

RHEUMATIC FEVER

HEART disease can occur at all ages, but mostly does so after we've grown up, from middle age and beyond. Before we have reached maturity, there are two risky ages for hearts. Over the first we have no control. If we're born with congenital heart trouble, that's that! Maybe modern surgery can do something to help. Of the second risky age for hearts, while we are growing up, we have a little control, but only if we are knowledgeable. Damage is mainly from one disease, rheumatic fever. It attacks chiefly the school ages, particularly at primary and intermediate school levels. It damages if unrecognized early and if treatment is delayed.

What can we do about this not so uncommon enemy of school days? Sometimes rheumatic fever strikes openly. A child becomes feverish and ill, and has painful swollen joints, one following another. Everyone does the right thing pretty promptly and calls in the doctor. But at other times it is masked and often missed by parents; indeed, often missed by doctors, too! The joints may not be affected at all. The child just more readily tires than usual, seems and is paler than normal, doesn't eat too well and gets thin. There may be vague aches and pains in the arms or legs. There will have been, if you think back, repeated attacks, or even but one attack of sore throats and inflamed tonsils. The child is easily upset and scratchy, doesn't progress well at school, and is generally below par. This could be many things, but if there are sore throats in the picture anywhere, you would be wise to remember rheumatic fever and have a medical checkover. It will be heart affection that will be causing those symptoms, if it should be masked rheumatic fever.

There's still another way rheumatic fever reveals itself, and you'll probably pick it by a sudden development of clumsiness in a child, an inability to sit still or a making of faces, or a jerkiness in arms and legs from a twitching of muscles beyond the child's control. St. Vitus' Dance, or chorea, is the name for this form of rheumatic fever.

"ONE MINUTE, PLEASE!"

WELLINGTON'S popular comedy programme, *One Minute, Please*, will be on the air again from 2YA next week for a new series of 13 episodes. The show is a kind of battle of the sexes in which two teams of three, men on one side and women on the other, try to out-talk each other on a variety of ludicrous or controversial subjects. Each speaker is limited to one minute, and has to fight his or her way through a barrage of ringing bells, tootling whistles and barking klaxons which are wielded by the show's "censor," Ulric Williams, compère and producer of the new series. *One Minute, Please*, is recorded in the Regal Theatre, Karori, each Saturday night at 8 o'clock before the film starts, and any member of the public who wishes to see it in action

This is the text of a talk on health broadcast recently from ZB, YA and YZ stations of the NZBS by DR. H. B. TURBOTT, Deputy-Director-General of Health

In any form of rheumatic fever rest in bed is imperative to save the heart while the disease is working itself out. Whatever drugs the doctor uses to help, bed rest is still the sheet anchor in lessening heart damage. The earlier this is started, the less will be the damage. It should be continued as long as the doctor advises, though the child will probably be getting impatient and wanting to be active and about, long before the doctor agrees. There is often complete recovery from first attacks. Unfortunately, there's a liability to recurrent attacks, with a higher probability of heart damage in these.

What can be done to prevent recurrences? Diet helps and fortunately the balanced diet is all that's needed. Care through the winter months about damp and chills is imperative, and so is medical supervision. A rheumatic fever child, like a diabetic one, should be constantly checked over by the family doctor. If sore throats are about, he may prescribe penicillin for a period as a preventive of a recurrence.

For rheumatic fever does seem to be linked up with sore throats. Wherever there's scarlet fever or sore throats there'll be rheumatic fever about. Tonsillitis from the streptococcal germs can often be tracked back, about two or three weeks before the rheumatic fever occurred. This, of course, is indirect evidence that infection plays a part in rheumatic fever. Direct proof of germ origin of the disease has yet to be demonstrated.

If one or another parent has ever suffered rheumatic fever, that family must keep a sharp lookout for signs in the children. The susceptibility is not necessarily, but may be, handed down. To sum up: Parents' main task in guarding their children against heart disease is to be on guard against the chief cause of heart damage between childhood and middle age, namely, rheumatic fever. Damage is avoided by quick recognition and early treatment. It starts with pain in the limbs or joints, with fever; or insidiously with failing health, or with twitching in the face or limbs. If any of these appear a week or two after a sore throat, you'll be doubly worried. Put the child to bed and send for the doctor.



on the stage can go along for the price of an ordinary theatre admission ticket. It is broadcast each Tuesday at 7.30 p.m. from 2YA. The first episode will be recorded at the Regal Theatre at 8.0 p.m. on Saturday, July 3, and will be broadcast from 2YA at 7.30 p.m. on Tuesday, July 13. *One Minute, Please*, will continue at the same time for the next 13 weeks. The team for the first broadcast of the new series will be Toby Easterbrook-Smith, Don Boyd, Ernest Le Grove, Edna Wiggs, Patricia Lowe and Joan McInnes.

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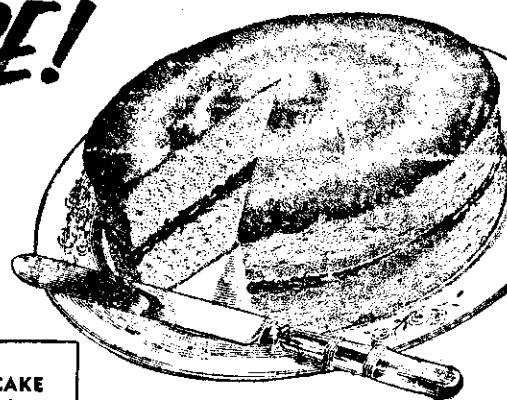


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