

**BIRTH CONTROL-THE MODERN TREND**

By DR. HANNAH M. STONE

MAR 27 '37

# HEALTH AND HYGIENE

**APRIL, 1937**

**15¢**

**"Tough Guy" Antiseptics**

**The Psychology of Work**

**Milk Is Not Cancer's Ally**

**Xervac-Will It Grow Hair?**

**Saving Lives In Spain**

By COL. WILLIAM J. CROOKSTON, M. D.

*The Popular Health Magazine Written by Doctors*

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# Coming! THE CONSUMERS UNION BUYING GUIDE

A 192-page handbook containing ratings of hundreds of products by brand names as "Best Buys," "Also Acceptable," and "Not Acceptable."

DO you want to know which vacuum cleaner out of fifteen models tested by unbiased experts will give you the best value for your money? Which brands of motor oils can save you from \$15 to \$20 a year on your oil bill? Which shoes will give you the most wear, which liquors are the "Best Buys," and which brands of other products tested in laboratories are acceptable for consumer use and which are not acceptable?

Then make sure that you get a copy of the 1937 edition of Consumers Union's Yearly Buying Guide. This 192-page Guide is now being printed and will be ready for distribution early in April.

It will contain ratings, by brand name, of shoes, tires, radios, toothpastes, soaps, stockings, shirts, refrigerators, automobiles, and most of the other products you buy from day to day.

Prepared in a compact, convenient size which can easily be carried in your pocket or your handbag while shopping, and indexed so that reference can readily be made to the product or products which you are purchasing, this Buying Guide can enable you to save substantial sums on your purchases, help you to avoid inferior or injurious products and give you the information you need to make intelligent choices.

In addition to the Guide, membership in Consumers Union also entitles you to twelve issues of the monthly Consumers Union Reports.

## CONSUMERS UNION Reports for APRIL on

### WASHING MACHINES

Which of ten brands of washing machines cleaned clothes most effectively in a test made by Consumers Union technicians? Which were safest, most convenient, most durable? For the answers see the April issue of Consumers Union Reports. It rates the Maytag, Thor, Universal, and other leading makes as "Best Buys," "Also Acceptable," or "Not Acceptable."

### COLD CREAMS

"... a particularly blatant example of cosmetic quackery," says the American Medical Association's Bureau of Investigation of a widely advertised and grossly overpriced cold cream. Find out which brand this is, in the April issue. Fifty-four brands of cold cream are rated.

### RADIO SETS

Supplementing a report in the November issue on lower-priced radios, this report rates twelve models (including the Stromberg-Carlson and Zenith) ranging in price from \$60 to \$200. Coming issues will contain reports on automobile radios and on tubes.

### GARDENING

Special knowledge and skill are required to raise vege-

### WHAT CONSUMERS UNION IS

Consumers Union's Buying Guide and Consumers Union Reports are published by Consumers Union of United States, Inc. Formed on a strictly non-profit, membership basis, the purpose of this organization is to serve its members as a consumers' testing laboratory by providing them with accurate, usable information on the comparative quality of their everyday purchases.

Professor Colston E. Warne, of Amherst, is president of Consumers Union. Arthur Kallet, co-author of "100,000,000 Guinea Pigs," is director, and D. H. Palmer, physicist, is technical supervisor. Among the board of directors and sponsors are many prominent educators, social workers, journalists, scientists, and labor and liberal leaders.

Now close to 35,000, Consumers Union's membership is growing at the rate of nearly a thousand each week. The membership fee—which puts a large group of technicians to work for you testing the products you buy—is only \$3 a year (\$1 a year for an abridged edition covering only the less expensive products).

To become a member simply fill out and mail the coupon below. You will receive the April issue of the Reports (contents of which are given below) to be followed shortly by the Buying Guide. Or, if you wish, you may begin with any of the previous issues listed in the box below.

tables which compare favorably with market produce. You won't get this knowledge from seed salesmen or fertilizer manufacturers. A report on Gardening in this issue tells you how you can acquire this knowledge; and gives you valuable hints on such matters as when to start planting, which soil conditions are most favorable, etc.

### AUTOMOBILES

Concluding the report on 1937 automobiles begun in the March issue, this report gives you automotive engineers' opinions on cars delivered in the \$1000-\$1500 price range—including the Buick, Packard, LaSalle and Lincoln-Zephyr. Ratings are given by name. Men's shirts and other products are also reported upon.

To: CONSUMERS UNION of U. S., Inc.  
55 Vandam St., New York, N. Y.

I hereby apply for membership in Consumers Union.  
I enclose:

\$3 for one year's membership, \$2.50 of which is for a year's subscription to the complete edition of Consumers Union Reports.

\$1 for one year's membership, 50c of which is for a year's subscription to the abridged edition of Consumers Union Reports. (Note: Reports on higher-priced products are not in this edition.) I agree to keep confidential all material sent to me which is so designated. Please begin my membership with the..... issue.

Signature .....

Address .....

City and State..... Occupation..... H-4

### PRINCIPAL SUBJECTS IN PAST ISSUES

- MAY—Toilet Soaps, Breakfast Cereals, Milk.
- JUNE—Automobiles, Gasoline, Seeds.
- JULY—Refrigerators, Used Cars, Motor Oils.
- AUG.—Oil Burners and Stokers, Hostery, Black List of Drugs and Cosmetics, Meat.
- SEPT.—Shoes, Tires, Whiskies, Women's Coats.
- OCT.—Men's Shirts, Gins, Electric Razors, Dentifrices, Antifreeze Solutions.
- NOV.—Radios, Toasters, Wines, Children's Shoes, Winter Oils.
- DEC.—Vacuum Cleaners, Fountain Pens, Electric Irons, Blankets, Nose Drops.
- JAN.-FEB.—Men's Suits, Cold Remedies, Shaving Creams, Children's Undergarments.
- MAR.—1937 Autos, Face Powders, Sheets, Flour, Canned Goods.
- APRIL—Washing Machines, Radio Sets, Cold Creams, Gardening, Autos, Shirts.

## Second Anniversary Number

THIS IS OUR SECOND birthday, and we are celebrating the event with a new cover and four added pages. Thus, HEALTH AND HYGIENE is growing in size as well as in circulation. A glance back over the two years of our existence shows the following gratifying results:

Circulation—April, 1935: 2,055  
Circulation—Jan., 1937: 20,014

AMONG OUR CONTRIBUTORS during this period have been:

- Paul de Kruif**  
Author of *Microbe Hunters*, etc.
- Arthur Kallet**  
Co-author of *100,000,000 Guinea Pigs*. Director of Consumers Union.
- Carl Malmberg**  
Author of "Diet and Die."
- Will Maslow**  
Authority on food and drug legislation.
- Eric Matsner, M.D.**  
Executive Secretary of the National Medical Council of Birth Control.
- Henry E. Sigerist, M.D.**  
Director of the Institute of the History of Medicine, Johns Hopkins University.
- Hannah Stone, M.D.**  
Clinical Research Bureau, New York City.
- Frankwood E. Williams, M.D.**  
The late Chairman of the National Council of Mental Hygiene.

### Purely Personal

THE LAST ISSUE OF *Coronet* was hardly on the newsstands before we began to receive requests from frightened milk drinkers for our opinion of Mr. Martin's article, "Is Milk Cancer's Ally?" Our opinion, as well as that of a leading cancer authority, is printed on page 116 of this issue. An onion to *Coronet* for printing such stuff.

WE HAVE ALSO BEEN asked for articles on high calory diets, the place of meat in the diet, occupational

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Editors: CARL MALMBERG and JOHN STUART  
Business Manager: SADIE FRANKLIN

## HEALTH AND HYGIENE

Magazine of the People's Health Education League

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## Editorial:

# S. 855—The New Health Insurance Bill

**The Dunn Bill Was Sidetracked** ONE of the important bills which died in the legislative jam at the end of the last Congress was the Workers' Health Insurance Act, introduced into the House by Representative Dunn of Pennsylvania. This bill provided for the immediate establishment of a system of health insurance which would provide full medical care for all workers, employed or unemployed, and their dependents. The money necessary to provide this care was to be paid by the Government and raised by taxation of gifts, inheritances, and individual and corporation incomes of \$5,000 a year and over. The service was to be administered by Commissions composed of elected representatives of workers' and medical organizations.

It was a good bill, but like many good bills it was sidetracked. Now another Health Insurance Act has been introduced into the Senate by Senator Capper.

The Capper Bill provides for full medical care, but its provisions exclude the unemployed, agricultural workers, domestic employees, and transient laborers, exclusions which mean that the very groups who need care the most will not receive it.

The Capper Bill has a number of other important defects, some of which we will enumerate:

1. The insurance funds are to be set up and administered by State Authorities in the individual states. Neither workers' nor physicians' groups are to have any official voice in the administration of the funds and political chicanery may easily prevail in such a scheme of things.

2. Cash benefits due to disability are inadequate, and do not apply unless the employee has

been employed for a specified length of time prior to disability.

3. Part of the cost of the health insurance is to come out of the employee's wages, and part of it will have to be raised by taxation which may also affect chiefly the low-salaried groups.

### Amend the Capper Bill

Under its provisions, a considerable portion of the population that is now without any sort of adequate medical care would be able to secure the services of physician, dentist, hospital and laboratory. Pre-natal and post-natal maternity care would be much more prevalent than it is today, and women employees who come under the act would receive cash benefits for six weeks prior to and after the birth of their children.

The medical benefits would include office, home, and hospital calls by a physician, both diagnostic and therapeutic treatment and care, immunization, and periodical physical examinations. General and special hospital treatment and care, including nursing, the services of a specialist, laboratory, or clinic would be provided upon the prescription of a physician. This would constitute a type of service which is indeed available to few people in America today.

In short, the Capper Bill has some excellent features, as far as it goes. There are, however, some very striking defects which should be corrected. Organized labor and all socially-minded individuals should come out for the amendment of the Capper Bill along the lines of the original Dunn Bill (H.R. 5549).

With the passage of such an amended bill we would have an effective health insurance system.

**HOWEVER**, the Capper Bill is a step forward in some respects.

## "Tough Guy" Antiseptics

Antiseptics strong enough to injure you seriously are advertised as "harmless"; antiseptics too weak to kill germs are advertised as "effective." This article takes up the various germ killers by name and tells you what you may expect from them.

**I**N RECENT years considerable research has been directed towards improving antiseptics. Much of this investigation has been conducted in important scientific centers, such as The Johns Hopkins Hospital and the University of Pennsylvania. Some progress has been made, but there is as yet no satisfactory preparation which will fulfil the three necessary requirements of a good antiseptic: ability to penetrate tissues, to destroy germs, and at the same time to spare the tissues of the patient.

Just as other fields of scientific endeavor have interested business men as a point of departure for money-making patent medicine schemes, so the field of antiseptics has been converted from a problem of medicine and disease to a matter of dollars and cents. It would seem self-evident that the attack on disease and on germs should be a problem for physicians and laboratories. Yet, anyone who wishes to do so may mix a little alcohol with a pleasant-smelling chemical, hire an imaginative advertising agent, and enter the field of medicine as it relates to a number of serious diseases. The fact

that business enterprises occasionally hire bacteriologists and physicians as well as radio crooners does not alter the basic principle that the treatment of disease and the protection of health cannot and should not be the function of a business man whose primary or only concern is with profits.

### "Scientific" Ballyhoo

Let us consider in greater detail the question of the scientific halo which surrounds so many commercial products. Much of the advertising matter quotes laboratory research, with or without the picture of the well-known "Viennese professor" who may previously have endorsed everything from ultra-violet ray cold cream to yeast bird seed. We find that millions of germs, at the merest whiff of *Zonite* or *Listerine*, are overcome with terror and attempt in vain to flee. Alas, too late! In a split second their fate overtakes them and they perish in myriads, with scarcely time to repent their misspent lives.

A case in point is the scientific-sounding claim made by *Listerine*. The advertisement

Zonite is tough on the tissues, too. Listerine didn't like this advertisement; the "sissy" bottle looked too much like theirs.



**IS YOUR ANTISEPTIC A SWEET TASTING SISSY?**

Germs are "tough mugs"  
No sissy can kill them!

Use the **G-Man Antiseptic ZONITE AS A GARGLE**  
Faster sore throat relief!

The G-Man Antiseptic Zonite is the only one that kills germs without hurting your tissues.

reads: "200,000,000 germs killed in 15 seconds." An attempt was made to investigate this statement. Since anyone with a right to the title of scientist keeps careful records of his experiments and publishes them for the benefit of other scientists, the man who was supposed to have conducted these *Listerine* experiments was asked about the type of germ used, the conditions under which the tests were made, and other important questions. He refused to reveal anything, simply stating that the tests "had been carefully made under scientific direction." We have only his word as a basis for the supposition that *any* experiments were made. It cannot be claimed in this instance, that concealment of the facts were necessary to protect patents or trade secrets. There is no reason why any scientist should refuse to reveal the data on such experiments—if they had been conducted.

Similarly, we find in the advertising for *Pepsodent Antiseptic* vague allusions to experiments "in a large Illinois institution," and the statement, "a doctor made these tests." Which institution? What doctor? And who was paying his salary?

In brief, the virtues of many proprietary antiseptics, like those of other patent medicines, rest on the word of a salesman interested in promoting his product; the "scientific" evidence offered is generally of such a nature that no well-informed person should be taken in by it.

#### Made-to-Order Experiments

Let us return to those 200,000,000 germs, destroyed in the bloom of youth by the mere presence of *Listerine* or *Zonite* or *Mercurochrome*. We may, for the sake of discussion, grant that such a number of germs were actually killed in fifteen seconds. But, armed with a bit of critical skepticism, let us consider a few points in such tests. First, it is important to stress the fact that such experiments are made in glass test tubes. They are not performed with patients or even animals, because it is only under test-tube conditions that the number of germs can be counted accurately. Knowing how many germs there are in a drop of germ solution, the investigator adds a few drops of the germs to several teaspoonsful of the antiseptic. He then examines the resulting mixture to determine how many germs were killed.

But note how different are the conditions when the antiseptic is gargled or applied to a cut. The antiseptic is immediately diluted (and thereby weakened) by saliva, or mucus, or

lymph, or tissue juices. The germs, instead of being exposed to the action of the antiseptic, are protected by mucus or buried deep in the tissues. The antiseptic itself may become chemically combined with the proteins in the tissues, thereby being rendered inert and ineffective.

Consider also that the matter of the *type of germ*. In laboratory experiments the germs most often used are either the pus-producing *staphylococci* or the germs known as *bacillus pyocyaneus*. Even if the antiseptic kills these germs, this by no means proves that it will also destroy the germs of influenza, typhoid fever, or tetanus. Germs used in laboratory tests may have become so weakened that a harsh look suffices to kill them. If this is the case, of what value as an indication of protection is the fact that an antiseptic destroys them?

#### Where Millions Don't Count

Another factor deserves consideration—the effect of the antiseptic on the tissues. Human tissues are made up of substances quite similar to those in the germ's body, and are, therefore, to a large extent susceptible to injury by the same poisons. If our antiseptic is strong enough to destroy germs, *in most cases* it is also strong enough to kill the adjacent tissues of the patient. By so doing it provides a rich food supply for those germs which survive—and some will survive since no antiseptic can be expected to kill *all* the germs in a cut, or in the throat.

For the sake of discussion, let us throw out all our preceding arguments and concede that when we gargle we actually do kill 200,000,000 germs. We must point out that every person's mouth, throat, nose, and sinuses contain many *billions* of germs—so that if 200,000,000 are destroyed it is only a negligible portion of those present.

Finally, still for the sake of discussion, let us grant that the gargle does kill *all* the germs in the mouth and throat. Within five or ten minutes a rich new crop will have appeared, brought there in every breath of air, in every morsel of food, in every drop we drink!

Let us now approach the problem from a different point of view—the efficacy of the antiseptics as determined, not by the business firms interested in selling their products, but by reputable scientists working in laboratories of standing. The records of such experiments are available not merely on request, but they are published in minute detail in medical journals.

In January, 1930, the Food and Drug Administration tested over 1,000 "antiseptics," including both nationally advertised and locally distributed products. Hundreds of them not only failed to kill germs, but did not even retard their growth! Several samples contained living germs which had been present in the "antiseptic" for months, busily engaged in raising large families!

In 1931 *The Journal of the American Medical Association* stated that of twelve widely advertised antiseptics only one was acceptable to the Council on Pharmacy and Chemistry of the American Medical Association; and that "the claims were in every instance exaggerated, and unwarranted by any scientific evidence."

Dr. Nye, who performed a most careful series of experiments at the Boston City Hospital, reported his results in the January 23, 1937, issue of *The Journal of the American Medical Association*. He compared the antiseptic value of *Zonite*, *Listerine*, *Hexylresorcinal* (S. T. 37), *Pepsodent*, and others. He concluded that very weak solutions of iodine, only one-fifth to one-tenth the strength ordinarily used on cuts or wounds, are much more effective and far safer than any of the other preparations.

The Department of Biology at St. Norbert College, Wisconsin, described *Listerine*, *Pepsodent*, *Astringosol* and *Hexylresorcinal* (S. T. 37) in these terms: "doubtful antiseptic value," and "ineffective."

#### Zonite

Dr. Moorhead of the Post-Graduate Hospital in New York City, one of the leading surgeons in the country, tested *Zonite* and found that it failed utterly to sterilize skin. The test was repeated five times with the same results. Experiments at St. Luke's Hospital, Chicago, have shown that Dakin's solution, which is essentially the same as *Zonite* is known to lose its antiseptic efficiency in forty-eight hours, and that after this length of time the chemical

changes are such that the material becomes quite irritating to tissues.

#### Hexylresorcinal (S.T. 37)

Scientists at the University of Pennsylvania studied the virtues of *Hexylresorcinal*, not in test tubes, but on patients, and found that it sterilized tissues in only one-fifth of the cases. Allen and Wright found that *bacillus pyocyaneus* was very much alive after forty-eight hours of continuous contact with *Hexylresorcinal*, although the advertising claimed that this particular germ was killed in fifteen seconds. Moorhead reported that *Hexylresorcinal* failed to sterilize the skin in four out of five trials, and that it permitted the growth of various germs cultivated in a laboratory. Another interesting point in relation to this antiseptic is

Lysol—Good for floors and toilets,  
but not for use on the body.





If you ask the druggist for Dakin's solution you'll get the same stuff a lot cheaper. However, it's not a good antiseptic.

stressed by Walter of the Peter Bent Brigham Hospital in Boston. He reported the case of a woman who, twenty-four hours after the use of *Hexylresorcinol* developed huge and hideous blisters. The antiseptic gave her such a severe burn that she became ill. He refers to other cases showing similar violent effects. Any of our readers with a taste for the morbid are referred to the photographs in *The Journal of the American Medical Association*, Vol. 104, p. 1897.

#### Mercurochrome

Wright, of the New York Post-Graduate Hospital wrote as follows concerning this product: "*Mercurochrome* is of little or no value as an antiseptic against *bacillus pyocyaneus*, in the presence of pus or other mediums suitable to its growth." He said that germs had actually been found growing in dressings of *Mercurochrome*.

Another investigator reported that this is among the poorest of the twenty-one antiseptics tested. Garrod in *The British Medical Journal* (1931) says: "*Mercurochrome* is a germicide (germ killer) incomparably weaker than is commonly supposed." An editorial in *The Journal of the American Medical Association* (Vol. 105, p. 123) reports five investigations demonstrating the inferiority of *Mercurochrome* to other antiseptics.

#### Listerine

The claims made for this product have already been discussed. Experiments at the New York Post-Graduate Hospital showed it to be the least effective of a considerable number of antiseptics. Even after three hours it failed to kill various germs of low resistance. The American Medical Association has this to say  
(Continued on page 129)

# The Psychology of Work

Men work to make a living, but also for other reasons. A psychiatrist explains the role that work plays in our lives and indicates why, under present conditions, it is usually not as satisfying as it should be.

WHAT is the psychological significance of work? Man works to make a living, to obtain food and clothing and the necessities of life, but that is not all; man also works for the love of work. How often have you heard someone say, "My work is my life"? And how often have you seen a person go to pieces nervously and physically when he stopped work, whether from choice or because of some circumstance such as age, unemployment, or illness?

But perhaps before we begin to explain the psychological significance of work some may object that there isn't much reason for explaining it. They will say that everyone knows there is satisfaction in some kinds of work and not in others, that everyone knows there is more pleasure to be derived out of working for oneself than for someone else, and that it is all so simple and easy to understand that an explanation is pointless. However, we do not agree with this attitude. If we understand better the psychological significance of work in man's life, then we will be better able to help in re-designing work and the conditions of work so that the results obtained in terms of satisfaction and happiness will be better than at present.

The driving forces behind all human activity are the instincts. Not only do the instincts motivate activity, but they must be at least partially satisfied by activity if the individual is to remain healthy. The instincts can no more be dammed up and given no outlet in action than a stream can be dammed up without overflowing its banks. It is obvious, however, that if a person tried to satisfy every instinctive impulse the moment it occurred, the result would be chaotic and he would land

either in jail, an insane asylum, or a hospital. The instinctive energies must be controlled and guided along paths which will not conflict with the general welfare of the individual. The character or personality of the individual is the part of him which determines his activity and guides his instinctual energy along either satisfactory or unsatisfactory lines. It is the development of the adult human character that we now wish to describe.

When the child is born his character or personality is formed only to a very slight degree, and the subsequent development of his personality depends almost entirely, as far as we can determine, on experience and training. He is a small animal with a lot of rather crude instincts, the chief of which at this time seems to be the urge to obtain as much pleasure as possible from being fed and fondled. From the very beginning the child must have a reasonable degree of satisfaction of these simple demands in order to remain healthy. The unloved baby who is handled in a nervous, jerky manner, and who is begrudged the ordinary amount of fondling is usually sickly and whining. As the child grows older, other instinctive tendencies appear along with these first ones, which remain. Aggressiveness and destructiveness begin to manifest themselves; the child tries to hit and bite, and likes to pull his toys and clothes to pieces. Throughout he seems to be directed by a desire to obtain pleasure and avoid pain.

WE CAN readily see that the infant takes pleasure in the physical sensations it obtains from being fondled by others and in various things it does to itself, such as playing with the genital organs, sucking the thumb,

and so forth. These actions are manifestations of the rudimentary sexual instinct, and are perfectly normal. As the child grows older, however, these activities, as far as they involve others, must to a large extent be given up. The frank and undisguised satisfaction in being fondled by parents and brothers and sisters must be relinquished, and a less direct relationship of tenderness and affection substituted.

Under ordinary conditions this happens without any direct interference by parents or teachers, and the child enters into what is called the latency period which lasts from about the age of five to the period of puberty (twelve to fifteen). During the latency period there are few signs of sexual feeling in the child.

As he grows older he gradually begins to do things for himself, and to receive less and less direct physical care and fondling. The arrival of other children in the family helps this process along. The demands of the new baby become more important in the family than his own, and so gradually it becomes impossible for him to receive satisfaction in the old manner. It is not advisable for parents to interfere with this gradual process by bringing up moral objections to the child's activity in seeking self-gratification at this time. For instance, if the baby wants to play with its genitals, it should not be rebuked or punished, for it will outgrow this of its own accord. On the other hand, if an effort is made to prevent this infantile activity considerable harm may be done.

It is also obvious that the child is, in his way, in love with his mother, and this is the most natural thing in the world. Circumstances, however, prevent him from ever making this a reality in the adult sense of the word. He is also forced, therefore, to repress any direct manifestation of this instinct. Repression, however, does not solve the problem, since the instincts demand some kind of satisfaction. The result is the development of a new mechanism for employing the instinctual energies—a mechanism which is called *sublimation*.

Similarly, the child's aggressive feelings cannot be directly expressed. Perhaps he is jealous of a small sister or brother, or of his father. He cannot express these feelings directly, to any degree, without getting into danger himself. He should, however, be permitted to express them as far as it can be done without causing serious harm. But even though he is allowed wide latitude in this respect it will not

be a real outlet for his feelings, and the greater part will have to be repressed as far as direct expression goes. Here again, as in the case of the sexual instinct, sublimation must be employed to take care of the instinctual energy which cannot be directly expressed.

**SUBLIMATION** is the process by which instinctual energy is diverted into a path other than that of direct expression. This path is one of socially constructive activity. In games, the child is expressing aggressive feelings in a socially acceptable manner, but is this "constructive" activity? Yes, he is developing himself physically and mentally, learning to make social adjustments in his relations to others, and in general preparing himself for his later and more serious activities and social relationships. In the small chores he does about the household his activity is of value as education, as contributing to his sense of accomplishment, and as an expression of instinct; for example, in splitting wood he is not only working off aggressive feelings, but the split wood he brings in for his mother to use is a kind of gift or token of his affection.

Part of the sexual instinct shows itself in sexual curiosity. While children's questions about sex should be answered when they are asked, the final knowledge of the meaning of sex can be obtained only by experience, and this, of course, is impossible for the child. Part of his natural instinctive curiosity will remain unsatisfied, but this can constructively be turned into curiosity about knowledge in general, so that his studies in school will become a sublimation of this instinctive sex drive. Many more examples of this sort might be cited, but these should be enough to convey a concrete idea of the meaning of sublimation.

Sublimation, however, is not the only outlet for the instincts besides direct expression. There are undesirable outlets as well, and these fall into two groups: first, neuroses, and, secondly, certain types of crime. The individual is impelled to one or the other of these by improper training. (Here we use the word training in a very broad sense, to include all factors in the environment—not only those which are consciously employed by parents and teachers.) In the infancy period when the sexual and aggressive drives make their appearance, our prevailing morality insists on a stern repression of both of these drives, not on the basis of the

actual effect of the activity in question, but because of abstract notions of right or wrong, or from a belief in the harmful results to be expected from certain kinds of activity. A good example of such notions and beliefs is the prevailing conception of the wrongness and harmfulness of self-handling of the genital organs by infants.

Repression of activity at this period when the activity is entirely normal may result in neurotic or asocial (criminal) behavior. Thus a child of two who is forced to abstain from handling his genital organ may become a bed-wetter or nail-biter, and while this activity affords partial satisfaction of his instinct it starts him off on the path to neurosis.

Another child who is severely punished for showing jealousy of a new baby will vent his feelings in some very destructive way, and may even go so far as to attack his younger rival. In such a case, if the child were permitted to show normal jealousy, and was assured at the same time that he was still loved, his jealousy would pass off without much trouble. Another kind of neurosis which occurs when the instinct is repressed appears in the form of anxiety rather than activity. In this case children become abnormally fearful or have night terrors.

The neuroses of childhood are very common, though often they are not called by that name. In the activities of school and play, however, so many opportunities for sublimation are offered that the majority of children get over their neuroses unless they have been very severe. If sublimations are not permitted either through lack of opportunity or false notions of morality, neuroses or asocial behavior are bound to appear.

**T**HE adult person finds various paths for sublimation, but for most of us this path is work. After childhood, games are no longer as constructive as they were. Work, on the other hand, is obviously a constructive undertaking which produces tangible results. And since work is an expression of instinct it is clear that the expression "he loves his work" is more literally true than is usually realized. The description of work as a "fight against the elements" is also true in the sense that the competition with others, or the struggle against the forces of nature, that work involves is a sublimation of the aggressive, competitive drive.

If work is to be a satisfactory sublimation, however, the actual results of the work must be socially constructive as well as of benefit to the worker. Whether or not work is socially constructive depends on the conditions of social organization under which the work is performed. To make this clear let us take several examples.

Let us consider work in a simple agricultural community such as the small New England farm of two hundred years ago. Settlers went into new territory, and the land was divided by lot. All the able-bodied members got together to help each other in house-raising, and occasionally in harvesting. Each farmer had his own farm, which was practically an independent economic unit. Hired

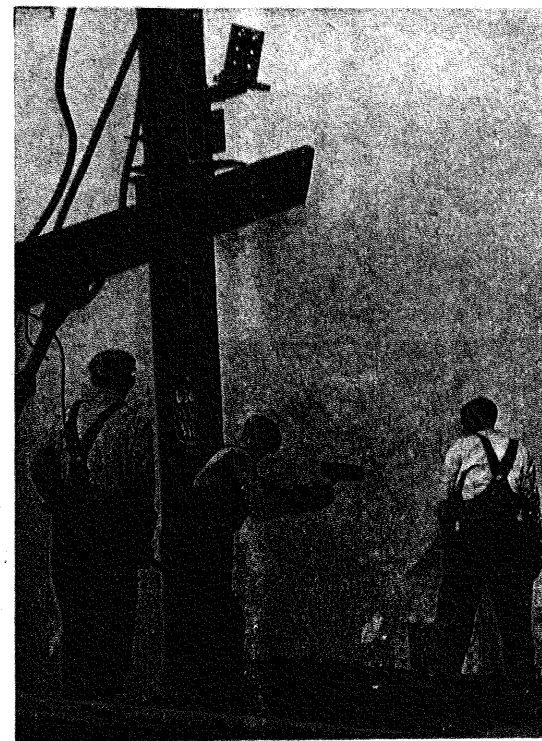


Photo League

Work is often a struggle against the forces of nature.

labor was rare. The various members of the family worked the land, each contributed his labor according to his strength and skill, and each shared according to his needs in the products of the cooperative work. The work performed by each individual was a highly satisfactory sublimation—it was socially constructive for the family unit and also rewarded

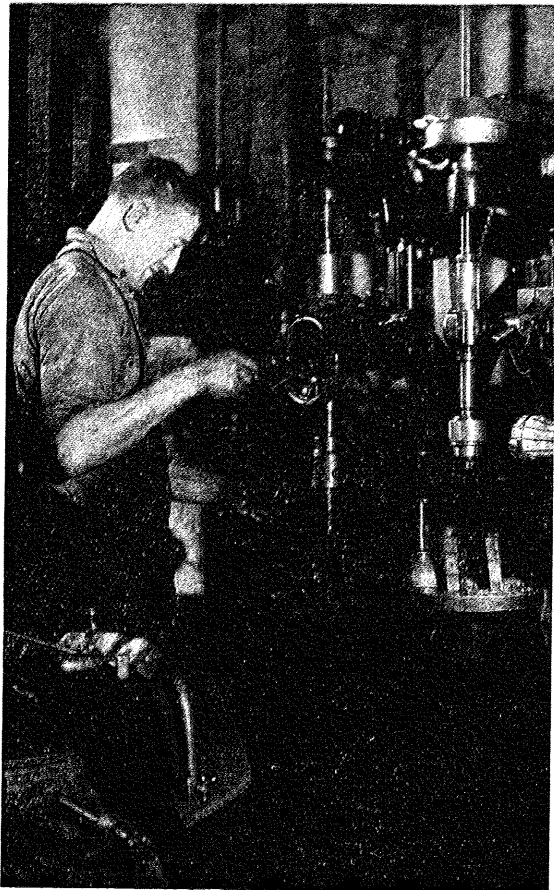


Photo League

The saying that "man loves his work" is truer than usually realized.

the individual worker. Although the work of one person might require far more strength than that of another, the work of each one was a necessary part of the family economy. The spinning, weaving, and cooking of the women and the plowing, sowing, and harvesting of the men were equally important. Each could feel the significance of his own labor and be proud of it.

By contrast, let us consider work in a modern American industrial unit. The worker has no ownership interest in the industrial plant, and the return he receives for his labor is based neither on his need nor his ability as a worker. Instead, he is paid the lowest price that will purchase his services, and the profits from his labor go to the non-working stockholders or capitalists. It is not to the worker's interest to cooperate with the other workers so as to produce most efficiently and with the least labor, as this would result in him or some of his fellow

workers being discharged, in greater profits for the owners without a corresponding increase in his own wage, or in putting a competing plant out of business, a plant run by workers like himself.

THE economic unit is no longer the family group but the whole country, and it is clear that under present conditions not many people can feel that their work is either very socially constructive or of much benefit to themselves, except in providing the bare necessities of life. In spite of these drawbacks and the lack of security due to widespread unemployment, the worker finds work a partial sublimation and often loves his work. But the actual results are disappointing, and in consequence crime and mental disturbance are increasingly common.

Work under a socialist system, as in the Soviet Union today, is an entirely different matter. The plant is owned not by a few individuals, but by all the workers in the country, and everyone is a worker. The profits of labor therefore return to the worker, and raise his standard of living. He has every incentive to work cooperatively with his fellow workers, and increase the general efficiency and productivity of labor, since such an increase directly benefits him. It benefits him not only by increasing his wage and thereby permitting him to buy more of the things he wants, but also by making it possible for his working hours to be shortened. He need never fear that his competitive efforts will cause him or his fellow workers the loss of their jobs; on the contrary, the more he can produce, the less time he will have to work and the less other workers will have to work. If the workers in an industry increase their productive capacity to such a point that they can produce more than there is need for in the country, this does not mean that a surplus is created which results in general unemployment; instead, the less productive units in the industry would switch to the production of some other products, which would again increase the general standard of living. The worker can always feel that his labor is important, that it increases his security and that of his family and fellows, and that the profits accrue to him.

*(Next month we intend to discuss some of the effects of unemployment, in the light of the significance of work which we have described in this article.)*

## Correcting Cross Eyes

This affliction is a decided handicap in both the social and commercial world. However, it is a condition which can be corrected. An ophthalmologist describes the methods of treatment by which the condition may be cured.

UNDER normal conditions when the eyes are fixed on an object both eyes are simultaneously directed upon the object. In cross-eyed persons, however, one eye wanders out of line and fails to fix upon the object. The person is then said to have a crossed eye, or a cast in his eye. Synonymous terms are "squint" and "strabismus." The eye may be turned upward, downward, or to either side. The sideward deviations are the more readily noticeable. The most common squint turns inward, towards the nose. Less frequently the eye turns out, towards the temple, in which case the person is said to be "wall-eyed."

### What Causes Cross Eyes?

The movements of the eye are effected by six small muscles which are attached to the eyeball. These eye muscles lie in the eye socket and cannot be seen. The muscles act like reins, and contraction of any muscle pulls the eyeball in the direction of the tug. The process is not unlike turning a horse by tugging one of his reins.

Cross eyes are due to a lack of balance on the part of the muscles which move the eyeball. There may be an over-tension of one muscle in the direction of the squint, or a weakness of the opposite muscle, or both. The squints which turn toward the nose (convergent squints) are generally found in far-sighted individuals, and they may be brought on or aggravated by close work and reading. The squints which turn outward are most often found in nearsighted individuals. It is a general rule that the squinting eye has the higher refractive error and usually the poorer vision. A person with one blind eye is generally cross-eyed. The blind eye usually turns out, because

the stimulus to keep it in line is gone. In cases with an alternating squint, the vision is usually equally good in both eyes, and so neither is favored for fixation.

Another and less common type of squint is the paralytic case. Such a squint is caused by an actual paralysis of a muscle, with the result that the corresponding muscle at the opposite side of the eye exerts its pull unopposed. Thus, the eye is turned in the direction opposite to the side on which the paralysis exists. The paralysis may be due to an injury or it may occur as a complication in the course of a disease.

Cross eyes are rarely seen at birth, but make their first appearance between the ages of one and five. The divergent types may occur later than this. Sometimes the squint becomes apparent immediately after such illnesses as measles or whooping cough, or it may follow upon an accident. Some squints disappear for many hours during the day, and recur when the child is fatigued or slightly unwell.

Usually a crossed eye has poorer vision than a straight one. In cases of alternating strabismus the vision is generally fairly good in both eyes. As a rule, no visible evidence of disease is found in a crossed eye; the poor vision is due to a failure on the part of the eye to develop properly the faculty of sight.

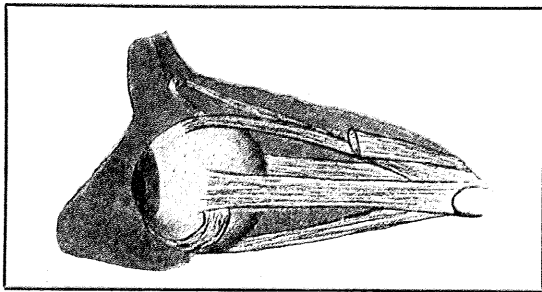
### Methods of Treatment

Three methods of treatment are available: glasses, eye muscle exercises, and operation.

After the instillation of atropine (belladonna) drops into the eyes, it can be predicted which cases will be benefited by correcting lenses. It is not possible efficiently to prescribe glasses for squint cases unless atropine drops have been employed. If the eyes



straighten out with the use of the drops it is safe to assume that the proper lenses will produce a similar effect. The glasses must be worn constantly. After a period of years, however, as the child grows less farsighted, he may very possibly be able to discard his glasses and still retain straight eyes. If lenses do not bring



A drawing showing the six muscles controlling the eye.

about a definite lessening of the squint within a year, they will probably not be any more satisfactory later.

It is unsafe to prescribe lenses for a child who is still learning to walk. After three years of age there is rarely any difficulty in getting the child to wear them and there is little danger of breakage.

#### The Value of Exercises

Muscle exercises are designed to relax an overacting muscle, to stimulate a weak one, and to promote fusion of the images of both eyes. Such exercises have been in use for many years, but lately there has been added enthusiasm concerning them. New devices have been developed and extravagant claims have been made for them, particularly by the manufacturers. It is enough to say that the results are far from brilliant, except on paper. It is obvious that the difficulties in obtaining the cooperation of a very young child in carrying out such exercises are not light; and it is frequently almost as difficult to obtain the cooperation of the mother, for she is burdened at home with other tasks and duties. If she decides to let an ophthalmologist (eye specialist) supervise the exercises, she will have to go several times a week if the treatment is to be effective. This involves considerable time and expense. The most favorable cases for eye exercises are those with slight divergent strabismus; but, unfortunately, good results are infrequent even in these cases.

The majority of authorities feel that the sight in a poorly-seeing eye can be improved.

This is done by covering the good eye for a portion of the day, or by blurring the vision of the good eye with atropine drops so that the child will be forced to use the squinting eye in order to see. There are numerous devices which make the process of stimulating the vision of the poor eye interesting to the patient. The improvement of vision in the squinting eye is therefore a preliminary step to the muscle training. In spite of the fact that improvement in vision is claimed for many of the cases reported, the results are usually not encouraging.

#### Is Operation Advisable?

When glasses and exercises have not been successful, operation is advisable. The operation is not dangerous. Only the exterior of the eye is touched. The muscles are shortened or lengthened, as the particular case may require. If the squint is relatively slight, only one eye may be operated upon; if pronounced both eyes may require operation. The use of ether is generally required with patients up to ten years of age. Sometimes a second operation is needed. The results justify the expense and trouble involved, as there are few things more appreciated than a straight eye when a squint has disfigured the patient's features. With modern operative procedures the results are nearly always excellent on the first attempt. Even after operation it may be necessary for the patient to wear glasses, since his refractive condition might be one in which he would have needed them if his eyes had always been straight. *Operation does not improve the vision*; it is done simply to make the eyes appear parallel. After the eyes are straightened, it is possible that exercises to stimulate vision may be beneficial.

A squint uncorrected may have a profound effect on the psychic life of a child; it may make him self-conscious to the point of developing a feeling of inferiority. The need for early correction is self-evident. An additional argument for early correction is that after the sixth year it is very difficult to obtain fusion of vision. All things being considered, it is best to have the child operated on before he begins his schooling.

Likewise, there are social and economic factors that make operation advisable in the case of adults afflicted with strabismus. A squint is a decided handicap both in social relations and in the commercial world.

# Birth Control—The Modern Trend

By HANNAH M. STONE, M.D.

The health, happiness, and married lives of countless women are ruined by lack of information on this important subject. A well-known woman's specialist discusses and evaluates the various methods used.

THE need for birth control is today a recognized fact. Present social, economic, and cultural conditions make family limitation and family planning an essential part of our social life. It has been competently estimated that at least sixty per cent of American families are now already resorting to some measure for the prevention of conception, and the actual percentage may be even much higher. Of the women who come to birth control centers, over ninety per cent admit that they had used some contraceptive methods before coming to the clinic. Clearly, then, birth control is an established social practice.

Once people learn that it is possible to regulate the number of their offspring by voluntary measures, neither political opposition nor legal restrictions nor religious bans can keep them from making use of these measures. This has been clearly shown by the experiences of Italy, France, Germany and other countries. In Italy, for instance, birth control has been officially prohibited since the advent of the Fascist regime in 1922, yet the Italian birth rate has continued to fall steadily. Before the war the birth rate in Italy was over 30 per thousand; by 1930 it had declined to 26 and in 1936 it was 22.2. The same applies to other European countries where birth control is prohibited. In the United States, too, the practice of contraception is constantly increasing in spite of legal restrictions and religious opposition. The long and courageous fight of Margaret Sanger is showing results. It is clear that while the spread of birth control may be delayed by various obstacles, voluntary parenthood will eventually become an accepted social pattern among all civilized peoples.

If, then, a majority of people are already employing measures for family regulation, and

if the use of birth control will, as it seems most likely, continue to spread, the ostrich-like policy of ignoring this fact and of attempting to restrict contraceptive knowledge by legal statutes or religious pronouncements is not only irrational but definitely harmful to public health and individual welfare. It merely serves to deprive many families of much needed information. Under present conditions of economic insecurity few parents can possibly bring up large families, nor can many women go on bearing children year after year without detriment to their health. Too frequent pregnancies have to be avoided for the sake of both the mother and child. Indeed, the intelligent planning of the coming of children is essential to the health and welfare of the entire family.

#### Lack of Knowledge Increases Abortions

One of the results of the failure to meet adequately this widespread need for birth control information is the very large number of abortions that take place annually in this country. This number has been estimated to be from six to seven hundred thousand. In New York City alone, 100,000 pregnancies are said to be artificially interrupted every year. Studies made at the Birth Control Clinical Research Bureau of New York and at the Maternal Health Center of Newark on the reproductive histories of some 12,000 women have shown that between twenty-five to thirty per cent of pregnancies are terminated prematurely by abortions. In other words, one out of every three or four pregnancies is wasted.

The enormous drain upon the physical, mental, and economic resources of the woman occasioned by these pregnancy interruptions is obvious. Abortion is a cruel and crude method

of family regulation. Infanticide and abortion were methods used by primitive people for the control of the population. We have long ago passed beyond the state of infanticide, and it is high time that we also pass beyond the stage of abortion. Even when carefully performed under the best surgical conditions, abortions are not altogether without danger. It is estimated that from ten to fifteen thousand women lose their lives annually in this country as a result of induced abortions, and an even larger number are left with permanent physical or psychic scars. Yet the majority of abortions are avoidable. They can be prevented by preventing undesired pregnancies. This, in fact, is one of the most important reasons for the dissemination of adequate birth control knowledge. A realistic attitude towards birth control would help to eliminate the abortion evil and would thus contribute materially to the conservation of human health.

#### Normal Sex Life Demands Birth Control

Nor can we overlook the role which birth control plays in married life generally. The fear of pregnancy, when a pregnancy must be avoided for medical, social, or economic reasons, is a source of recurring anxiety in many families. It often leads to physical and emotional strains which make a satisfactory marital adjustment difficult to attain. Obviously, the sexual relation in marriage cannot be limited to the few occasions when a child is desired. Marital continence for the purpose of preventing conception is neither feasible nor desirable. It is an ascetic ideal which is unsound both physiologically and psychologically and which tends to destroy the finest qualities of the marital union.

In animal life sexual contact is but a prelude to reproduction. In human life we are gradually learning to dissociate the sexual from the reproductive function. We are learning to accept the fact that the birth of a child should be a voluntary and deliberate choice on the part of the parents, and not the mere accidental result of a casual sexual relation. Clearly, then, if a couple wish to lead a normal married life without bringing forth too large a family, they must resort to some method of birth control.

Not all birth control methods, however, are equally effective or equally satisfactory, and some are even definitely harmful. The problem, then, that confronts the average married

couple who wish to safeguard their health and their marital happiness, is the choice of a reliable and harmless method for the prevention of conception. It should, indeed, be an accepted part of any rational public health program to make available adequate information on the advantages and disadvantages of the various contraceptive methods in use, and to provide information on the latest scientific developments in the technique of contraception for all married couples in need of this knowledge.

#### Many Methods Now Used

Broadly speaking, contraceptive measures may be divided into those that can be used by the male, and those that can be used by the female. The male methods consist of measures which prevent the sperms from entering into the female genital tract. One of these methods is *coitus interruptus*, generally referred to as "withdrawal." This method dates back to antiquity, and even today it is probably the most widely used measure for the prevention of conception. The reasons for its popularity are obvious: it requires no apparatus, no preparation, is always available, and costs nothing. Yet it is *not* a method that can be recommended as being either reliable or desirable. Statistical studies have shown, first of all, that failures with the method are not infrequent, often because of lack of adequate control and care. Then, the act of withdrawal itself and the constant tension and anxiety on the part of both mates lest it be delayed too long interferes seriously with the normal physiological process of the sexual relation and may give rise to organic or emotional disturbances. Furthermore, if withdrawal occurs too soon it may prevent the woman from experiencing an adequate response and thus affect her sexual reaction. Coitus interruptus is, therefore, *not* a method that can be recommended as a routine measure for the prevention of conception.

#### Disadvantages of Some Methods

Male methods present the general objection that they make the woman dependent upon the man for protection in a matter that affects her own health most vitally. Should the man be indifferent, or careless, or in an irresponsible condition, the woman subjects herself to grave risks. This is one of the reasons why methods for the prevention of conception which

can be used by the female are generally considered the best methods today.

For conception to ensue the sperms of the male, after they have been introduced into the vaginal canal during the sexual act, must enter into the uterus or womb and from there pass into the tubes, where they meet the egg cell. It is in one of the tubes that the union of the sperm and egg takes place. Consequently, as long as the spermatozoa can be prevented from entering into the womb conception will not occur, and it is upon this fact that the female methods of birth control are based. Both chemical and mechanical means are employed for this purpose. The chemical methods immobilize or destroy the spermatozoa within the vagina, while the mechanical appliances prevent the sperms from entering the womb and reaching the upper genital passages.

There are a number of different kinds of *chemical methods* of contraception. One which is very widely employed is the *douche*, either of plain water or with the addition of some chemical. This measure is presumed to wash away the male fluid from the vagina and to chemically destroy any of the remaining sperms. While a vaginal douche may be indicated for medical purposes it *cannot* be recommended as a contraceptive method. First of all, it is not reliable. Failures with the douche are very high. *No matter what type of device is employed for this purpose and no matter which particular drug or chemical is added to the water, the method fails frequently.* This is probably due to the fact that during the sexual relation the sperms may enter into the womb almost immediately and thus pass beyond the action of the douche. The douche washes out only the contents of the vaginal canal but does not affect the sperms that have already entered the womb. The claims of certain drug concerns that the use of their products in douches constitutes a reliable method for "feminine hygiene" are utterly unwarranted and misleading.

Aside from being unreliable, the douche is not a satisfactory method for another reason. Its use requires the woman to rise immediately after the sexual relation, a procedure which is physiologically and psychologically unsound. It is desirable that the sexual act be followed by a period of relaxation and rest, and the necessity of rising to attend to the douche is a disturbing factor.

Another chemical method of contraception which is frequently employed is the *suppository*.

Suppositories consist of some spermicidal (sperm killing) chemical ingredient incorporated in a solid base which melts at body temperature. The suppository has to be inserted into the vaginal canal prior to the sexual relation and is intended to act as a chemical spermicide and also as a physical barrier to the progress of the spermatozoa. A number of different kinds of suppositories are available for this purpose but none of them have as yet been proven to be entirely reliable. Sometimes they fail to melt in time, or else they may be so placed that they do not form an effective protective barrier to the progress of the sperms. In spite of the glowing statements of some concerns about the virtues of certain suppositories, one should *not* depend upon this method.

#### More Recent Developments

Within the last ten years or so a new chemical method of contraception, in the form of a jelly, has been introduced and is now being widely employed. *Contraceptive jellies* are prepared by incorporating chemical ingredients in a semi-solid gelatinous base. The jelly is introduced into the vaginal canal by means of special nozzles or appliances before intercourse, and, like the suppository, it is intended to act both as a chemical spermicide and as a mechanical barrier. In general, jellies have been found to be superior to suppositories for contraceptive purposes. They do not require melting, they are less messy, and they spread more readily so that they are more apt to cover the entrance to the womb. Yet jellies, too, are *not* altogether reliable and the claims made by some manufacturers that their jellies are 100 per cent efficient are gross exaggerations. I constantly come across women who have failed with one or the other of the contraceptive jellies. As a matter of fact, it is my opinion that there is no chemical contraceptive that is altogether reliable and effective.

The commercial exploitation of chemical contraceptives is threatening to become a menace to public health. It is indeed time that an authoritative national board be organized to establish standards, and to supervise the manufacture and advertising of contraceptives. For the present it is necessary to be on guard against the insidious influence of the exaggerated and misleading statements that emanate from conscienceless advertisers.

(Continued on page 127)

# Milk Is Not Cancer's Ally

People were frightened by the article published last month in "Coronet." A world-famous authority on cancer puts a few holes in the arguments of "Coronet's" fanciful researcher, Mr. Walter Clare Martin.

THE leading article in the March issue of the magazine *Coronet* is entitled "Is Milk Cancer's Ally?" Written by a Mr. Walter Clare Martin in a style that Walter Winchell might envy, the article purports to prove that (1) the high incidence of cancer in civilized countries is due to the great consumption of milk and milk products in these countries, (2) that milk is not the perfect food it is claimed to be, and (3) that on the contrary the drinking of milk is responsible for bad teeth, nervous disorders, and many other ailments.

The comment of Dr. Francis Carter Wood, Director of the Institute of Cancer Research at Columbia University and one of the leading cancer authorities in the world, was that the article is "the most delightful piece of twaddle I've read in a long time." The *Oxford Dictionary* defines twaddle as "empty, pretentious, silly talk." Synonyms for twaddle are gibberish, bombast, claptrap, moonshine, and self-delusion. The article is packed with all of these. Were it not for the fear that such an article is likely to arouse in many people it would not be worthy of an answer.

## Vas You Der, Sbarlie?

The author asserts that some woman in England—no name or hospital connection is given—who had been working on the geography and ethnology of cancer reported that the "American Indian (of pioneer times) was the only member of the human race entirely free from cancer." The reason—they ate meat and never drank milk. Dr. Wood asks, "Who was around to investigate the American Indians?" The medicine men of the American Indian tribes of pioneer times didn't know the difference between cancer and carbuncles, and if they

did they forgot to engrave the cancer rate on birch trees for the sake of posterity. Besides, more than ninety per cent of deaths from cancer occur in persons over forty years of age. Most of the Indians died of infectious diseases, injuries, and warfare before reaching the cancer age.

The author asserts that Southern Negroes and "po' white trash" have less cancer than the well-to-do whites because the latter drink milk, whereas the Negroes and poor whites cannot afford it. Cancer, however, can only be detected by physicians. Cancer statistics in the South are obtained from hospitals and physicians, whose services can only be purchased by well-to-do whites. The majority of Negroes and poor whites never see a doctor during their entire lives.

The author raves on: "For years Switzerland, a milk and cheese nation was thought to hold the world pennant for cancer. Now Scotland—which one tourist glorified as an island of oatmeal in an ocean of milk—is beginning to beat the yodelers record." Dr. Wood answers: "The reason there has always been a higher cancer rate in Switzerland is that more autopsies are made there than elsewhere. In Switzerland there is autopsy in ninety per cent of all deaths. In this country there is autopsy in only two per cent of all deaths. . . . If the cancer rate is going up in Scotland it means that the Scottish doctors are getting more expert. The cancer rate is in direct proportion to the effort of the doctors in the community."

## What About the Eskimos?

The natives of Ceylon do not drink milk and have the lowest known ratio of cancer on earth, according to Mr. Martin. The Ceylon natives do not eat spaghetti either, so by the  
(Continued on page 132)

# Corns and Calluses

These troublesome ailments are nature's way of protecting your feet against damage by ill-fitting and poorly designed shoes. A podiatrist gives some good advice about both prevention and treatment.

IF ONE were to examine the hands of a laborer who uses a pick and shovel, one would generally find hard skin or calluses at the points where the handle of the tool came in contact with the palm. This is a natural skin reaction which comes about as a result of friction. On hands unaccustomed to heavy work, such friction would cause redness, and, later, blisters to appear; further irritation of this kind would eventually lead to thickened callosities. Such a callousing process is nature's way of reacting to protect the underlying tissues. If nature did not react this way, the constant friction would eventually wear the soft tissues down to the bone.

This identical process occurs on the feet when ill-fitting shoes are worn. Blisters may form on the cramped or pinched toes, and if the irritation continues corns will develop at the points where the greatest pressure is. Corns usually appear on the skin at the joints of the toes and at the points where the bones of the toes are most prominent.

"Soft corns" appear in the web between the first joint of the little toe and the head of the fourth metatarsal bone which lies next to it. Soft corns are so called because the moisture that collects between the toes softens the thickened skin. In spite of its name, a soft corn is just as painful as a hard one.

## Home Treatment

An immediate treatment for painful corns is to remove the corn itself. This may be done with a sharp, sterilized razor blade, but care must be taken to avoid cutting into the normal tissue. Home surgery of any kind is always attended by some risk, but as a matter of practice it is impossible to discourage it effec-

tively. Padding the area after removal of the corn with a piece of special adhesive plaster (moleskin) cut out in the center will shift the pressure to the less sensitive portions of the toe.

Another way of getting relief is to soak the feet for about fifteen minutes in warm water and then scrape the surface of the corn with a sandpaper file, pumice stone, or a stiff brush. This can also be done at home, though the best method, of course, is to visit a podiatrist or chiropodist.

In any discussion of corns, however, the importance of wearing properly fitted shoes cannot be over-emphasized. Only in this way can the cause of the trouble be removed and a permanent cure be effected.

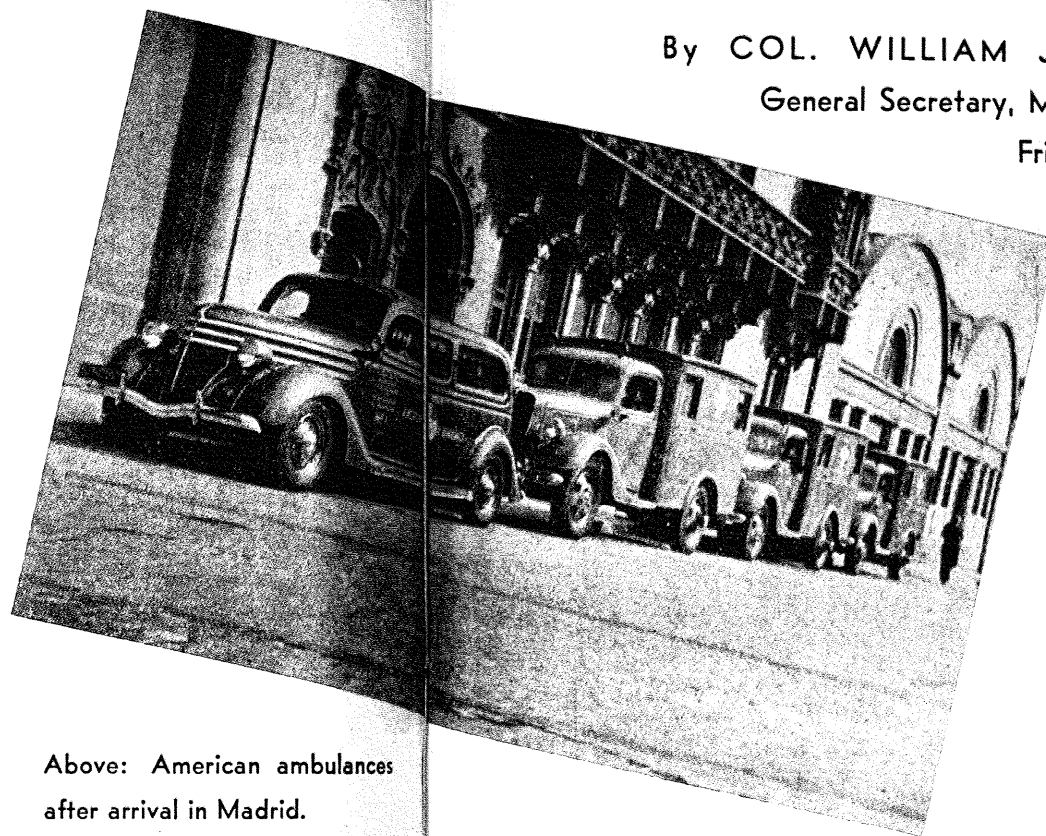
The home methods of treatment referred to above apply only to corns that appear on the toes. For corns that appear in calluses on the balls of the feet, where the ends of the middle metatarsal bones are prominent, paring will give some relief. But here again the best measures are those that remove the cause of the trouble. In this case a better distribution of body weight is needed and this is best accomplished by the use of metatarsal pads which take the weight off the corn-bearing area and remove it from contact with the shoe.

## Calluses and Warts

Callosities (calluses) generally appear on the soles of the feet and are due to the fact that the ends of the middle metatarsal bones are bearing too large a proportion of the body weight. Painful corns frequently develop in such callosities. Callosities may be removed in a manner similar to corns, but a cure can be  
(Continued on page 130)

# SAVING LIVES IN SPAIN

By COL. WILLIAM J. CROOKSTON, M. D.  
General Secretary, Medical Bureau of the American  
Friends of Spanish Democracy.



Above: American ambulances  
after arrival in Madrid.

his work. The patient is living, the cable concluded.

This story which appeared in hundreds of American newspapers, dramatically recited the great humanitarian results of medical aid to Spain.

To organize this aid the Medical Bureau of the American Friends of Spanish Democracy began functioning in September, 1936. In January, 1937, with chapters established in leading American cities, the Medical Bureau sent its first unit to Spain. This unit took with them four ambulances and twelve tons of medical equipment. When they arrived in Port Bou, first city beyond the Spanish border, they were greeted by radios installed in the trees along the roads. People cheered and public meetings were arranged. The reception given to the American medical unit was so touching that one of the nurses wrote "they looked upon us almost as saviors. I feel embarrassed when I remember that ours is a common cause. What suffering these poor people must have endured to display such gratefulness towards our puny aid! They cut their choicest flowers and bring them as humble offerings to our feet."

The loyalist government and the Health Ministry gave their fullest cooperation. An American Base Hospital with 120 beds was established at Chinchon, near Madrid, working day and night and treating an average of 400 patients a day.

With the first few days of operation, however, Dr. Barsky, chief surgeon, was anxiously cabling for more help. More surgeons, nurses, ambulances, and equipment were needed. The struggle between the loyalists and the rebels for the Valencia road was on and the casualties were terrific.

But it was not only the problem of saving lives

ON FEBRUARY 24, an Associated Press dispatch from "behind the government lines southeast of Madrid" advised that "an American Medical Unit headed by Dr. Barsky, of New York, worked feverishly today to treat more than 900 government soldiers wounded in the Jarama sector."

The story told how these American surgeons, nurses, and ambulance drivers, saved the lives of all the wounded but one. In one case the lights were put out to avoid an air raid. At that moment Dr. Barsky had just sewn up a soldier's heart and was in the midst of an abdominal operation. The staff focused flashlights on the table, while Dr. Barsky completed

Below: A Madrid apartment house shattered by rebel fire. Lower right: Women and children seeking safety in a Madrid subway station.



of combatants. Air raids were taking toll of the lives of women and children as well. Perhaps the most dramatic story of the war was the Associated Press interview of February 17 with Dr. Norman Bethune of Montreal, on the evacuation of Malaga. Dr. Bethune, head of the Spanish-American Blood Transfusion Institute said: "Imagine 150,000 men, women, and children setting out for safety to a town situated more than 100 miles away, with only one road to take on a journey requiring five days and five nights at least. There was no food to be found in the villages and there were no trains or busses to transport them.

"They staggered and stumbled, with cut and bruised feet, along the white flint road, while the fascists bombed them from the air and from the sea.

"There were thousands of children. We counted at least 5,000 under ten years of age, at least a thousand of them barefoot and many clad only in single garments.

"Our car was besieged by a mob of frantic mothers and fathers, who, with tired, outstretched arms, held up to us their children with their faces swollen and congested by four days of sun and dust."

#### Prominent Americans Aid in Work

It is for the great humanitarian work of saving these lives in Spain that the Medical Bureau of the American Friends of Spanish Democracy initiated a national campaign which brought into its ranks such nationally known medical authorities as Dr. Walter B. Cannon of the Harvard Medical School; Dr. John Peters of Yale; Dr. Henry E. Sigerist of Johns Hopkins University, and other surgeons, physicians, and nurses from hundreds of American cities.

Prominent Americans in all fields of activity have readily given their support to the work. In answer to the urgent demand for more medical aid a committee was established for the organization of an American Artists and Writers ambulance corps headed by such prominent people in American arts and letters as Ernest Hemingway, Sinclair Lewis, Upton Sinclair, Fannie Hurst, Edna Ferber, George Kaufman, Van Wyck Brooks, Paul Muni, and Sylvia Sidney. More than 100 leading American writers, artists, playwrights, and actors responded. Perhaps the sentiments of Americans in the cultural fields was best expressed by

the successful actor, Philip Merivale, when he wrote:

"It may be reassuring to some to read that with the assistance of 'my Moors' General de Llano has imposed 'perfect order' upon Malaga and that by wholesale executions the Christian church will shortly be re-established; but not for me. This, were I yet persuaded of it, could only impress me with apprehension that more funds, more doctors, more nurses, and more medical supplies than ever would be needed; and the most consoling feature in today's newspapers is that there appears to be no limit to the chivalry and courage of Americans to whom I wish every success in their endeavor."

Dorothy Canfield Fisher, noted author, wrote: "My husband and I went to France early in 1916, where he served till the end of the war in the ambulance service of the American Field Service and I worked with the war-blind and with refugee children. If twenty years added to our years had not made it physically impossible to do the same thing now for the Spanish Government, I think you'd see us enrolling again."

A second American ambulance unit was to be sent to Spain on March 17 when a blow was struck against the great humanitarian work of liberal minded Americans. Secretary of State Hull, unexpectedly ruled that passports to Americans going with medical units to Spain would be refused, and that all contributions for medical aid must be given through the American Red Cross.

In answer the Medical Bureau pointed out that the Red Cross had no units for the provision of medical aid in Spain ready today. The Medical Bureau further stated that it based its assertion concerning the absence of Red Cross aid in the Spanish conflict on a cable received from Juan Negrin, finance minister of the Spanish Government. Senor Negrin, cabled "There are many independent missions in our country, but no one, so far as we know, from the Red Cross."

The Medical Bureau added, "The sentiments of the American people will not support, we are sure, this latest ruling of the State Department which is in opposition to all that our democratic traditions and history stand for."

#### New Unit to Sail

Then hundreds of telegrams flooded the State Department. Late on Saturday, March 13 (not an unlucky day in this instance), the

State Department suddenly reversed its decision. As General Secretary of the Medical Bureau I was then in a position to issue this statement to the press:

"The State Department's new ruling permitting the sailing of the second surgical unit from this country to Loyalist Spain assures the establishment of a \$5,000,000 American Medical Center in the Spanish Government area.

"The Second American Medical Unit will sail on March 17. The unit will be composed of two surgeons, seven nurses, two ambulance drivers, four ambulances, and ten tons of medical and surgical supplies and equipment. This unit will supplement the American Base Hospital staff, which was sent to Spain by the Medical Bureau on January 16.

"More units will be sent as quickly as we can assemble them. The next step in the establishment of our half-million dollar medical center

in Spain, will be the despatch of a pediatrics unit with sufficient material for the immunization of 50,000 children against diphtheria, smallpox, and typhoid. At the same time, as part of our medical center, we shall establish the American Institute for Anesthesia and Pain Relief, which will be supplied with sufficient anesthetics and anesthesia material to serve all needs in Spanish government areas.

"Another part of our program is the establishment of the American Institute of Child Care, which will be engaged in the care of orphans of the civil war as well as in the repatriation of child refugees."

I believe that all this speaks for itself. The Medical Bureau of the American Friends of Spanish Democracy, with headquarters at 20 Vesey Street, New York City, has saved thousands of lives in Spain. Your contribution may save a dying man, woman, or child.

I urge you as a good American to send your contribution today.

### A Letter from a Famous Canadian Surgeon

"... AS you know, we have withstood the heaviest attack and the most serious effort of the fascists to take the city since the first and second weeks of November. Their losses have been terrific—at least 5,000 Germans have been killed and Franco has taken the Moors away from Madrid and replaced them with fresh German troops. They thought they had a walk-over and advanced in exactly the same massed formation as they did in 1914-1915 in France. Our machine-guns simply mowed them down. Our losses were 1 to 5 of theirs.

"We have been having two and four raids a day for two weeks now and many thousands of non-combatants, women and children, have been killed. I was in the Telephone Building the other day when it was shelled. However, it is very modern and strongly built, and no great damage was done.

"Our night work is very eerie! We get a phone call for blood. Snatch up our packed bag, take two bottles (each 500 c. c.)—one of group IV and one of group II blood—out of the refrigerator and with our armed guard off we go through the absolutely pitch dark streets and the guns and machine guns and rifle shots sound as if they were in the next block, although they are really half a mile away. Without lights we drive. Stop at the hospital and with a searchlight in our hands find our way into the cellar. All the operating rooms in the hospitals have been moved into the basement to avoid falling shrapnel, bricks, and stones coming through the operating room ceiling.

"Our bag contains a completely sterilized box of instruments, towels, etc., so we can start work at once. The man is lying most frequently on a stretcher so we kneel down beside him, prick the finger and on a slide put one drop each of Serum type II and type III. If his red blood cells are agglutinated by II and not by III—he is a type III. If agglutinated by II he is a III, if by both he is a type I, if neither, he is a type IV.

"Then the proper blood is warmed in a pan of water and we are ready to start. The man is usually as white as paper, mostly shocked, with an imperceptible pulse. We now inject novocaine over the vein in the bend of the elbow, cut down and find the vein, insert a small glass Cannula, then run the blood in. The change in most cases is spectacular. The pulse can now be felt and his pale lips have some color.

"Yesterday, we did three transfusions—this is about the average daily, besides the blood we leave at hospitals for them to use themselves. We collect half to three-quarters of a gallon daily, mix it with Sodium Citrate (3.8%) and keep it just above freezing in the refrigerator in sterile milk and wine bottles. This blood will keep for about a week. There is a Barcelona Unit who are putting up blood in sterile ampules. I will go there and see the method. It looks O.K.

"Well, I will close now. We all feel enormously encouraged by your grand support. You may rest assured and give our assurance to the workers of Canada that their efforts and money are saving many Spanish, French, German, and English lives. *We will win*—the fascists are already defeated. Madrid will be the tomb of fascism."

NORMAN BETHUNE

# Arthritis and Rheumatism

A review of a worth-while book by Dr. Maurice F. Lautman. A discussion of the joint disease which afflicts from two to three per cent of the population, with an evaluation of the methods of treatment.

THE aim of this book is to enable the patient to cooperate intelligently with his physician in the treatment of his condition and also to help him recognize whether or not his doctor is treating him along sound lines. The fact that there is a need for such a book should serve to emphasize to physicians that their training in the handling of the arthritic patient is deficient if they consider their responsibilities discharged with the prescription of one of the many so-called anti-arthritic drugs.

Dr. Lautman's book exposes the inadequacy of such over-simplified treatment. Indeed, the plan of treatment suggested for the more serious forms of arthritis emphasizes the need for rest, with carefully designed and directed exercises and proper physiotherapy. As Dr. Lautman observes, the treatment of atrophic arthritis is very similar to the treatment of tuberculosis, but he does not go on to the logical conclusion that institutions similar to tuberculosis sanatoria should be established for the treatment of arthritis. Such institutions do exist, but only for the well-to-do. The wage-earner victim of arthritis or the members of his family must do the best they can at home under the ministrations of their physician, who often has little interest or training in arthritis. Frequently the patient is abandoned to a state of hopeless invalidism. When, as Dr. Lautman estimates, from two to three per cent of our population is afflicted with rheumatic disease, it is important for the government to fulfill its responsibility in rescuing and rehabilitating those afflicted with the severer forms of disease by creating sanatoria for their treatment. These sanatoria would serve not only as places where sufferers could obtain treatment, but also as centers of research and teaching where new methods would be discovered and tried, where the medi-

cal profession as a whole could kindle its interest in the problem and keep up to date on the most modern method of handling these conditions.

Dr. Lautman lays emphasis on recognizing the "pre-arthritic state," the earliest and most curable stage of atrophic arthritis. Most physicians are no more capable of doing this now than the physicians of a past generation were capable of recognizing pulmonary tuberculosis in its earliest stages. As the tuberculosis sanatoria have educated practitioners to look for and find early tuberculosis, so must the arthritis sanatoria of the future educate physicians to look for and recognize arthritis in its earliest and most curable stage.

## Types of Arthritis

Chronic arthritis is the same thing as "rheumatism."\* It is characterized by a chronic inflammation of the joints and certain disorders of the body as a whole. Most chronic arthritis can be classified under two types, the atrophic and the hypertrophic. Of these, atrophic arthritis is the more serious both to the patient's body and pocketbook because it is most common between the ages of twenty and fifty, the most productive period of life. The injury to the joints is more extensive, there is a marked wasting of the muscles, ligaments and fat, and a loss of lime salts from the bones of the entire body. In severe cases, the end result may be that some joints are completely incapable of

\* The terminology of arthritis is very confusing not only to laymen but to doctors as well. Following are some of the terms used for the two most common kinds of arthritis: *Atrophic arthritis*—rheumatoid arthritis, infectious arthritis, proliferative arthritis; *Hypertrophic arthritis*—osteo-arthritis, degenerative arthritis.

motion (ankylosis). While any or all joints may be affected, the middle joints of the fingers are almost always involved. Hypertrophic arthritis, however, is a less serious disease from which most people over fifty suffer to a greater or less extent. Within limits it may be considered a part of the ageing process, a result of the wear and tear of life on the joints. The joints nearest the ends of the fingers are affected first, but the joints never become entirely stiffened.

In listing the causes of chronic atrophic arthritis we must distinguish predisposing from precipitating factors. Atrophic arthritis is most likely to occur in the nervous, high strung individual who goes to bed tired and gets up tired. Such a person usually has a sagging posture, flat chest, prominent abdomen, and poor digestion. The hands and feet get cold easily and are moist with perspiration. He is continually sniffing with a cold or suffering from other infections in the tonsils, teeth, or generative organs. This type of individual may readily contract arthritis after tonsillitis or a sore throat, a bout of intestinal trouble, or other diseases such as typhoid fever or pneumonia. In addition to infection, important precipitating causes are overwork, mental or emotional shock, and physical shock such as that which might follow an accident or a surgical operation.

## Recognizing Predisposition

Arthritis is easy to recognize in its developed form. The joint or joints affected are painful, tender and swollen, and in the atrophic form of the disease there is marked atrophy (wasting) of the soft tissues. However, it is more important to recognize the "pre-arthritic state," i.e., the individual predisposed to atrophic arthritis, for it is much easier to prevent the joints from becoming painful and swollen than it is to cure them after pain and swelling have occurred. A predisposed individual presents vague symptoms of general ill health which may include easy fatigability, both physical and mental, nervousness, loss of appetite and weight, abnormal temperature, especially at night, frequent headaches, insomnia, and constipation. On physical examination, he will often show low blood pressure and anemia, as well as many of the conditions described in the last paragraph. Since focal infection (a chronic infection from which germs and their products

are absorbed into the blood) plays a dominant role in arthritis, the chances are that a complete physical examination will also reveal some infection of the tonsils, teeth, intestine, or sinuses. The germ which is assumed to be responsible for rheumatic diseases is the *streptococcus hemolyticus*, so called because it grows in a string-like formation and dissolves the red blood cells.

Predisposition does not play any great role in hypertrophic arthritis (the arthritis of wear and tear). Individuals suffering from this disease have usually enjoyed good health and led strenuous lives. The arthritic process usually affects those joints most used, so that the carpenter gets a marked arthritis of the finger joints early in life, the hod carrier arthritis of the spine, and so forth.

## Methods of Treatment

The treatment of atrophic arthritis is a definite problem to physician and patient. It must be understood that, contrary to the opinion of many lay persons, the disease is definitely curable, but aftercare is essential if the cure is to be permanent. A whole-hearted co-operation between doctor and patient is a prime requisite. Since the mental attitude of the patient is extremely important, the patient must be made to regard his condition optimistically and realize that there is a great deal that he himself can do to hasten his cure.

Since the disease takes many years to develop, the cure is not a matter of a few weeks or even months. The treatment of arthritis is a many-sided affair the aim of which is to improve all the functions of the body and to remove the underlying causes of the disease. It is as important to build up the general condition of the sufferer as it is to care for the specific joints involved, if, indeed, it is not more important. For this reason rest is a necessity. Complete physical and mental rest would be ideal, but failing this the patient must be made to rest as much as is possible—eight hours sleep every night and one to two hours of rest every morning and afternoon are of the greatest benefit.

Diet is important, too, in building up the patient generally. The first aim of dietary control is to lower or raise the individual to the normal weight, and therefore the diet prescribed will vary with the individual case. However, there are certain rules which apply to all cases, such as the avoidance of an excess of

sugar and starches. Plenty of vitamins should be taken in the form of milk, fruit, and green vegetables. Contrary to popular belief, it is not necessary or desirable to exclude meat from the diet of an arthritic patient. In bringing up the weight of the sufferer it must be remembered that the digestive system is not functioning well, and should not be overburdened at first.

Local treatment of the joints specifically affected is also important. A large number of treatments are in general use, but certain of these, including massage, exercise, and heat have stood the test of time. The massage of the joints must not be too strenuous. The degree of pressure which it is safe for the masseur to exert varies with the individual joint. Walking is considered the best form of exercise, but it should not be indulged in beyond the point of fatigue or pain. When the patient is bedridden all the joints should be put through their complete range of motion daily. Deep breathing and postural exercises should be included in any system of exercise for arthritis. When the joints are very painful the movements can often be carried out more easily under water. Heat in all its forms applied to the affected areas is good. The methods of application of heat most generally used at sanatoria are hot wet packs, sun bathing, and diathermy. These alleviate, if only temporarily, the pain in the joint or joints affected. Hydrotherapy (treatment with water) has been used with excellent results. This can be undertaken to some extent in any home which has a bathtub or shower. Care must be taken that the water is not cold. The usual temperature in therapeutic pools is 100 degrees Fahrenheit.

Vaccine treatment for arthritic conditions has been effective in the hands of some doctors. Its use is not general enough, and opinions as to its benefits are too varied, to recommend it for cases of arthritis in general.

### Drug Therapy Useless

In warm countries like Hawaii and Bermuda, where there is little variation in temperature, atrophic arthritis does not occur, and patients with atrophic arthritis often improve rapidly when transferred to such a climate. However, such a move is impossible to most wage earners whose occupation often exposes them to the rigors of our changeable climate. The best thing that most sufferers can do is to protect themselves as well as possible from

the cold and dampness. Warm shoes, stockings, and underwear, and rubbers in damp weather are particularly necessary.

Dr. Lautman quite appropriately passes over drug therapy with very few words. The efforts of the patent medicine manufacturers and their advertising agents have spread the erroneous idea that the cure of arthritis can be accomplished pleasantly and easily by swallowing a nostrum. No drug ever cured arthritis, and all of them when taken over a period of time destroy appetite and put a further strain on an already sick intestine. For the occasional relief of pain where some drug is indicated, aspirin is the cheapest, and usually the most effective drug.

The existing information with regard to arthritis is too extensive to be encompassed in this book. Definite rules are not laid down because there is much controversy between physicians on certain points, and the personal equation is too important. It must be remembered that atrophic arthritis is a constitutional disease, which means that the cure of the disordered bodily functions is as important as the cure of the joints specifically involved.

Measures such as the elimination of foci of infection in tonsils and teeth can be quickly accomplished, but some of the corrective measures have to be kept up for life. The degree of adjustment necessary depends upon how far the patient has strayed from the path of sane, healthful living. A simple, regular life, simple foods, correct physical and mental habits, and an adequate amount of rest and exercise are essentials. It should bring great hope to the arthritic sufferer to realize that under correct treatment seventy to ninety per cent of cases progress favorably.

We are in general agreement with Dr. Lautman's point of view. After all the fads that have grown up and died away again in the treatment of arthritis, it is a pleasure to find some one taking such a common sense attitude. For this reason, we thought it worthwhile to review his book in some detail. We do feel, however, that the importance of focal infection is overemphasized, and particularly of "infection" of the intestinal tract. The emphasis placed on mental strain and worry is quite proper, and might well have been greater.

(*Arthritis and Rheumatic Disease*, by Maurice F. Lautman, M.D., 175 pp., Whittlesey House, New York, \$2.00.)

# COSMETIC PROBLEMS

## XERVAC — YOUR BARBER WILL MENTION IT

For the many readers who have been asking questions regarding the care of the skin and hair, HEALTH and HYGIENE'S skin specialist will discuss such problems every month. All questions must be signed and accompanied by a self-addressed, stamped envelope.

THE treatment of baldness has always been a fertile field for racketeers. For many years various "sure cures" have been offered to the public, and even though nobody is cured the field remains a lucrative one. Apparently Barnum was right.

The ever-hopeful bald public is now offered a new gadget — *Xervac* (pronounced ex-ervac). It looks very impressive. A helmet is placed over the head. This helmet is connected to an electric machine in which there are a motor driven pump and air reservoirs. Thus, suction and pressure are alternately applied to the scalp.

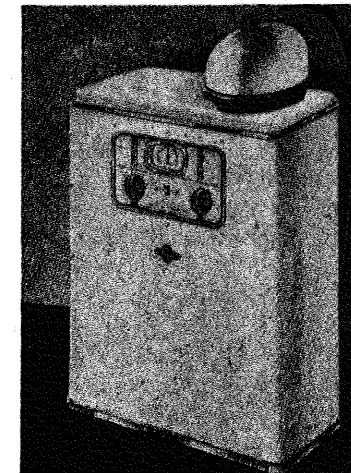
The Crosley Radio Corporation, makers of the device, urge barbers and beauticians to take advantage of its money-making possibilities. The company states that as soon as one thousand cases have been treated, they will submit the results to the American Medical Association for consideration and approval. Whether or not they will ever do this we do not know, but in the meantime they are placing the machine on the market and are trying to rake in as much money as possible. In other words, the public is asked to pay for the privilege of serving as guinea pigs.

According to the advertisements, the *Xervac* machine was developed by a Dr. Andre Cueto of Cincinnati, who is supposed to have "worked with leading men in the profession in both the

General and Holmes hospitals in Cincinnati.' At the present time Dr. Cueto is not a member of any of the medical organizations of his city, county, or state, and so it is impossible to judge his standing in the medical profession.

Physicians have used a machine called *Pavaex* which supplies alternate pressure and suction to the hands, forearms, legs and feet of patients with poor blood circulation in these parts. In some of these patients it was noticed that the hair on the affected extremities fell out and in some of these, the hair grew back on the extremities after the circulation was improved. Note that the hair did not fall out of the extremities in all the cases of imperfect circulation. Thus, the theory that *Xervac* will restore hair growth on the scalp rests on very insufficient evidence. Neither Dr. Cueto nor anyone else has proved that baldness is due to abnormality of the blood vessels of the scalp.

Though we are inclined to call *Xervac* a fake we shall refrain from doing so and simply state that the principle of passive vascular (blood vessels) exercise as applied to the scalp should be investigated by competent and honest investigators. The manner in which this machine is being exploited leads us to doubt the reliability of the investigations. We advise our readers not to pay for the privilege of being experimented on by a radio manufacturer whose ethical ideals do not appear to be too high.



It looks like a radio. The Crosley Company says it will grow hair.

# British Doctors Go Into Action

BY F. LE GROS CLARK

A London correspondent advises us of the social awakening of the British medical profession.

THE medical profession in Britain is not so conservative as it was; a ferment is at work within it. A brief description of the way in which the medical mind is shifting may not be out of place in your pages.

It was about 1930 that progressive thought in this country awakened to the wealth of revealing information scattered among the annual reports of medical officers and school medical officers. The result was a diligent search among these reports on the part of a few doctors and laymen, and amply documented bulletins began to be issued. G. A. Hutt made full use of this material in his *Condition of the British Working Class in 1932*. Comment upon this volume was included in the subsequent report of the chief medical officer, Sir George Newman; he said that conditions had vastly improved since the publication of Engels' book dealing with this same working class in 1846. The critics agreed, but were not satisfied. In 1933 the publication of the scale of "minimum diets" by the British Medical Association brought the whole problem of wide-spread malnutrition to the fore. Rumor has it that some, at least, of the sponsors of this interesting document were not disconcerted at the storm it aroused; they had planned to arouse just such a storm of discussion.

Early in 1934 came the logical consequence of this discussion in the formation by a number of enlightened doctors and scientific workers of a Committee against Malnutrition. This Committee immediately acted like a catalytic agent on the public mind. Malnutrition was debated in the press and on the public platform. Authorities of the standing of Sir F. G. Hopkins, Professor V. H. Mottram, and Dr. J. S. Huxley appeared on the Committee's platforms.

Every organization that dealt with welfare problems, with education, and with the needs of women began as a matter of course to feature resolutions on diet and health in its conferences.

When in the Spring of 1935 efforts were made to impose demonstrably inadequate scales of unemployment assistance on a large section of the unemployed, letters appeared in the public press over the names of a number of the most distinguished physicians and physiologists, protesting that the new scales were not adequate for human maintenance, least of all from the dietetic point of view. The effect on the public conscience and particularly on the medical profession was marked. It is true that many of those doctors who were considering social problems for the first time in their professional lives were still lethargic or hesitant. But the work was being done, and this whole preparatory period gave opportunities for interchange of views among a number of doctors who now realized that they were not isolated in their opinions.

BY the end of 1935 many of those doctors who had graduated into political consciousness through their association with the Malnutrition Committee were seeking for fresh worlds to conquer. The Italo-Abyssinian war and the aerial attacks upon the Red Cross gave them their stimulus and their opportunity. A memorandum protesting in dignified language against the bombing of units that displayed the Red Cross was signed by several hundred members of the profession, published in the medical press, and presented to the Italian ambassador. Encouraged by this evidence of support, several

(Continued on page 131)

## QUESTIONS AND ANSWERS

If you wish to have any health problem discussed write to HEALTH and HYGIENE. Your letter will be referred to one of our doctors for reply. However, diagnosis of individual cases and prescription for their treatment will not be undertaken. No letter will receive attention unless it is signed and accompanied by a self-addressed, stamped envelope.

### Sterilization by X-Ray

Las Vegas, N. M.

DEAR DOCTORS:

If a woman has an organic disease or ailment that makes it dangerous for her to become pregnant, is it advisable for her to have a sterilization operation? Which of the various methods of sterilization is the one that is considered best?—K. D.

*Answer*—Pregnancy is dangerous for women who are suffering from certain forms of heart disease, chronic kidney trouble, active tuberculosis, special types of anemia, and a few rare diseases of the eyes and ears. Not only will pregnancy greatly impair the health of such women, but it may actually endanger their lives.

Many of these patients who are cooperative and intelligent have been taught to practice contraception, and are therefore no source of trouble to themselves or their medical advisers. There are a certain percentage of this group of women who, because of laziness or lack of cooperation from their husbands, continue to become pregnant at fairly regular intervals. Here the doctor is up against a difficult problem. Pregnancy is dangerous, and frequent interruption of the pregnancy by abortion is also risky because of the possibility of infection and blood poisoning. Steps must therefore be taken to prevent future pregnancies.

In younger women who cannot enforce contraception this is done by means of an abdominal operation. The womb is opened, the fetus is removed, and the tubes are tied off. The patient can then no longer become pregnant, yet she continues to menstruate regularly and her sexual life is in no way disturbed. For women close to the age of forty, another method has recently been developed. Here no operation is performed, the method consisting of the application of x-ray treatment to the ovaries at any time up to the third month of pregnancy. This treatment causes the death of the fetus, and several weeks later the patient has a miscarriage. This treatment has a

two-fold purpose: it not only does away with pregnancy, but it produces permanent menopause (change of life), with the result that the patient does not menstruate any more. This is of no serious consequence to women in the forties, because they are at the age when the change of life would soon occur naturally. After the menopause the patient can then lead a normal sex life without fear of pregnancy.

This x-ray method of abortion is not practical in young women. It is unwise to subject young women to artificial change of life because the symptoms are likely to be very distressing in young women. Besides, the x-ray method of producing abortion or premature menopause, when applied to young women, is more uncertain in its results and may result in complications.

\* \* \*

### Mixing Your Drinks

Provincetown, Mass.

DEAR DOCTORS:

Is there any foundation for the belief that a person becomes more intoxicated by drinking a



number of different kinds of drinks in one evening than by sticking to one drink?—S.L.

*Answer*—There is no foundation for the belief that "mixing your drinks" is any more conducive to intoxication than drinking only one kind of liquor, granting, of course, that the actual amount of alcohol consumed is the same.

The degree of intoxication depends primarily on the amount of alcohol that has been absorbed



into the blood stream, and it does not matter from what source this alcohol is derived.

There are also psychological factors which influence the degree of apparent intoxication. There are persons who show signs of intoxication when they believe they have been drinking alcoholic drinks, even though the drinks have not contained alcohol. It is very likely, therefore, that the popular notion about combining drinks may have a suggestive effect upon some drinkers. Physiologically there is no basis for the theory.

\* \* \*

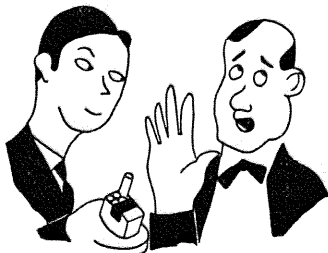
### Smoking and Bronchitis

Lima, Ohio.

DEAR DOCTORS:

What is the cause of chronic bronchitis? Is it true that it is necessary to stop smoking before a cure can be effected?—H. A.

*Answer*—Chronic bronchitis is not a definite disease but occurs because of some other under-



lying condition. It can only be cured by discovering what the underlying condition is, and then curing that. Obviously, a thorough medical examination is necessary in every case of chronic bronchitis.

One of the most important steps in attempting to find the cause of bronchitis is an x-ray examination of the chest. It may also be necessary to examine the sputum under a microscope. A careful examination of the nose and throat by a specialist may have to be done, since chronic bronchitis is often due to sinusitis, and treatment of the sinusitis may bring complete relief. Sometimes, a number of examinations by a physician are necessary to disclose the cause of the condition.

Stopping smoking would probably not cure chronic bronchitis, but often such a step will afford considerable relief.

\* \* \*

### Removing Acne Scars

Yakima, Wash.

DEAR DOCTOR:

Is it true that there is a method known as "peeling," by which the scars caused by acne may be partly or wholly removed?—D.A.

*Answer*—Attempts to treat the scarring caused by acne usually consist in "peeling" the skin by

the use of various strong chemicals, as well as intense treatment with ultra-violet rays. Both of these methods should be carried out only by a competent skin specialist.

The results vary, depending on the amount and kind of scarring present. While results in some cases may be good, one should not expect to regain a baby-like complexion.

\* \* \*

### Treatment of Burns

Williamsport, Pa.

DEAR DOCTORS:

Will you please explain what is meant by the various so-called "degrees" of burns? Also, please tell me something about the tannic acid treatment of burns. I have been told that strong tea may be used effectively as a substitute for tannic acid in the treatment of burns.—J. D.

*Answer*—A first degree burn is one in which the skin is merely reddened; in a second degree burn, there is redness and blistering; a third degree burn connotes destruction of the deeper underlying tissues as well as the skin itself, with resulting deep ulceration and unsightly scar formation on healing. The tannic acid treatment is applied chiefly to the severe burns of the second or third degree.

Whenever a burn, especially of the second or third degree, involves a large area of the skin surface, serious consequences are to be expected and life may be endangered. This is due to the liberation of toxic (poisonous) chemicals from the burned skin tissues. These poisons are absorbed by the blood and circulate through the body, producing damage to all the cells of the body, but especially to organs such as the kidneys and stomach. Nephritis (inflammation of the kidneys) and even ulcer of the stomach have followed severe burns. In addition, the burned skin loses its function of protecting the body from loss of heat and water. It also permits bacteria to take hold and infect the surrounding tissues, thus putting a still greater strain on an already weakened body resistance.

Any method of treatment which would bind or neutralized the poisons of the burned skin before they could get into the blood, and which would also prevent infection and temporarily protect the body from too great a loss of heat and moisture, would be ideal. Tannic acid does these things to a greater or lesser degree. Tannic acid is a complex chemical which has the property of precipitating (rendering insoluble) certain chemical substances. Proteins, the chief chemical constituents of the body, are precipitated by tannic acid. When tannic acid solution is sprayed on a burn, it forms a tough, leathery precipitate of proteins which traps within its meshes the poisons formed from the burned skin, and so prevents them from being ab-

sorbed by the blood. At the same time, it closes up all the little nooks and crannies where bacteria might lodge and cause infection. Finally, the leathery coating that is formed prevents loss of heat and moisture from the body.

The tannic acid treatment is chiefly of value in hospital care of severely burned patients. It must be carried out under the doctor's supervision after blisters and shreds of dead skin have been carefully removed and all raw surfaces have been thoroughly cleansed. After all this has been done, a tannic acid solution (usually five per cent) is sprayed or painted on several times until a dark brown firm crust forms. Then the patient is given other supportive measures. Heat is supplied by electric bulbs and the patient is kept in bed under a special iron cradle that keeps the bed clothes away from the body.

Recently, an antiseptic purple dye solution (gentian violet) has been advocated for the same purpose.

However, tannic acid is also valuable as a home emergency method when the burn is either deep or spread over a large area. The burned part may be immersed in the solution, or the patient may sit in a tub filled with the solution. Strong tea contains a considerable amount of tannic acid, and for this reason it may be used in an emergency when tannic acid powder is not available.

Small, superficial burns do not require tannic acid. The pain may be relieved by almost any of the many soothing ointments which contain analgesic (pain deadening) chemicals. Oils and ointments should not be used on the deeper burns because of the danger of infection. Another form of treatment for simple burns is the application of cold, wet compresses made by dissolving one teaspoonful of either boric acid, bicarbonate of soda, or plain table salt in a quart of water.

\* \* \*

### Bronchoscopy Explained

Baltimore, Md.

DEAR DOCTORS:

What is bronchoscopy and why is it performed?—M. S.

*Answer*—Bronchoscopy simply means looking into the bronchial tubes by means of an instrument known as the bronchoscope. The invention of this instrument marked a great advance in the diagnosis and treatment of lung diseases. The instrument consists essentially of a long, hollow metal tube with a little electric light at its tip. The tube is inserted through the mouth and the larynx (voice box), and into the trachea (windpipe). The instrument permits careful scrutiny of the interior of the windpipe and the larger bronchial tubes. Such direct visualization is often the only method of detecting various diseases involving the bronchial

tubes, as well as foreign bodies such as tacks, peanuts, and other objects which have accidentally reached the lungs. Removal of foreign bodies from the lungs by way of the bronchoscope is a life-saving measure.

Lung abscess and cancer of the lung are frequently discovered in their early stages when bronchoscopy is performed. Such early discovery is an aid in determining the advisability of surgical treatment.

\* \* \*

### Tyrell's Glorified Enema

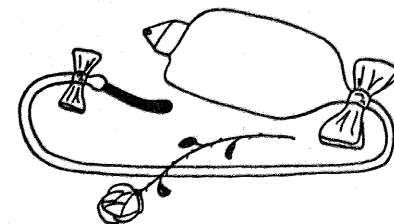
Cassville, Mo.

DEAR DOCTORS:

I have a booklet published by Tyrell's Hygienic Institute, Inc., 152 West 65th Street, New York City. It was given to me by a friend who bought one of their Cascades, the *J.B.L. Cascade*, to be used for high enema. Is this harmless, and can it be used with safety? Is it as beneficial for constipation as is claimed?—A. L.

*Answer*—The habitual use of enemas is to be strongly condemned, as it can result in much harm. Enemas may be used occasionally when constipation occurs for several days in the course of normal bowel movements, but they should never be employed as a substitute for regular bowel movements. There are also times when a physician finds it advisable to prescribe enemas as a method of emptying the bowels.

However, on those occasions when an enema may be used, it is not necessary to employ special types of equipment. Charles A. Tyrell and his *J.B.L. Cascade* have long been known to investigators of medical fakes. We do not know whether



Tyrell is still alive, but his products are still sold to a gullible public.

The *J.B.L. Cascade* is nothing more than an enema outfit to be used with the "celebrated *J.B.L. Antiseptic Tonic*." According to Tyrell's advertisements, "there is only one disease," "only one cause of disease, and that is auto-intoxication." As regular readers of *HEALTH AND HYGIENE* know, "auto-intoxication" is a bogey used to frighten the ignorant. Constipation is a sign of trouble and not a disease or cause of disease.

As far back as 1912, Tyrell was also selling an *Ideal Sight Restorer*, which was nothing more than a piece of tubing with a bulb attached.

# THUMBS DOWN!

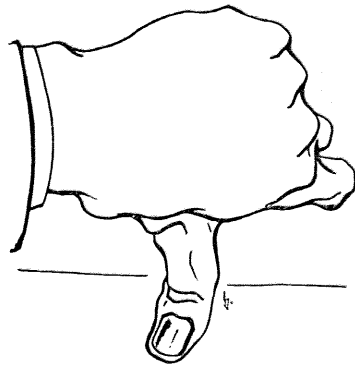
Each month this department will inform readers concerning inferior and falsely advertised foods and drugs. (N. J.—Food and Drug Administration Notice of Judgment.)

## When Buying Olive Oil

**E**XTRME caution is necessary in buying olive oil if you wish to avoid being cheated. Packers are constantly resorting to deceptive labelling in order to convey the impression that their products are *pure Italian olive oil*, when, as a matter of fact, they are very often cheap substitutes such as tea-seed oil. A typical example of such deception is illustrated by 37 bottles of so-called olive oil recently seized and destroyed by the government. These bottles bore the impressive label "Olio D'Oliva Marca De Luca Brand 6 Fl. Oz. Pure Olive Oil Tested Approved Serial 4695 Good House-keeping Magazine Bureau of Foods De Luca & Co., New York & Genoa." The government alleged that the bottles contained tea-seed oil, and when no claimant appeared the shipment was destroyed. Since the bottles did not contain 6 ounces, the buyer was to be cheated as to quantity as well as quality. (NJ 26049)

Buyers who want *pure imported olive oil* must inspect the label very carefully to make sure that it states specifically that it is *pure* and *imported*. Such caution will often afford protection against cleverly worded deceptions, though, of course, it is no guarantee against the possibility of being cheated by downright mis-statements such as the one quoted above. The only remedy for that is to get food and drug laws with teeth in them.

Salad oils are also subject to extensive misbranding and adulteration. One of the recent seizures of this product was that of a lot shipped by A. J. Capone Co., Inc., of New York—a name that recalls the star boarder of Alcatraz. The Capone Co. chose not to appear, and the misbranded product was turned over to a public institution. (NJ 26014)



## Stardom's Hollywood Diet

An analysis of *Stardom's Hollywood Diet* revealed that it contained essentially soy bean flour with smaller proportions of cocoa, sugar, and salt. No appreciable amounts of vitamins A, C, or D were found, in spite of the fact that the label stated that the product was rich in all of these elements.

This most ordinary concoction—which sells at a very fancy price—is a real wonder worker, according to the labels on a shipment recently seized by the government. We will enumerate only a few of the things it will do for you: (1) effective as a method of weight control, (2) effective as a treatment for acidity, (3) will reduce normal healthy weight, prevent sagging, wrinkled skin, strained and tired look and feeling, and prevent diseases of the digestive system, (4) will prolong life and prevent danger to the heart, kidneys, and liver, (5) will promote normal growth, strengthen resistance to colds, prevent tooth decay and scurvy, and develop strong bones and teeth.

Having had considerable success with this frightful humbug, the makers of it have now released for the greater good of humanity another product known as *Stardom's Health Diet*. It will perform about the same list of wonders as the *Hollywood Diet*, which is appropriate since it contains the same ingredients—soy bean flour, cocoa, sugar, and salt.

When the Hollywood Diet Corporation appeared in court to answer the charges of misrepresentation and false therapeutic claims, it entered a plea of guilty, and received the staggering fine of \$50. When such penalties are imposed by the courts is it any wonder that shady manufacturers look upon the fines as a sort of license fee to remain in business?

## BIRTH CONTROL—THE MODERN TREND

(Continued from page 111)

The method most frequently prescribed in the birth control centers both here and abroad is a *mechanical contraceptive* which must be individually chosen for the woman. This contraceptive device comes in many different sizes and types and the proper size can be determined only after an individual gynecological examination by a qualified physician. With adequate instruction a woman can easily be taught how to use this device which has proven to be a highly reliable and satisfactory method. Its use does not interfere with the marital relation or the sexual response, nor does it impair the fertility or child-bearing power of the woman. When she wishes to have another child, she can stop using the method. After child-birth, the wife must return to her physician or clinic for re-examination and refitting. It should be emphasized, however, that because of anatomical differences this method is not suitable for all women.

The need for individual medical examination and instruction is, in fact, one of the drawbacks of this method. It make it unfeasible for women in isolated areas—on the farms, in the mountain districts, for the poverty stricken populations of the Orient, in sections and countries where medical aid is not easily available. A more simple, inexpensive method is urgently needed. Research along this line is being carried out now and it is quite likely that a method of this type will be perfected in the near future.

### The "Safe" Period

It is frequently asked whether the so-called *safe-period* can be depended upon for the prevention of conception. This method is based upon the biological fact that during certain days of the menstrual month the woman is presumably sterile, that is, incapable of conceiving. If sexual relations, therefore, were confined to these "sterile" days of the month, conception would presumably be prevented.

The general medical consensus of opinion at the present time, however, is that while there does seem to exist a sterile and fertile period during each menstrual month, the "safe period" is not a dependable method of contraception. We have no means as yet of determining for the individual woman the exact period when her sterile days occur. This renders the calculation of the safe period quite uncertain and

makes the method quite unsafe.

Other *biological methods* of contraception which hold forth the promise of eventual practical application are hormones and spermatoxins. *Hormones* are biochemical substances which are produced by the endocrine glands of the body, and some of these substances have far reaching effects upon the reproductive function. It has been found in animal experimentation that the administration of certain hormones may serve to prevent pregnancy and to produce temporary sterility.

It has also been found that when seminal fluid or spermatozoa are injected into the tissues, women develop immunity to conception through the formation of *spermatoxins* in the system. This immunity is also only temporary in character and fertility returns when the effects of the injections wear off.

Both the hormone and spermatoxin methods are still in the experimental stage. Most of the research in this field has been carried out on laboratory animals and has not as yet been transferred to human beings to any degree. It is not unlikely, however, that eventually we shall possess a means of rendering either the man or the woman infertile for a specific length of time by a hypodermic injection or by the administration of a few compressed tablets.

For the present, however, we must depend upon the well-tested contraceptive methods. Already there are some 300 birth control centers in the United States where those who require clinic service may obtain competent individual advice. This, however, is but a beginning. The need is infinitely greater. The dissemination of contraceptive knowledge should become an integral function of every public health program, and all health and hospital departments should include birth control instruction as a regular part of their health services. It is only, however, through the continued, articulate, and organized demand of a socially conscious community that this goal can be attained.

### NOTICE

The names and addresses of reputable birth control clinics in various parts of the country will be sent by HEALTH and HYGIENE to any married woman upon request. Inquiries must be accompanied by a stamped, self-addressed envelope.

## PURELY PERSONAL

(Continued from page 97)

diseases in the textile industry, and anemia. From New Zealand comes a request for information on dentifrices. Articles on two of these subjects, namely, "Controlling Venereal Diseases" and "Meat in the Diet," will appear in the May issue. Articles on some of the other subjects are already in preparation.

OUR OFFER OF A PRIZE for the best letter on the subject of "Which Article I Liked Best and Why," brought in a number of answers. As the prize-winning letter for this month we selected the following from Mrs. W. H. of Queens:

"You ask for a letter telling why we like certain topics taken up in your magazine. I am writing to you not because of the prize involved, but because of the results of your article entitled "A Happy Sex Life."

"Heretofore, my husband and I have been leading an uneventful, dull, and colorless existence, but thanks to your frank and revealing article my life has suddenly become interesting and our marriage more harmonious and companionable.

"Your paragraph about the freakish and distorted minds of some people in relation to sex pertained so much to myself that I at once recognized the reasons for my unhappy life. Before reading your article I didn't know what was wrong with me. My husband is a good provided, thoughtful, considerate, and loving, and yet when he caressed me there was that shame, dread, and fear that made me back away. But now I know that it was my poor childish upbringing that was the cause. I was sex ignorant.

"Suffice it to say that you have gained a lifetime reader of your magazine, and I hope that a lot of other couples profit by the wisdom contained therein."

EACH MONTH WE WILL give a free autographed copy of either Arthur Kallet's *100,000,000 Guinea Pigs* or Carl Malmberg's *Diet and Die* to the reader who sends us the best letter on "Which Article I Liked Best and Why."

IF J.D., WHO WROTE to us some time ago without giving his address, will send us a stamped, addressed envelope, we will answer his letter.

E.S. OF PASSAIC writes: "Last Sunday I had the first opportunity to look over your February issue carefully, and there I found on the back cover your offer of a free book for five new subscriptions. Well, I went out and talked to acquaintances and friends in the shop, and here is the result. Ten crisp, new subscriptions, and I don't think it's the end yet.

"Come on with a new drive. I'll be in it again. Here is a magazine that is easy to sell."

WELL, OUR NEW DRIVE is on. Particulars can be found on the back cover of this issue. This time a number of books are offered free with two subscriptions.

BEGINNING IN THIS issue we are inaugurating a department called *Thumbs Down!* Each month on this page we will advise you concerning certain products that have been found to be of inferior quality or guilty of false and fraudulent advertising. This department will serve the same purpose as our old *Consumer Briefs*, but the products mentioned will be taken up in somewhat greater detail.

WE WANT TO congratulate the men who sell our magazine at the subway newsstands in New York on the success of their recent strike. Their union, the Retail Clerks International Protective Association, won a closed shop and shorter working hours by the strike, which lasted two days.

DR. HANNAH M. STONE, who wrote the article "Birth Control—The Modern Trend" in this issue, is the author of *The Marriage Manual* and Medical Director of the Birth Control Clinical Research Bureau in New York. Dr. William J. Crookston, whose article "Saving Lives in Spain" also appears in this issue was Chief Surgeon of the 28th Division of the American Expeditionary Force during the World War. He was in charge of the American Red Cross Mission to Hungary in 1915, and at one period also headed the American Red Cross in Siberia.

THE CUMULATIVE INDEX which we announced for April is now in preparation, and will soon be available.

### Correction

IN THE ARTICLE "Pyramidon Destroys Blood" in the January, 1937, issue we printed a list of proprietary drugs which have been reported to contain or to have contained amidopyrine. Two of the drugs in this list, *Analgin* and *Antabs*, manufactured by the William S. Merrell Company of Cincinnati, were included in a list of amidopyrine products printed in the September 21, 1935, issue of *The Journal of the American Medical Association*. However, the American Medical Association informs us that this list was in error and that a correction was made in the September 28, 1935, issue of *The Journal*. The William S. Merrell Company has also called these facts to our attention, stating that neither of the products have ever contained amidopyrine. We regret the inclusion of these two drugs in the list which appeared in our January issue.

## "TOUGH GUY" ANTISEPTICS

(Continued from page 102)

about *Listerine*: "The supreme ridiculousness of the situation becomes apparent when it is realized that the antiseptic virtues of *Listerine* are so infinitesimal in comparison with better antiseptics as to invalidate even modest claims made for it."

### Lysol

We recommend this product for cleaning floors and toilets—but we most strongly warn against its use on or in the human body. Even in very dilute solutions it is potentially and actually harmful. The experience of St. Mary's Hospital in Manchester, England, was that the use of *Lysol* as an antiseptic in childbirth produced a sharp rise in the number of patients who developed fever. Dr. Garrod of St. Bartholomew's Hospital, England, said of *Lysol*: "It is the most caustic of all antiseptics in clinical use, with the single exception of phenol."

Both *Lysol* and *Zonite* are widely used by women for douching. Much money has been spent to convince women that fastidiousness demands frequent vaginal douching, and the impression has also been given that douching with preparations like *Lysol* and *Zonite* constitutes an effective contraceptive measure. Neither of these claims, however, are true. But the most serious aspect of such misrepresentations is that *Lysol* and *Zonite* may do a great deal of harm when applied to the body, and especially to membranes as delicate as those of the vaginal cavity. The chief ingredient of *Lysol* is cresol, a coal tar derivative similar to carbolic acid, and the active ingredient of *Zonite* is a powerful bleaching agent that will take the dye out of fabrics. In spite of all that the manufacturers of these products have had to say about their safety, their use as a douche is likely to injure the tissues irreparably.

### Iodine the Best Antiseptic

There are no known antiseptics or disinfectants which will prevent or check colds, tonsillitis, or sore throat. The most that rinsing the mouth or gargling can do is to impart temporarily a pleasant taste to the mouth and to act as an aid to the toothbrush and dental floss in the physical removal of food particles that serve as a culture medium for the growth of germs. *Lavoris* and *Listerine*

are two of the most popular mouth washes and gargles. If you like the clean feeling that comes with the use of a mouth wash, you can obtain from your druggist solutions that are identical with *Lavoris* and *Listerine* at one-half or less than one-half the price of these proprietary products.

For minor cuts or wounds, iodine in a three and one-half per cent solution (one-half the strength usually made up in the drug store) is the safest and most reliable antiseptic. Because of the evaporation of the alcohol in iodine, the solution should be diluted every two or three months with a small quantity of fifty per cent alcohol. One need not fear diluting the iodine solution too much, since even a one per cent solution of iodine is effective as an antiseptic. Iodine solution should be applied only once to a wound. Frequent application or too strong a concentration will injure the tissues more than the germs.

As Moorhead says, whether or not an infection will develop depends most of all on the number and kind of germs in the wound and least of all on the kind of antiseptic used (*American Journal of Surgery*, Vol. 23, p. 371).

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## CORNS AND CALLUSES

(Continued from page 113)

effected by wearing low-heeled shoes and by having an accurately fitted arch support made. In this way the part of the foot where the calluses are may be raised and removed from the friction and pressure of the shoe. Since a callus is due to a defense reaction of the skin to external irritation and pressure, removal of the irritation will eventually cause the callus to disappear.

Warts frequently develop on the soles of the feet and are often confused with corns. When there is a wart on the sole of the foot, a callus frequently covers it, but after removing the callus the wart is more easily recognized for what it is. Warts are nearly always composed of several divisions (papillae), whereas a corn is usually a single mass of dead tissue. The base of the wart often penetrates the deeper layers of the skin, whereas the corn does not. Because warts are the cause of an infection, removal of pressure will not lead to their disappearance. They are best treated by x-ray or surgery.

### Corn Cures Don't Cure

The use of proprietary corn remedies, such as *Blue Jay* and *Freezone*, is fundamentally wrong since "corn cures" do not eliminate the cause of the trouble. Most remedies of this type contain salicylic acid, which serves to soften the cornified skin, after which the corn must be filed or scraped with pumice, brush, or sandpaper. Simply applying the remedy does no good. Furthermore, because of the salicylic acid in remedies of this type, the condition of a toe may be seriously aggravated if any acute inflammation is present when the preparation is applied.

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## ANTI-SEMITISM!

### Who Is Behind It in America?

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## SPIES IN INDUSTRY!

HAVE you a little fink in your home or shop? You may have even if you don't know it. Do you know that one automobile manufacturer alone has spent over a quarter of a million dollars during the past three years on an elaborate spy system to keep his employees from organizing? If you want the true facts about the extent to which spies are being used in American industry read this sensational exposé by Henry Zon, well known Washington correspondent.

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## BRITISH DOCTORS GO INTO ACTION

(Continued from page 122)

doctors considered the formation of a medical peace committee, and by the date of the International Peace Congress in Brussels (September, 1936) the preliminary work had been done. A few doctors attended the Congress with the endorsement of several hundred signatures from their colleagues in all parts of Britain, and it was apparent that the emergence of a medical peace campaign need no longer be delayed.

This campaign committee concerns itself particularly with the Government precautions against air and gas attack upon the civilian population. Assuming that the profession is morally bound to tell the truth, the committee is pressing the British Medical Association to establish a commission which will undertake a thorough and impartial investigation of the pro-

posed precautions. In themselves these precautions are demonstrably inadequate and are causing some perturbation among the local medical officers who are instructed to apply them. A section of this medical committee is studying the psychological aspects of the problem of war.

In sum, one may say that the medical profession in Britain is moving into action through its own characteristic paths, cautiously and yet very decisively. Much importance is attached to precise information, facts and figures; there must be no exaggeration; every statement is to be proved. The movements are to be "non-political" and by this the British doctor means that they must satisfy *him* that they are not political. Political, however, they certainly are. Centers of co-ordination have been created in these various committees, and by the issue of bulletins and memoranda they are reaching a widening circle of professional men and women up and down the country. To those participating in these activities the question appears fundamentally to be one of time. The ferment is at work and its influence on lay thought is indubitable; how rapidly it will spread, no one can foresee at the moment.

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## MILK AND CANCER

(Continued from page 112)

same knock-kneed logic we can make a case for spaghetti-eating as the cause of cancer. Dr. Wood further points out that "Eskimos eat neither vegetables nor milk and they have cancer."

Besides many other instances of infantile reasoning, the article includes a number of false and ignorant assertions which it is unnecessary to refute. All those who have worked on cancer research agree that there is no evidence that diet has anything to do with cancer.

Mr. Martin also charges milk with being a poor food and responsible for many acute and chronic ailments. In the October, 1936, issue of **HEALTH AND HYGIENE**, evidence was cited showing that milk is a nearly perfect food, a most wholesome food that supplies good protein, carbohydrate, fat, many vitamins and minerals, and that it lacks only iron to make it the most perfect food. We get iron from other sources—vegetables, fruits, and meats. Physicians have long known that a small percentage of children and adults are unable to drink milk without getting indigestion and certain allergic disorders. But the same holds true for any food, and is no reason why we shouldn't continue to urge those who can enjoy milk to drink it. We believe that not enough people, especially Negroes and poor whites, are drinking milk, rather than that too much is being consumed.

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