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a song-writer who passionately pursues Miss Williams into the girls' college where she teaches, and even succeeds in becoming one of the pupils. It has to be admitted, though, that Red Skelton's familiar dumb-show impersonation of a girl at her toilet is still worth a hearty laugh, as is also his excursion into ballet during an eurhythmics class.

You will, I think, need to be a pretty, staunch admirer of Mr. Skelton to be amused by much else in his acting. But you would not necessarily have to be a jive addict to admire some of the musical items—especially Harry James' virtuosity on the trumpet in "Hora Staccata," by Heifetz, or Ethel Smith's gymnastics on the organ. Still, allowing for all this, Esther Williams is really the beginning and end of the picture—especially the end. It is then that she takes to her natural element and waltzes, yes literally waltzes, through the water as *premier nageuse* of an aquaballet. Logically, the music accompanying this feat should be "Over the Waves," but M.G.M. preferred something by Strauss

VOX BOX-OFFICE, VOX DEI

Dear G.M.—

I have been wanting to write you for a long time to tell you that I, and a lot of other people, don't like the way you

review movies. For instance: Everyone I spoke to thoroughly enjoyed *Colonel Blimp*, but you had to fish round to find something to pick holes in.

Once and for all, 99 per cent. of people go to movies for relaxation, and entertainment, but not you! You are the last one to review pictures, because according to your reviews, I would have stayed away from some of the best pictures I have seen in years. Fortunately, your reviews usually come out long after the picture has finished screening, so can't matter much. Whatever does it matter if some part of a picture is not authentic, who cares, as it is only altered to make the picture more enjoyable.

People don't want to read long screeds about whether this or that is correct. They simply want to know whether the movie is good entertainment or not. The Low cartoon of *Blimp* was simply the means of an idea to make a movie. I daresay you will pick holes in *Bernadette*.

But anyone who could seriously prefer butter-face Olivia de Havilland to Rita Hayworth—well! Rita Hayworth is tops now, but where is Olivia!

This is meant for constructive criticism. Not so much delving, and don't forget that people go to see their favourite stars mostly.—(MRS.) A. MARTIN (Lower Hutt)

Advice on Health (No. 227)

RHEUMATIC FEVER

Written for "The Listener" by Dr. H. B. Turbott, Director of the Division of School Hygiene, Health Department.

RHEUMATIC fever is a disease that we cannot prevent as yet, but which affects children more seriously than any one other disease, and leaves them often crippled and destined for shorter lives than normal. It is responsible for most of the heart disease in the first half of life in people under 35. Now if we cannot altogether avoid this disease we can, by knowing a little about it, get in early and control its crippling effects, minimise them, or dodge them by correct treatment.

The first attack is more likely to occur between the ages of five and 14. It may be a straightforward business, starting with a sore throat, tonsillitis, or cold. The child will be feverish and have nose bleeding. He will be off his food. His joints will become inflamed, swollen, red, and painful. The fever may reach 103 degrees. Usually the pain begins in a single joint, such as the knee or elbow, and later spreads to others. The heart will be beating rapidly, and night sweats may be worrisome. Sometimes there are nodules under the skin and a rash. If your child gets an attack like this, you will call the doctor, who will very promptly tell you it is rheumatic fever and keep your child in bed under treatment.

The trouble with rheumatic fever is that it is not often so forthright in its symptoms. The onset may be gradual and unnoticed by parents till damage has been done. A sore throat, a slight fever, a nosebleed, poor appetite, a complaint of growing pains in the muscles, or short-lived pains in the joints—this kind of story, especially if the child is irritable

without any real reason, and is not himself, or develops nervous habits, should mean a visit to the doctor to eliminate rheumatic fever, for if it were rheumatic fever he should be in bed to avoid heart damage.

Call the Doctor

I have often found a damaged heart at a school examination that was quite unknown to the parents. Thinking back, they can recall the child had had a period of peevishness, with feverish attacks and fleeting joint pains, but after a few days in bed he had seemed better, so no doctor was referred to. Often one or other parent will confess when questioned that there had been rheumatic fever either in themselves or in their immediate families, but they had not recognised the attack in their child. Fortunately much of the heart damage is slight and the child can live normally on recovery, but sometimes slight unrecognised attacks of rheumatic fever can permanently cripple a heart—especially if there should be repeated attacks.

The cardinal fact is that the only way to avoid damage to the child's heart is complete rest in bed until all symptoms and signs disappear. Often the time needed in bed is round about six weeks or longer, but the doctor will decide when it is safe to get up.

Once the child is over the first attack you can help prevent a recurrence by keeping his general health at a high level, through regular sleep, a balanced diet, and dressing to avoid damp and chilling. And you must keep such a child away from other people's colds and sore throats, as this so far as we know is how the rheumatism enters,

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