirium tremens.

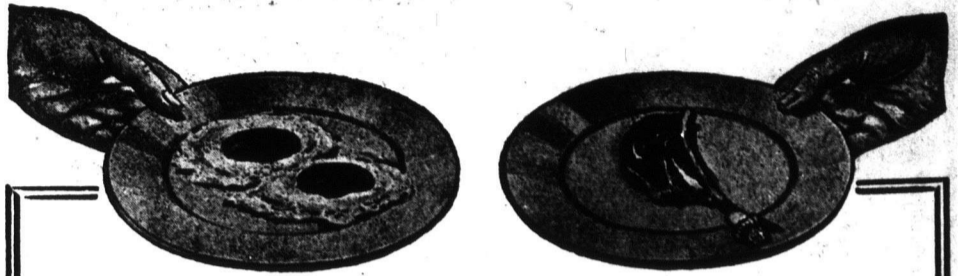
The most famous tea-toper was, of course, Doctor Johnson. His record seems to have been twenty-five cups, which he drank at a sitting. He told Miss Reynolds in playful verse:

"Thou canst not make the tea so fast  
As I can gulp it down."

He described himself as a "hardened and shameless tea-drinker, whose kettle has hardly time to cool." We are bound to remember, however, that this intemperate tea-bibber lived to the age of seventy-five.



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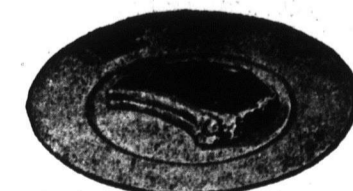
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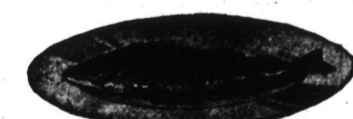
Cost Per 1000 Calories	Cost Per Serving
Quaker Oats..... 6½c	Dish Quaker Oats..... 1c
Average meats..... 45c	4 ounces meat..... 8c
Average fish..... 50c	Serving fish..... 8c
Hen's eggs..... 65c	Single chop..... 12c
Vegetables..... 11c to 75c	Two eggs..... 9c



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Per 1000 calories



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