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HEALTH AND HYGIENE

JUNE, 1937

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HOW PREGNANCY OCCURS

Don't Buy Bell-Ans

A Camp for Your Child

Why I Am Aiding Spain

By Walter B. Cannon, M. D.

The Popular Health Magazine Written by Doctors

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Purely Personal

IN THE SUMMER the tendency is for magazines to get thinner, as editors, writers, and office staffs begin to map out their vacations. Yet, here we are, bringing the June issue out in 40 pages, larger than ever before. Our policy, as most of our readers know, is to put all increased revenues back into the magazine. Such a policy can mean only one thing—the more subscribers we get the better magazine you'll get. Pass the word about HEALTH AND HYGIENE on to your friends, and watch us grow.

THIS MONTH'S PRIZE for the best letter telling "Which Article I Liked Best, and Why," goes to S. H. of Cleveland, Ohio. Writes S. H.:

"Of all your worthwhile articles I believe I like your exposes of fake products the best. And of all the exposes so far I think I benefited most by the article on the Xervac 'hair growing' machine in the April issue. This is the reason why:

"After reading your articles for over a year now, I no longer bite on most of the cure-alls and nostrums that are advertised for sale. I flatter myself that I have been educated along these lines, and that it will take a pretty smart piece of advertising to make me dig down in my pockets. Then along comes Xervac with a story that sounds mighty convincing, and I begin to think maybe I'll see if it won't put a little hair back on this bald head of mine. Well, when I've almost decided to let my barber have a try at it, the mailman brings me H & H, and I read what your skin specialist has to say about it.

"Now I'm going to wait until I see the gadget grow hair on someone else, before I accept the invitation to become a guinea pig for Xervac. Let us have more exposes of this kind."

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 telling us which article was most liked, and why.

CONGRATULATIONS to Consumers Union of the United States for having

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HEALTH AND HYGIENE

Magazine of the People's Health Education League

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Saving Lives in Spain

IN JANUARY the first group of 16 surgeons and nurses was sent to Spain by the Bureau. Directed by Dr. Edward H. Barsky, noted New York surgeon, this group established the first American Base Hospital near Madrid. Since, we have sent three other groups of surgeons, nurses and technicians led by Dr. Donald H. Pitts of Oklahoma, Dr. John Jacob Posner of New York and Dr. A. Ettleson, brain surgeon of Chicago Loyola University Medical School.

So far 61 surgeons and nurses have been sent with 55 tons of medical supplies and 11 ambulances. A cable has just come announcing the establishment of the second American Base Hospital with six hundred and fifty beds!

The immediate need for medical supplies in Spain is perhaps greater at this moment than has ever been the need in all the history of mankind.

Wounded men and women, by the thousands, look to us to help their suffering. Most desperate of all are the little children

who have become the especial target of Fascist bombs, little bodies ripped to ribbons by the invaders' shells.

If we delay, thousands will die for the lack of the simplest supplies, ether, bandages, anti-toxin, instruments. In Spain your fellow countrymen and women, doctors, nurses, technicians are working day and night risking their lives to help. You can alleviate terrible suffering. You can save a life today!

In the name of humanity, please give at once. Fill out the coupon and mail today. Whatever you can spare—don't fail your suffering fellow man.

Choose your own special way in which you want to help the Spanish people. Whatever you purchase on this list will go to the American Base Hospital, and will be administered by American surgeons and nurses. Increase the amounts if you wish.

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Make your Mark X

This advertisement paid for by private contributions.
Make all checks payable to Dr. John Guttman.

Read Dr. Cannon's article on page 186

Like indigestion, most patent medicine advertising strikes when people are unprepared. Read this article and don't be caught unaware.

Don't Buy Bell-Ans

ONE of the more prominent features of the American landscape is a silhouette of a man or woman proudly and happily declaring, "Thanks to *Bell-Ans*, I can now eat cabbage." Sometimes the reference is to pie a la mode or some other alleged disturber of digestion. Dramatic announcements such as these emblazoned in advertisements from coast to coast set forth the gratitude of millions of dyspeptics who have been rescued from the horrors of cabbageless life. In every street car, subway train, and bus, kindly but anonymous friends warn us against being caught unprepared at night when drug stores are closed, and when "acute indigestion," that implacable foe of the gourmet, delivers its telling blows. Since newspapers frequently report sudden death from "acute indigestion"—which, however, upon investigation usually proves to be due to heart failure and entirely unrelated to digestion—*Bell-Ans* is pictured not merely as an aid to digestion but as a life saver.

The virtues of *Bell-Ans* are not, however, limited to assistance in the digestion of cabbage. This is only a small part of it. Do you suffer from "vomiting in pregnancy, alcoholism, seasickness, and cholera morbus?" Take *Bell-Ans*. Do you wish "to promote appetite, digestion, and the elimination of toxic and waste material?" Take two *Bell-Ans*. Are you troubled by "eruptions, nausea, vertigo, pain?" Do "distension, weakness, depression" make you cranky at home or incompetent on the job? Always remember

that "there is no derangement of the digestive organs upon which the proper dose of *Bell-Ans* will not act quickly, pleasantly and favorably."

At this point the thoughtful may demand to know the nature of a drug which can accomplish such happy results in so many different disease conditions. Many years ago, *Bell-Ans* was known as *Pa-Pay-Ans* and its virtues were attributed by the manufacturers to the presence of papain, "the digestive principle obtained by our own exclusive process from the fruit of *Carica papaya*." Papain is a vegetable ferment. A standard text book on drugs says that such substances "have enjoyed a more or less short-lived popularity" in medicine. Papain, like hun-



Customer, to druggist whose clerk has fainted: "I don't know what's the matter—I just asked for a bottle of iodine."



You pay for the name, but what you get is essentially baking soda. If you must have it, a trip to the kitchen will be cheaper than one to the drug store.

dreds of other preparations, was at one time experimented with in medicine but it was rather promptly discarded when study failed to reveal any beneficial results from its use.

However, repeated tests by the American Medical Association and by a number of other organizations failed to reveal the presence of papain in *Bell-Ans* in spite of the statement made in the company's advertising! In other words, the company appears to have claimed falsely that *Pa-Pay-Ans* contained a drug that was quite without value, and, then, on the basis of this claim, made a series of utterly fantastic statements regarding the results that might be expected from the use of the nostrum.

Simple Ingredients

After the tests mentioned above had been made and some embarrassing questions asked, the name of the product was changed to *Bell-Ans*. In all probability this change was due to the company's fear that the statement regarding the presence of papain would lead to difficulties with the Food and Drug Administration.

Actually, tests have shown that *Bell-Ans* contains charcoal, baking soda, ginger, and oil of wintergreen. Charcoal is used in various industries because of its ability to absorb gases. Because of this fact it was tried in medical treatment of cases where excessive gas formation was suspected as the cause of the difficulty. It was quickly determined, however, that any beneficial effects it might have were negligible. One

authority writes in this connection: "It is probably useless, since moist charcoal has this property [of absorbing gases] only to a very slight extent." The only ingredient of *Bell-Ans* known to have a definite effect is the bicarbonate of soda, or baking soda; this tends to "neutralize" both the normal and the increased acid conditions of the stomach. It is this effect which gives the sense of relief in cases of "heart-burn."

Where the Danger Lies

In previous numbers of *HEALTH AND HYGIENE* we have repeatedly pointed out the fallacy and the danger of treating *symptoms* while ignoring the *cause* of the symptoms. So-called "indigestion," for example, may be due to a great variety of unrelated causes including eating when fatigued or when emotionally disturbed, gall bladder disease, or ulcer or cancer of the stomach. Obviously the treatment of different underlying conditions varies greatly. While it is probably true that in most instances of dyspepsia there is no reason to be alarmed, the possibility of the presence of some serious disease should be borne in mind if, in the absence of any significant change in dietary habits or mode of life, the symptoms recur a number of times. The delay in the determination of underlying disease conditions brought about by reliance upon such humbugs as *Bell-Ans* is a far more serious charge against it and other patent medicines than is the fact that the purchaser is cheated by

(Continued on page 202)

Today the "white plague" need no longer destroy those it afflicts. The newer methods of treatment are surprisingly effective even in advanced cases.

"T.B."-Modern Treatment

TUBERCULOSIS is an infection (an invasion of the body by a germ, the bacillus of tuberculosis). The best way to treat the disease therefore is to attack the germ. This is done successfully in other infections by means of chemicals, as in syphilis, or by means of the protective substances formed to combat the germs in the bodies of artificially infected animals, as in the case of the antitoxin against diphtheria, or the serum against pneumonia. But no such direct attack on the bacillus of tuberculosis has yet been found. The chemical attack has been tried in the form of gold injections, and the biological attack has been attempted in the form of tuberculin, but both have failed thus far. We are therefore forced to rely chiefly on the greatest doctor of all—the healing power of nature. But in doing this we can lend great aid to nature by discovering and facilitating the factors of healing.

Body's Resistance Is Great

First let it be noted that healing can and does occur. In every case of tuberculosis, even the most hopeless, one finds abundant evidence of the astonishing ability of the body to combat the disease. First, one finds that the infected areas are surrounded by a wall of defensive cells which hinder the spread of the infection. Secondly, the center of the infected area becomes liquefied so that it can be expelled from the body. Thirdly, the ulcer or cavity created as a result of the infection becomes sealed over and closed by a small firm scar which imprisons any germs that may be left. This ability to fight tuberculosis is common to everybody, as is shown by the thousands of people who go through life with scars of former tuberculosis infection without ever having been sick, or even knowing that they have had the disease. But unfortunately in many cases poor living conditions so weaken the natural resistance of the body that it can only wage a losing battle, and these are the cases that need the aid of the physician.

The task of the physician is to put at the dis-

posal of the body those factors which have been found to help it in healing tuberculosis. These factors are food, air, and rest.

One of the symptoms of tuberculosis is loss of weight and, ultimately, emaciation. On the other hand, gain in weight is usually a favorable sign. This rule, however, is subject to many exceptions. Patients not infrequently gain weight while the disease is progressing, and sometimes a person may remain thin and still hold it in check. Nevertheless, it has always been recognized that adequate nourishment is important. However, this fact has often led to overzealous stuffing of patients, with the result that digestion is upset and the patient becomes unhealthfully fat.

What should a tuberculosis patient eat? The answer is a full, well-balanced diet, slightly in excess of normal needs—which for the ordinary patient means about 2,500 or 3,000 calories a day. The daily diet should include fresh meat and eggs, one quart of milk, and fresh fruit and vegetables. The objective to be realized is good, adequate nutrition, without excess or loss of balance in any respect. Of course, special conditions may require modifications in one way or another; for example, roughage may have to be eliminated if the intestines are involved by the disease, or in the presence of fever a soft diet that is high in caloric value and proteins may be required.

Climate Factor Overdone

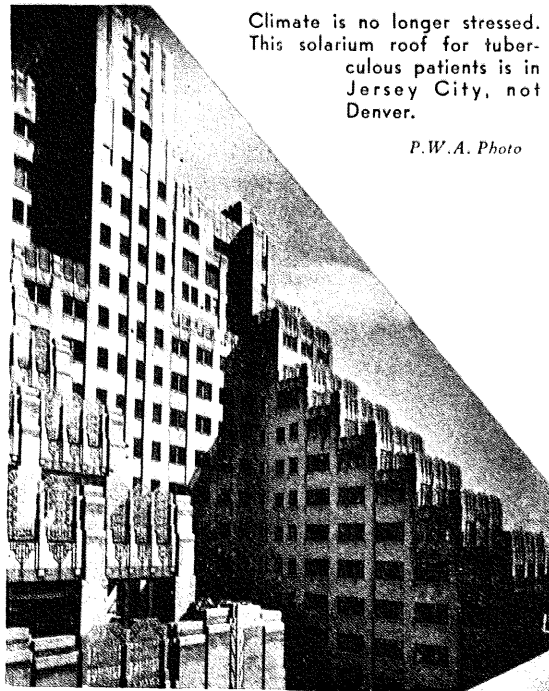
About one hundred years ago the tuberculous patient was kept confined in a sealed room to protect him from the outside air. Since then we have learned that nothing is so important to him as a constant supply of fresh, clean, cool air. As is frequently the case with new ideas, this conception was carried to excess by some doctors who forced their patients to endure severe exposure to snow, wind, and cold. Such exposure is both unnecessary and harmful. Cool air is beneficial, but the patient should be kept warm and comfortable at all times.

Another result of the emphasis on fresh air was the search for an ideal climate. Some recommended the moist air of the seashore; others the dry air of the mountains; some sent their patients to tropical Egypt; others to the snow-covered Alps. Volumes have been written on the subject, but the most that can be said is that no climate has been proved of special value. The factors of altitude, humidity, variability of temperature, and sunshine have yet to be evaluated. The important considerations are that the air should be clean, frequently renewed, and cool.

The pernicious effects of this propaganda in favor of special climates is often seen in patients who, unable to go to a sanatorium, go off by themselves to the country. There, without medical supervision, and often without proper food, they do not rest properly, although they often think they are treating the disease correctly by simply breathing country air. The results are usually bad. No treatment should be undertaken without the supervision of a doctor, and patients should abandon hope of miracles from country air.

Is a Sanatorium Advisable?

As a result of the interest in climate, countless sanatoria were built in what were considered favorable locations, and so constant has been the propaganda concerning them that as



Climate is no longer stressed. This solarium roof for tuberculous patients is in Jersey City, not Denver.

P.W.A. Photo

soon as a diagnosis of tuberculosis is made both physician and patient have the same thought—a sanatorium. Does a tuberculosis patient need a sanatorium?

The advantages of a sanatorium are:

1. The patient's family is spared the risk of infection.
2. The patient is under constant medical supervision.
3. Diagnostic and surgical apparatus are easily available.
4. Education of the patient can easily be carried on.

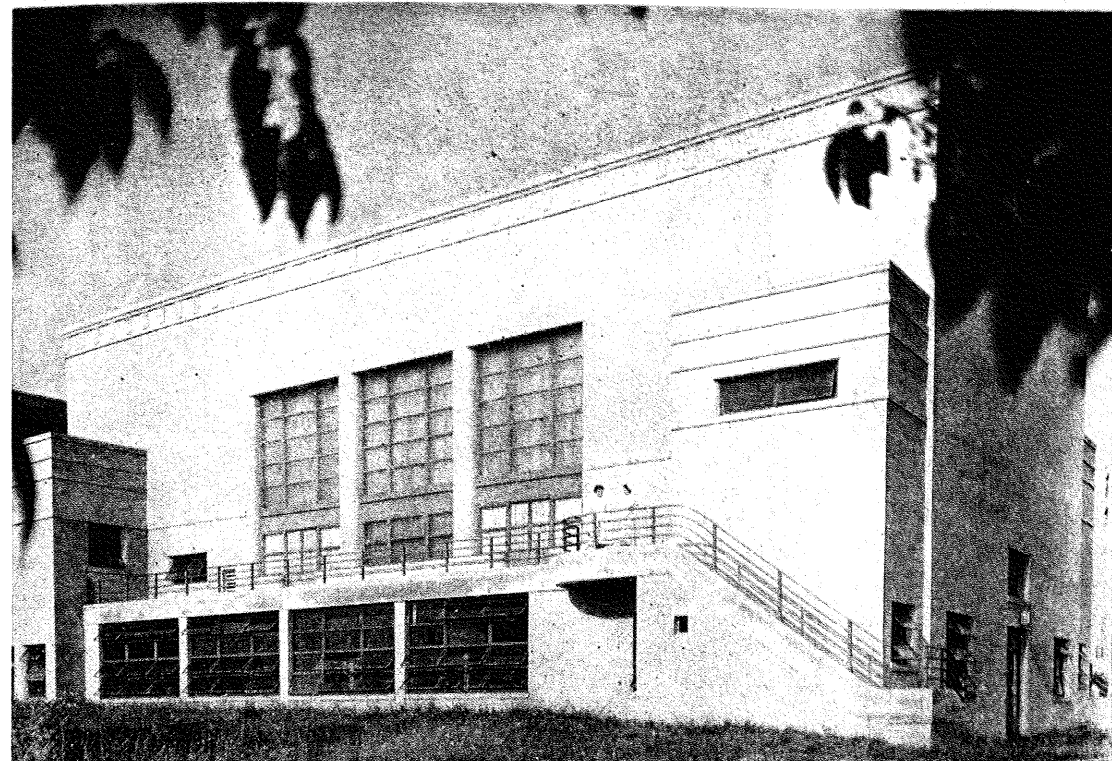
The disadvantages of a sanatorium are:

1. The patient is separated from his family and friends. His privacy and accustomed manner of life are violated.
2. The expense is great—often enough to support a whole family. There are free public sanatoria, but these are usually overcrowded and unsatisfactory from a psychological standpoint.
3. The patient cannot get the same personalized care as he can at home. Allowances cannot easily be made for individual tastes in food, surroundings, and so forth.
4. There is a loss of continuity in treatment between the sanatorium and the home physician.

On the whole, it can be said that an institution offers most to those whose home conditions are poor, crowded, or lacking in facilities for nursing care or medical attendance. Complicated cases, which include the vast majority of cases of pulmonary tuberculosis, are also best treated in the sanatorium. If the home conditions and the stage of the disease are such as to allow it, the patient can do as well or better at or near home. The doctor should weigh both the medical situation and the social and economic factors before deciding for or against a sanatorium.

Sunshine May Do Harm

A word about sunshine. The rays of the sun are very beneficial in certain forms of tuberculosis, such as intestinal or joint tuberculosis. But in the majority of cases it is the lungs that are infected. In these cases sunshine is of no value, and may do harm. It is a well-known fact that over-exposure to sunshine may reactivate tuberculosis of the lungs. Exposure to the



P.W.A. Photo

Occupational therapy building of a tuberculosis sanatorium in Washington, D.C. This is one of the many worth-while health projects made possible with funds of the Public Works Administration.

sun is dangerous for any patient with pulmonary tuberculosis unless the dose is accurately controlled by a physician.

We now come to the most important factor in assisting the healing of tuberculosis—rest. An infection or injury of any part of the body will be favorably influenced by rest, and countless observations show that this is true of tuberculosis. Whether we are dealing with tuberculosis of the lungs, larynx, bones, or joints the cardinal principle of treatment is rest. All the surgical and other methods which are used are merely means of securing more complete rest of the affected part. If sufficient rest is properly applied early enough in the course of the disease most cases of tuberculosis will heal without any other form of treatment.

At the onset of a tuberculous infection, therefore, the patient is ordered to bed and made to remain strictly at rest for a long period—six weeks to six months or even more, depending on the nature and course of the disease. Assuming favorable progress, which is determined by the temperature, pulse, weight, sputum test, x-rays, and blood tests, the patient is then allowed to get out of bed, first one hour a day, then two

hours a day, and so on, until, after a number of months, he may be allowed very cautiously to resume suitable work. Even then, however, he must be kept under strict observation. At the slightest sign that control of the infection is losing ground, the amount of rest must be increased and the patient may even have to be put back to bed. Under such a regimen most early cases of tuberculosis may be permanently checked.

Collapsing Lung Is Beneficial

But a considerable number of cases do not respond to this simple treatment, and others are first detected when they are too far advanced to respond favorably to these relatively simple methods. In some cases economic considerations force the doctor and patient to look for a method which will allow the patient to return to work sooner than he would be able to under the protracted bed rest treatment. In such cases the lung can be put more completely at rest by injecting air between the layers of the pleura (the membrane covering the lung). This is called artificial pneumothorax. The pressure of

(Continued on page 206)

When sperm meets egg life begins. A clear and detailed description of the several complex processes that must take place before a child can be conceived.

How Pregnancy Occurs

PREGNANCY begins when a sperm and an egg meet and unite. The union is called fertilization. It takes place in the woman's body in one of the fallopian tubes, the passageways leading from the ovaries to the uterus (womb). Before fertilization can occur a number of complicated things must happen.

First of all a man's body must make spermatozoa. This process takes place in his testicles, which are the "sperm factory." The testicles have two separate jobs to perform. Failure to differentiate clearly between these two functions has caused many false ideas to arise about such processes as masturbation, nocturnal emissions (wet dreams), and sexual relations. One of the functions of the testicles is to produce the male sex hormones. These pass directly from the testicles into the blood stream. The hormones are responsible for the secondary sex characteristics of man, such as the ability to grow a beard, the masculine voice, and the proportions of the male body. The testicular hormones are not present in the semen that is ejaculated and therefore they are not lost during masturbation, nocturnal emissions, sexual relations, nor is their availability affected by the frequency of these activities. Hormone production can only be diminished by diseases of the testicles, such as tuberculosis, poisoning by industrial products, or by removal of the testicles.

Sperm Production

Besides the male sex hormones, the testicles produce the spermatozoa or sperm. The sperm are stored in the seminal vesicles. Here they accumulate until they are ejected from the body by the sudden contraction of a few small muscles. From a purely physical point of view it makes little difference whether the semen is lost by masturbation, nocturnal emissions, or sexual relations, except that the last of these processes causes a more complete emptying of the seminal vesicles. Psychologically, of course, there is considerable difference, with the great satisfaction coming from the more complete relationship.

During ejaculation there is emitted, besides the sperm, various fluids manufactured chiefly by the prostate gland. These fluids provide the medium in which the sperm begin their long swimming journey to the egg.

A man begins to make spermatozoa capable of fertilizing the egg at the age of about fourteen to sixteen. The body continues to make them until the sixties. There is, of course, a great deal of individual variation in this respect. Recently there was a report in medical literature of a well authenticated case of a man past ninety whose testicles were still making active spermatozoa. Why he continued to remain fertile to this unusual age is unknown, nor is any way known of making the body extend its sperm-making ability beyond ordinary age limits.

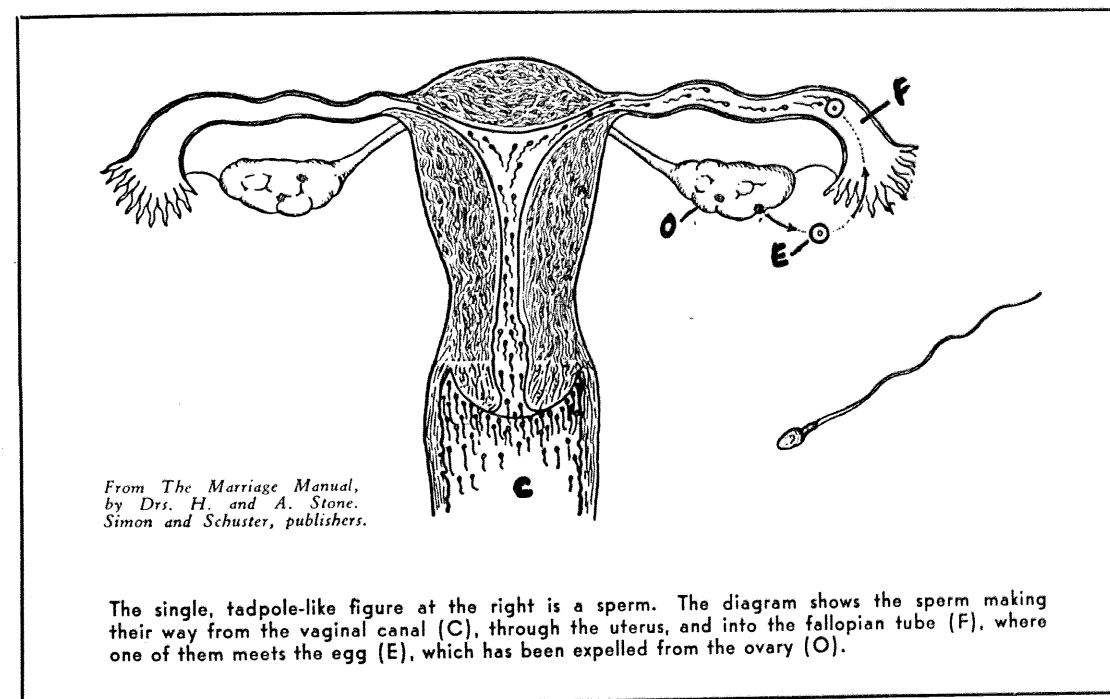
"Little Animals"

During a single ejaculation a man will emit 200,000,000 sperm, but only one of them will fertilize the egg. The others will die and disintegrate. Sperm were discovered by a Dutch scientist, Anton van Leeuwenhoek, in 1674. Hamen, a student in the city of Delft, brought to Leeuwenhoek a specimen of seminal fluid from a man who had cohabited with a diseased woman. Leeuwenhoek, whose skill it was that had developed the microscope, looked at the fluid through one of the microscopes he had made and reported that he "saw some live animalcules (little animals) in it." He also reported that "after two or three hours, all the animalcules were dead." He then studied the seminal fluid of many animals and in each of them he found "animalcules." These, he decided, were the male seed.

Under the microscope the spermatozoan resembles a tadpole. It consists of a head and a long tail. The head is the important part. The tail lashes back and forth, propelling the sperm and enabling it to reach the egg. The head of the sperm is about 1/4,000 of an inch long. By means of the movements of the tail the sperm travels at the rate of 1/8 of an inch a minute.

Of the 200,000,000 spermatozoa deposited in the vagina, some make their way into the cervical canal, the entrance to the uterus, and then into the uterus itself. From there they continue along to the fallopian tubes, swim up the tubes, and then, fortunately or unfortunately, depending on the point of view, some of them reach the egg or ovum in the fallopian tube. Most of them have lost their way during the long journey, and the first one to reach the egg enters it. When the sperm enters the egg the tail drops off and the head unites with the nucleus or center of the egg. As a result of chemical changes which take place during this process of fertilization, the egg becomes unresponsive to other sperm, and the remaining sperm all die. If no egg is waiting for the spermatozoa in the fallopian tube the sperm continue to live for a couple of weeks, but they lose their power to fertilize the egg in a day or two.

fourteen until the completion of her menopause or change of life, one of these eggs ripens almost every month. This ripened egg is expelled from the ovary near the middle of the menstrual cycle and then makes its way down the fallopian tube. The menstrual cycle is calculated from the *beginning* of the menstrual flow to the *beginning* of the next menstrual flow. For example, if a woman begins to menstruate on the first of the month and then begins to menstruate again on the 29th of the month, the middle of her menstrual cycle is on the 14th of the month. This is true regardless of whether her menstrual flow lasts till the 3rd or the 8th of the month. In such a woman the egg would be expelled somewhere between the 10th and 17th day of that month. This would be the usual schedule, but various circumstances might cause the egg to be ejected earlier or later. It is this variability in the time of ovulation or

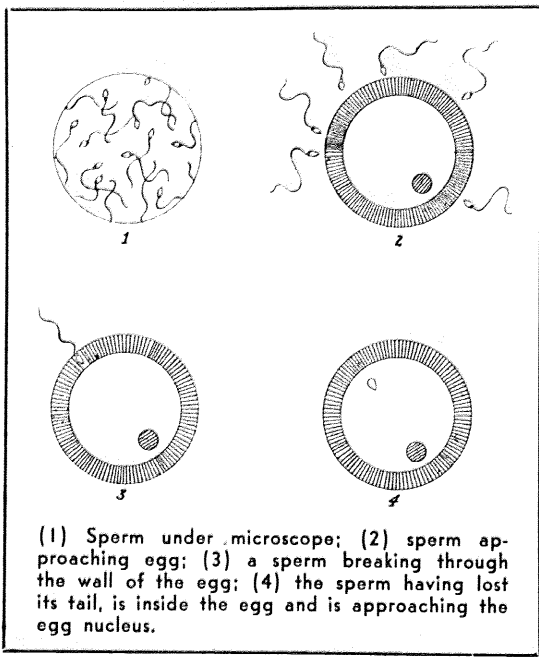


In 1672 another Dutch scientist, Regner de Graaf, described the ovaries and decided that they make and bring to maturity the female eggs or ova. However, the egg was not actually studied until 1827 when Carl Von Baer, an Esthonian, isolated and examined it.

When a female child is born each of her ovaries contains about 50,000 unripe eggs. From the onset of her menstruation at about

ejection of the ovule from the ovary which introduces the element of uncertainty in the use of the "safe period" as a method of birth control.

Some women ovulate very regularly on the same few days of the menstrual cycle every month. Other are quite irregular. The only practical way for a woman to decide if her time of ovulation is so constant that she can depend on the "safe period" as a method of birth con-



en whose menstrual cycle is at all irregular—and unfortunately this includes most women who keep careful records of their periods—will tend to have the greatest irregularity in the time of ovulation.

The other aspect of the “rhythm” or “safe period” question is often neglected in discussions of this subject. It is to the advantage of couples who want to have a child and who can afford one, to know that the middle of menstrual cycle is the most fertile period. Cohabitation at this time is most likely to result in pregnancy, and those who desire children should concentrate their efforts on this seven to ten day mid-menstrual period. But let us again remind the reader, since this is most often misunderstood, that all calculations begin with the *first* day of the menstrual flow, *not* with the end of the flow.

The moment the sperm has united with the egg, fertilization has taken place and the woman is pregnant. The fertilized egg travels down the fallopian tube and burrows its way into the uterus, which has gone through a process of preparation and thickened its walls to receive it. In the uterus the fertilized egg divides and grows, and continues to grow for about 280 days until the child is born. In the meantime the uterus also grows to keep pace with the growth of the child it contains. At three months the uterus will extend above the symphysis or pelvic bone. At four months it will be between the symphysis and the umbilicus or belly-button, nearer the latter. At five months it will be half way between the umbilicus and the lower tip of the breast bone.

Tests for Pregnancy

Every woman who becomes pregnant wants to know about it as soon as it happens. Unfortunately there is no way of finding out exactly when and if the sperm has united with the egg. However, there are various tests and examinations which enable the doctor to discover pregnancy shortly after it has happened. In addition there are those symptoms which the woman notices herself. These tests, signs, and symptoms will be fully discussed in a forthcoming article. Subsequent articles will also discuss the physical and emotional condition of the pregnant woman, pre-natal care, and other subjects of interest to the expectant mother as well as to women in general.

What are the factors to be considered in choosing a summer camp for a child? An article that will help parents to make a wise choice.

A Camp For Your Child

WHAT IS a “good” camp? This question has been asked by thousands of parents who want to find the proper camps for their children. The answer is not so simple, because the term “good” is relative. What may be good for John may not be good for James. One parent may be attracted to a camp because of the personality of the director, another because of the location of the camp, a third because of the fine meals that the camp serves. Undoubtedly no camp could be rated 100 per cent in every essential respect.

Rating a Camp

Suppose we examine some of the items we would consider in rating a camp. Unfortunately no one has attempted to rate all camps. Even our departments of health maintain only minimum standards of health ratings, which in many cases are not at all satisfactory. Besides, camp directors as a rule don’t cherish the idea of having their camps “rated” by an outsider. They prefer to rate their own camps according to their own standards. Parents too often accept the word of a camp director who is naturally interested chiefly in selling his particular camp, without making proper investigations. It is true that parents cannot always find time to check up thoroughly on all aspects of a camp, but they can, at least, be guided by a few simple rules in judging or rating a camp. Here are five fundamental items upon which a camp may be rated:

1. Character and personality of the camp director.
2. Health and safety of the camp set-up.
3. The type of program offered the child.
4. Leadership and personnel.
5. Type of children your child will be with.

The camp director, to be successful in his work, must combine the abilities of an administrator and an educator. As an administrator he must be well acquainted with such phases of camp work as purchasing of equipment and supplies, supervision of staff, control

of sanitary and health conditions, construction and upkeep of buildings and grounds, and maintenance of business records. As an educator he must have knowledge of and experience with children. As the director of the camp, he is not only responsible for the children under his care, but also for the leadership and guidance of his counsellors. To promote the best qualities of manhood and womanhood, he must himself have a sound philosophy of life and set an example of rational living.

The healthfulness of the camp depends upon the sanitary precautions taken by the camp management. Health and sanitation don’t just happen in a camp. Definite effort has to be made to establish and maintain throughout the year the necessary health precautions, which include guarding the buildings against fire and other hazards, supervising the sanitary conditions of the buildings, grounds, and especially the toilet facilities, and maintaining the adequacy and purity of the drinking and bathing water. Other important health considerations are the safety conditions of play areas and athletic fields, the presence or absence of a competent camp physician and nurse, routine medical service, infirmary and quarantine facilities and equipment, management and safety of the waterfront, healthfulness of the camp site itself, the quality of food that is served, and, finally, state inspection of the camp.

Importance of Camp Program

The foregoing constitute the protective measures we establish around the child. But we demand more than mere protection from a camp—we want to see the child develop in character and social adaptability, and therefore the camp program is all-important. It may be either a good program, an indifferent one, or a bad one. The good program considers the child both as an individual and as a member of a group. It gives the child an opportunity to express himself—to create. The good program offers a variety of activities both in the athletic

and non-athletic fields. It establishes situations which make the child think, ask questions, and, most important of all, *do* things. It is the *doing* process that counts. A poor camp program assumes that because the child has paid for camp he has to be amused or entertained, particularly by adults. The good program presents the situation in such a way that the child is interested in participating and doing things himself because he enjoys them. Habits, knowledge, skills, proper attitudes, and character are thus built and improved in the most effective way.

A person who knows and does a particular job well offers an immeasurable service, and this is particularly true of a camp leader. The counsellor in camp must serve the children in many different ways in the course of his twenty-four hour day. He must combine the role of mother, father, guardian, teacher, friend, and adviser, all the while setting a good example by his own behavior. To be successful in his work, the counsellor needs a rich background of education and experience, as well as sincere devotion to his job.

The type of children your child will have to live with and play with during the summer will have a definite influence on his character formation. No one questions the importance and influence of a child's friends. In camp this is especially important due to the steadiness and continuity of that influence. Many difficult problems of adjustment, homesickness, quarrels will be solved when more consideration is given to the type of children selected for the camp,

the organization of these children into the proper groups, and their placement in bungalow or tent units. The old technique of dividing groups by age is unsatisfactory; other factors such as intelligence, emotional stability, previous camp experience, and ability to adjust to others, all have to be considered. It is ridiculous to

send a child with a very sensitive nature and a delicate constitution to a camp where the majority of the children are active, aggressive, and athletically inclined.

Parents believe that a camp, because it is out-of-doors, must be a healthy place for children. They assume that all camps are healthy and that one camp is as good as another. This is not necessarily true. As a matter of fact, hazards to health are in some ways increased as soon as we get out-of-doors. The healthfulness of the camp depends then not on the fact that it is out-of-doors, but on the safety and sanitary precautions taken by the camp management.

Parents have been led to believe that all health matters such as the sanitary conditions and purity of the water supply are taken care of by the proper health authorities. Unfortunately, health inspection of summer camps by various health departments leaves much to be desired. The number of camps has increased considerably in the past ten or fifteen years, but the appropriations to departments of health for camp inspection have been very meager.

Parents take for granted that if the state tests and passes on the drinking water, it is a guarantee that the child will have safe drinking water throughout

Purity of both drinking and bathing water is important. Water should be inspected three or four times a year. Actually, it is seldom subjected to more than one inspection during an entire year.



H. Armstrong Roberts

the summer. They also assume too readily that swimming and bathing in a lake or stream is safe and healthy. The difficulty here lies in the fact that the state department of health probably only submits the water to a single test, usually during the spring. This "one-test" regulation for drinking water is inadequate. Water should be tested at least three or four times during the season, and samples should be taken from many different parts of the water supply.

What Kind of Medical Service?

When parents hear that a "medical officer" is on the staff, or that the camp has the services of a "nearby physician," they feel confident that adequate health protection, inspection, and suitable medical control will be provided. However, the parent might be surprised to learn that the "medical officer" is a senior student at medical school, or merely a first-aid man, or the camp athletic director, or a registered nurse, or perhaps a medical intern. The "nearby physician" may actually exist, but he may live miles away from camp, and may not be available in an emergency.

As stated before, an all-important feature of the camp is the daily program. Many parents take it for granted that the daily program will be of sound educational value and motivated by the highest ideals of the camp leadership. Un-

fortunately, the facts often prove the contrary. A desire to keep down expenses often leads to the selection of incompetent personnel, and sometimes sheer lack of conscientious effort makes for haphazardness in the selection of activities. Although at first thought it may seem rather simple, it is actually quite difficult to organize an educational program for a large number of boys and girls, all with more or less different interests, desires, wishes, and needs. The easiest thing to do is to post a program on the bulletin board and make every one in camp follow it. When this method fails, the next easiest thing to do is to organize competitive activities, choose teams, let the teams go at each other, and award prizes to the winners. This is what actually happens in many camps, and the directors call it a program!

The Matter of Cost

Finally, a word about rates. There is a general tendency to feel about camps as about other commodities and services—that is, that the more one pays, the more one will receive. This is not necessarily the case, however, as far as the summer camp is concerned. There are free and low-cost institutional camps which rank higher in desirability than the more expensive private camps. A list of low-cost institutional and organization camps appears in the box on page 180.

Some Lower-priced Camps in the New York Area

Clear Pool Camp, Carmel, N. Y.

* A. B. Hines, Madison Sq. Boys' Club
312 E. 30th St., New York City

Camp Edalia, Haverstraw, N. Y.

* Lydia Banning, Stuyvesant Neighborhood House
74 St. Mark's Pl., New York City

Camp Field, Northport, L. I., N. Y.

* R. Manning, Lenox Hill Assn.
331 E. 70th St., New York City

Heckscher Camp, Peekskill, N. Y.

* Heckscher Foundation
1 E. 104th St., New York City

Camp Henry, Mahopac Falls, N. Y.

* Henry St. Settlement House
301 Henry St., New York City

Camp Kinderland, Hopewell Jct., N. Y.

* Room 201, 50 E. 13th St.
New York City

Kips Bay Boys Camp, Valhalla, N. Y.

* G. D. Younger, Kips Bay Boys' Club
301 E. 52nd St., New York City

Camp Normana, Haverstraw, N. Y.

* H. R. Walker, Crotona Neighborhood House
773 E. 180th St., Bronx, N. Y.

Northover Camp, Bound Brook, N. J.

* J. H. T. Falk, Christadora House
147 Avenue B, New York City

Camp Spring Farm, Westport, Conn.

* A. M. Tipple, Goddard Neighborhood House
599 First Ave., New York City

St. George Boys Camp, Saugerties, N. Y.

* St. George Boys' Club
207 E. 16th St., New York City

Strykers Lane Boys Camp

Iona Island, N. Y.
* Strykers Lane Center
554 W. 53rd St., New York City

Camp Tabor, Fishers Island, N. Y.

* C. Bingham, Jefferson Pk. Boys' Club
312 E. 11th St., New York City

Camp Welcome Home

Saltire, Fire Island, N. Y.
* W. R. Shaw, Boys Welcome Home
185 Chauncey St., Brooklyn, N. Y.

Camp Wo-Chi-Ca

* Camp Wo-Chi-Ca
80 E. 11th St., New York City

* Address inquiries to person or agency marked with asterisk.

Sudden death! Is it murder, suicide, accident, or due to natural causes? In most communities it is up to the coroner to decide. Is he fitted for the job?

Inquest on the Coroner

AFATHER is drunk and threatens his daughter. In self-defense she strikes him on the head with the heel of her slipper. Three days later he dies in bed. The coroner assumes charge of the case—one in which violence has taken place—and as a result of his findings the girl is placed on trial for her life. She is found guilty. Is she?

Passing motorists stop at the sight of an auto on fire. Flames are leaping up from the engine around the body of a man who has presumably been leaning over it. The fire is put out and the man is found to be dead. The medical examiner assumes charge of the case—one of unnatural death—and an autopsy (post-mortem or after-death examination) is made. This shows that the man was dead or dying when the flames surrounded him. He had taken cyanide, a powerful poison, and immediately set his car on fire so that the insurance company would have to pay his family twice the face value of his policy, a customary practice in case of death by accidental or violent means.

Coroner Versus Medical Examiner

Coroner *versus* medical examiner. The office of coroner was established more than 800 years ago in England. Originally "crownor," the coroner was an officer of the crown who had many duties. In time, however, his work was limited to investigating deaths by violence. The coroner system in the United States is a remnant of the laws that existed in the colonies and provinces before the American Revolution. When the country was largely agricultural, with a small, scattered population, the coroner could function with some efficiency. With the growth of the United States as an industrial nation, with the advances in medical science and criminology, the coroner system became old-fashioned, inefficient, and even dangerous. Still, in most parts of the country the coroner continues to act as sand in the gears of progress.

The coroner has a double duty—to determine *what* caused the death and *who* caused the

death. The first problem is purely a medical one and the second belongs to the police and the courts. Coroners are either appointed or elected, and, in most places, they need not be physicians. Nor is there any supervision of the doctors they may call upon to aid them. If a medical degree is required, it is usually not required that the doctor be trained in pathologic anatomy (the study of the structure of the body in disease). Nevertheless, the coroner has wide powers. He decides whether there shall be an inquest or investigation of the death. He may therefore deliberately or unknowingly conceal crime. On the other hand, for the sake of newspaper publicity, he may start a public investigation when none is needed. He may summon anyone as a witness and have anyone who refuses to testify put in jail.

By 1887 in Massachusetts and by 1918 in New York City the coroner system had become a public scandal. In New York it was said that "abortionists" flourished because the coroners would often refuse to investigate the deaths following criminal abortion. Deaths in industry were not thoroughly investigated and prevention of industrial disease lagged as a result of this neglect. It was rumored that the failure of the coroners to take proper action was linked up with the passing of money and political favors. Only against considerable political-machine opposition were laws providing for the office of medical examiner passed in Massachusetts, and even today in New York State the law applies to few places outside of New York City.

Police and the M.E.

The new laws providing for the establishment of the office of medical examiner separated the two duties formerly vested in the coroner. To the police and the courts was given the duty of finding *who* caused the death, and to the medical examiner was delegated the task of finding *what* caused it.

New York City has about twenty medical

examiners, headed by a chief medical examiner. All are civil service employees and have passed qualifying examinations in pathologic anatomy. Although officially they are on part-time, many of them have to devote full time to their duties. The salaries paid to these specially trained city employees are relatively low, and there are no increases in pay for long or outstanding service. Various political groups who benefited most from the old coroner system have consistently attempted to hamstring the medical examiner's office by voting against any increases in the office's budget allotment.

Uncovering the Facts

What type of cases are investigated by the medical examiner or the "M.E.," as he is familiarly called? All deaths by criminal violence, accident, or suicide, whether definitely known or suspected, are reported to the M.E. as well as to the nearest policeman. If anyone dies while in apparent good health or when not under the care of a physician, or while in prison, such deaths are also reportable. So are deaths which take place in any suspicious or unusual way. In order to aid the work of the medical examiner, failure to report such deaths has been made a criminal offence. Without written order from the M.E., no one is permitted to disturb the clothing of a dead person, or anything on or near the body.

It is the medical examiner's duty to decide the cause of death. If he is able to do so from the history of the case, the stories of the witnesses, and his inspection of the body, he does so. If this is not possible, it becomes necessary to perform an autopsy to establish the cause of death. Chemical examinations are also performed when needed. At times medical examiners have been sued by relatives of the dead person for performing "unnecessary" autopsies, despite the fact that the law leaves it to the M.E. to decide whether an autopsy is necessary or not. With remarkable inconsistency, the city of New York takes no part in the defense of medical examiners against such lawsuits, but leaves them to defend themselves.

As a result the M.E. may consciously or subconsciously decide against performing an autopsy in a doubtful case because he cannot afford the cost of a lawsuit or the payment of damages if he should lose the case. In this matter the city acts like a private employer in attempting to avoid responsibility for the acts of its employees.

The service of the medical examiner has a distinct social significance. His investigation makes it difficult to take human life without being detected. He helps prevent loss of human life in industry by uncovering the causes of death and thus exposing unnecessary hazards. As a civil servant with a secure tenure of office, although greatly underpaid when one considers the importance of his work, the M.E. has proved to be a sympathetic, useful, and efficient public servant.

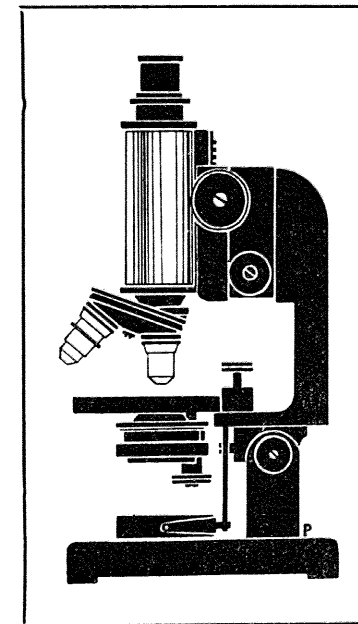
In the past, the honest M.E. has not hesitated to report facts as he finds them. A few years ago the head of a large bank was found dead in his office. In an attempt to prevent a possible run on the bank, his friends, one of them an ex-governor of the state of New York, reported that he had died of natural causes. As a result of his investigation the medical examiner found that the banker had committed suicide, and openly stated so in the public press, calling attention to the fact that the medical examiner's office had been established to investigate and report on just such cases. The ex-governor had no reply to offer.

On one occasion a prostitute was found unconscious in bed. Beside her lay a dying man. The gas was turned on and the room was filled with its odor, although the window was partly open. The man died soon after he was re-

moved to a hospital, while the girl quickly recovered. Examination of both patients' blood showed that neither had taken enough gas to be fatal. The girl's stomach was washed out and a white powdery material was found which proved to be the remains of a sleeping powder.

What had happened? Had she given the man a fatal dose of the powder? It was ex-

(Continued on page 202)



This very painful foot ailment can be avoided by wearing proper shoes. A helpful article giving the details of both prevention and treatment.

Those Bunions

“THERE they are, doctor! They are not pretty to look at, but I don't care about that now. Only can't you do something about the pain? There isn't a shoe I can wear without nearly going crazy.”

Every doctor has heard this story dozens of times from women of various ages, victims of a self-imposed foot distortion fostered by the manufacturers of women's shoes. For profits, these arbiters of “style” inflict their anatomical monstrosities upon their women customers and send them by thousands to orthopedic clinics and doctors' offices.

All a shoe salesman has to do in order to sell a pair of shoes which do violence to the anatomy of the foot, is to hint that “this is what all the girls are wearing now.” In fact, the situation is even more unreasonable than this; it is no exaggeration to say that it is impossible to obtain an anatomically correct shoe in many of the women's shoe shops. In order to get a properly designed shoe, it is necessary to patronize stores which sell “health shoes” or “corrective shoes.” This puts a stigma on what should be a normal type of shoe, and also gives the “health shoe” dealer an excuse for charging a premium price.

Not a Growth

But what is a “bunion,” and how do shoes cause them?

A bunion is an abnormal protuberance from the foot, found most often behind the great toe joint. It is always accompanied by an outward deflection of the great toe, *i.e.*, a deflection in the direction of the other toes. The skin overlying the protuberance is usually red and irritated, and corns and calluses often form in the skin because of the friction with the shoe.

What does this protuberance consist of? Is it something new that has grown on the foot, or is it one of the normal structures which is out of place? Contrary to popular belief it is not a new growth, but rather the head of the first metatarsal bone which has been forced into an abnormal position.

The two diagrams show how the first metatarsal bone lies with relationship to the other bones in both the normal foot and in one on which a bunion has appeared. In the baby or in the individual who has never worn shoes the metatarsal bones are parallel, and the toes lie directly in line with the metatarsal bones to which they are attached. In the second diagram, the foot with the bunion shows the great toe deflected outward towards the other toes, and the base of the bone of the great toe pushing the first metatarsal bone inward so that its rounded end or “head” forms a protuberance on the inside of the foot.

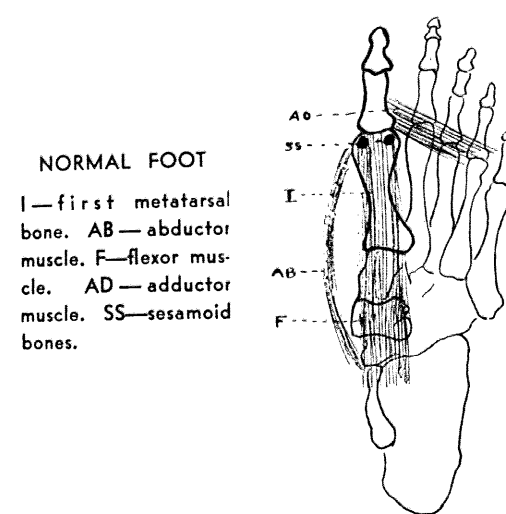
How Bunions Are Formed

The great toe is normally held in position by the muscles which are shown in the diagram. There are three of these which are important. On the inside of the foot, there is the *abductor muscle* which is attached to the big-toe bone near its base, and which keeps the big toe from pointing outward towards the other toes. There is the *short flexor muscle* which extends along the under side of the first metatarsal bone, and is attached to the base of the great-toe bone so that it can bend the big toe downward. The important thing about this muscle is that it contains two round, flat bones, the “sesamoids,” situated near the place where the muscle is attached to the great-toe bone. These sesamoid bones are important because the weight of the body is transmitted to the ground through them, and if they become displaced it is difficult for the individual to bear any weight on that part of the foot. The third muscle of importance in the formation of the bunion is the *adductor muscle* which extends from the outside of the foot across to the point where it is attached to the base of the great-toe bone on the side next to the second toe. This muscle tends to pull the great toe into the bunion position, *i.e.*, towards the other toes. In the normal foot, however, it is prevented from doing so by the abductor muscle.

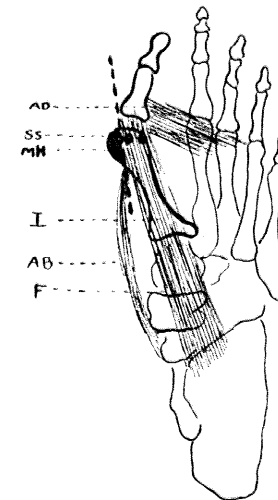
The first pair of pointed shoes worn by the young girl pushes the head of the big toe outward, pressing it against the other toes. At first, the toe returns to its original position when the shoe is taken off because of the action of the abductor muscle. Gradually, however, the abductor muscle becomes stretched until it allows the toe to remain deflected outward. Then the muscle's tendon begins to slip away from its usual point of attachment at the side of the metatarsal bone until it is under this bone. In this position, it no longer opposes the pull of the

the patient feels humiliated by her deformity. No weight can be borne on the end of the first metatarsal bone because of the dislocation of the sesamoids, and the body weight is concentrated on the ends of the middle metatarsal bones. Because of the added burden, a mass of callus forms in this region and is very painful.

The most important thing to know about bunions is that they are caused by shoes and that if shoes that distort the natural direction of the toes are not worn, there will be no bunions. When women awake to the cause of bunions



NORMAL FOOT
I—first metatarsal bone. AB—abductor muscle. F—flexor muscle. AD—adductor muscle. SS—sesamoid bones.



FOOT WITH BUNION

Note how the abductor muscle lies under the metatarsal head (MH) and no longer opposes the deforming action of the adductor. In the operation for bunion a sech-head indicated by the blackened area outside the broken line, is removed.

Alice Solomon

adductor muscle, which, since it is unopposed, pulls the great toe very rapidly into the *hallux valgus* (bunion) position, at the same time dislocating the sesamoid bones and pushing the “head-end” of the first metatarsal bone away from its connection with the big toe so that it forms a bump on the inside of the foot. This bump is the bunion.

The process just described usually takes years, and completely developed bunions are not common in women under forty. However, they are occasionally seen in girls in their teens whose feet do not exhibit much resistance to the process of distortion. Bunions are never seen among people who do not wear shoes.

It is in their late stages that bunions give the most trouble, although sometimes they are painful in their early stages. The patient finds it impossible to be comfortably fitted with shoes, and every new pair of shoes rubs and irritates the bunion unmercifully. The distorted foot is unattractive, especially now that so many stylish shoes leave the toes largely exposed, and

and demand that shoe stores provide shoes which will not deform the feet, then manufacturers will begin to make such shoes, and, what is more, they will make them in attractive styles. It is most important that mothers and teachers appreciate the danger of shoes which deflect the toes from their natural direction, and use their influence, particularly with adolescent girls, to see that shoes are worn which do not interfere with the toes.

Wearing Evening Slippers

In most cases, no great harm is done by wearing an evening slipper occasionally. But they should be worn no more than a few hours in the week. For ordinary use, any footwear which distorts the toes should be rigidly avoided by women of all ages.

What can be done about bunions that are already present? If they are not giving trouble, the patient can prevent them from becoming worse by seeing that the shoe does not increase the deflection of the toe already present. If the

(Continued on page 203)

Investigation of both vegetarian and all-meat diets reveal important facts about meat as a food. A discussion of the food value and digestibility of meat.

More About Meat

IN last month's issue it was pointed out that a vegetable diet which includes eggs, milk, and other dairy products will furnish all the elements necessary for good nutrition. Many people have thrived on such a diet. Consider the Sikh tribes of northern India. The physique and general health of these people is as fine as that of any group in the world. Their diet is very simple. It consists of whole grains ground into flour, peas and beans, raw carrots, cabbage, butter, a small amount of meat about once a week, and large quantities of milk. If we exclude the meat, which as a matter of fact plays a negligible role in the diet, we see a race of strong people who have been reared on a vegetable-milk regime. It is important in such a case not to overlook the milk. It forms a major part of the diet and to its abundant use must be attributed to a great extent the robust development of the Sikhs.

Two African Tribes

For another lesson in dietetics let us travel farther south into South Africa, in the lands of the Masai and Kikuyu tribes in the province of Kenya. These native peoples live under the heel of British imperialism. They have been subdued and compelled to work the mines and fields for the greater glory of British civilization. The Masai and the Kikuyu tribes live side by side, in similar regions. Yet the Masai make splendid slaves for Britain, while the Kikuyu became exhausted easily and frequently succumb to injuries and disease. The Masai are stronger and more vigorous than the Kikuyu. Investigation showed that the fully grown adult Masai was some five inches taller and twenty-three pounds heavier than the Kikuyu of the same age and sex. The children of the Masai were sturdy and well developed and worked well in the fields under the hot sun, but the children of the Kikuyu tribe were poorly developed and could not be exploited as well. One-half of the boys and one-third of the girls were found to be in poor or very bad physical condition.

British industrial interests were concerned about the physical inferiority of their Kikuyu subjects. They therefore applied to the Rowatt Institute of Aberdeen, Scotland, for good food scientists and physicians. They established a fund, made an agreement between the Colonial office of His Majesty's Government and the Government of Kenya, South Africa, and acquired an additional subsidy of \$30,000 from the Empire Marketing Board. They sent the scientists and physicians to the lands of the Masai and the Kikuyu in the province of Kenya with instructions to find out why the Masai were strong and able to work well and why the Kikuyu were weak and worked poorly.

The complete account of what the scientists discovered may be found in the Special Report, Series No. 155, 1931, of the British Medical Research Council. For our present purpose we will relate only a few of the findings.

It was discovered that the reasons for the difference in stature, strength, and health of the two tribes were to be found in their different diets. The Masai raise large herds of goats and live almost exclusively on milk, meat, and freshly drawn blood. The Kikuyu also raise large herds of goats, but they treasure them as a source of wealth and honor, and not as a source of food. They live, not on meat and milk, but on cereals, vegetable roots, and peas and beans. This diet fails to furnish many important food elements, and as a consequence the Kikuyu suffer from nutritional disorders such as bony deformities, dental caries, spongy gums, anemia, and tropical ulcer. They also fall easy prey to diseases such as tuberculosis.

Effects of All-Meat Diet

These investigations in South Africa show that a strictly vegetarian diet is not compatible with good health. When the Kikuyu were given milk and some meat, their health improved and they were able to do more and better work and raise healthier children. It is confidently anticipated that with a change in diet the next

generation of the Kikuyu will equal the Masai in both physique and health.

Now let us travel north to the Arctic Circle, to the land of Eskimos. In last month's article on meat we cited briefly the experience of the Arctic explorers, Stefansson and Anderson. We now wish to call attention to the full report of the Stefansson and Anderson investigation which was conducted at Cornell University Medical School over a period of seven years.

In 1925 Stefansson returned to New York after having spent eleven and a half years within the Arctic Circle. For about nine years almost the only foods he ate were meat and fats, and for nine successive months he lived on meat alone. He reached his maximum weight while on this meat diet, and he says that during the period his sense of physical and mental well-being was at its best. He also found that the exclusive meat diet worked as well when he was inactive as when he was active and as well in warm weather as in cold. He was never constipated nor was he troubled by "gas" or indigestion, in spite of the fact that for one month he was confined to his hut and got no exercise. Stefansson points out that not a single case of constipation was observed among 600 exclusively meat-eating Eskimos over a period of three years' observation. When he and his associate Anderson returned to New York they consented to extend their all-meat diet for another year in order to determine whether the factor of climate had had anything to do with the success of their Arctic experiment. During this year they underwent constant and strict medical examinations under the supervision of physicians, and it was found that they remained in perfect physical condition.

Variety Is Desirable

These observations and experiments are not cited to prove the virtues of an all-meat or fish diet. But they do prove that an exclusive or almost exclusive meat regime does not cause all the ailments, namely "auto-intoxication," high blood pressure, kidney disease, colitis, and many others. They also prove that a diet consisting exclusively or chiefly of meat or fish will serve to furnish all the elements necessary for the maintenance of health. There is no doubt that many people will not thrive as well as Eskimos and explorers on a one-sided meat diet. The meals of Arctic inhabitants are determined by necessity and not by choice. Were there fields and gardens to cultivate and cattle to raise in

these northern regions, the Eskimos would enjoy a better-balanced and probably more palatable diet than they do at present.

In temperate climates such as ours, vegetables, fruits, milk, eggs, and meat are available, and when they can be purchased will make up the most satisfactory combinations for good nutrition and health. Judicious variety is the essence of good food habits. A diet containing all the essential foods, including meat at least two or three times a week, will help to fortify the individual in his daily work. In present-day society there are enough difficulties to overcome without creating unnecessary ones by resorting to food phobias.

The Quality of Meat

It may be objected that the observations on Eskimos and explorers have no relation to the food problems of Americans, since the meat and fish obtained in the Arctic circle is fresh, whereas meat sold in the United States is frequently infected with millions of germs due to improper selection and storage. It is true that a certain percentage of the meat sold over the butcher's counter is unfit for consumption. It is possible, however, to obtain wholesome meat. The 1937 *Buying Guide* of Consumers Union of the United States mentions that two-thirds of the meat sold today is inspected by the federal government. Such meat bears a round, purple stamp on the larger cuts, with the words "U.S. Insp'd & P'S'D." An additional safeguard against contamination may be obtained by thorough cooking of the meat. This is particularly necessary in the case of pork, as we shall see later.

The subject of food combinations has stirred the imaginations of many diet faddists. A sentence is snatched out of the text of a scientific paper and the imagination is permitted to build upon the ill-understood experiment an imposing array of pseudo-scientific gibberish. The arch apostle of the food jugglers is Dr. William Howard Hay, whose diet fancies were discussed in the June, 1936, issue of *HEALTH AND HYGIENE*. It is pertinent to recall now the discussion as to whether carbohydrate and protein foods should be eaten together. The experience of millions of people over hundreds of years will testify that carbohydrates and proteins can be mixed with safety. If some scientific evidence of this fact is wanted we can cite an abundance of experimental work performed

(Continued on page 204)

Why I Am Aiding Spain

By **WALTER B. CANNON, M. D.**
Professor of Physiology, Harvard University

Editors' Note:

Dr. Cannon, the author of this article, is one of the outstanding physiologists in the world. His books, "The Mechanical Factors of Digestion" and "Bodily Changes in Pain, Hunger, Fear, and Rage," are among the most important contributions to the understanding of the mechanism of the digestive tract. Dr. Cannon is also the author of two books for laymen, "Digestion and Health" and "The Wisdom of the Body."

During the World War Dr. Cannon served as a medical officer at the front. It is extremely significant that now when another war is being fought in Europe, Dr. Cannon comes out whole-heartedly in support of the Loyalist Government. He realizes that under Fascism science and learning cannot exist, and therefore, as a man of science, he calls for the defeat of Franco.

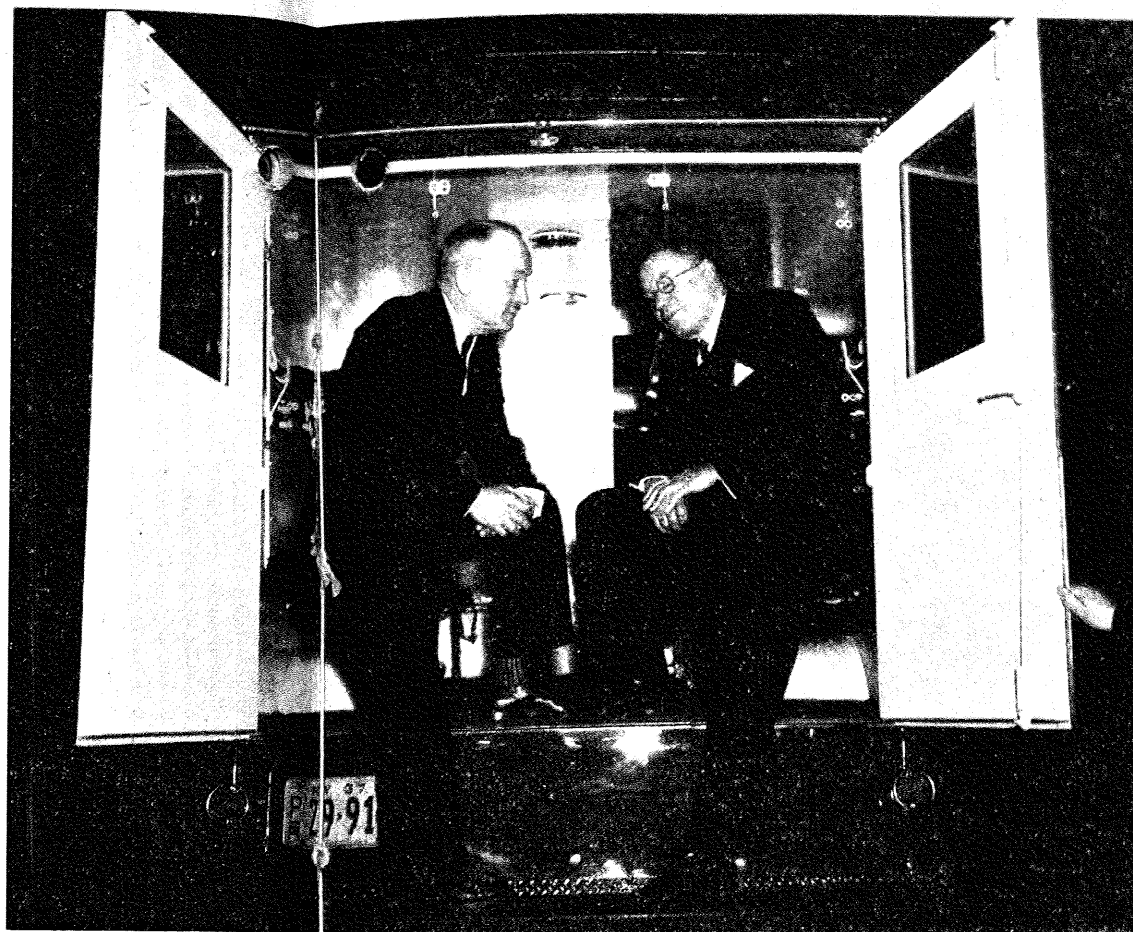
Dr. Cannon delivered the following article as an address at a recent mass meeting called by the Medical Bureau of the American Friends of Spanish Democracy.

A FEW days ago a friend asked me how it happened that I came to support the "Reds" in the war which has been waged in Spain during the past nine months. I told him that if he would set aside for a few moments the prejudicial and misleading word "Reds" I would give him the reasons for my attitude. Because support of the existing Spanish government is commonly questioned, my answer may be helpful; at least it discloses the influences which affected one interested person.

It was at this time of the spring, in 1930, that I spent several weeks in Spain, visiting Barcelona, Seville, Toledo, and Madrid. That was almost exactly one year before the bloodless revolution of April, 1931. While there I had three experiences which proved later to be highly significant and which led me even then to write that I thought the prospects in that

country at that time were among the most interesting in the world.

First of all my experience in Barcelona. There I visited two of my Spanish students who had worked with me at the Harvard Medical School and who had become members of the Medical Faculty of the University in their native city. During the first days of our association in Barcelona all the events moved along smoothly and pleasantly. There was no sign of any disturbance under the superficial calm. Indeed, the great Exposition which was then in full display, and the crowds attending it, and the activities in the streets, indicated only joy and light-heartedness. A very delightful gathering of a group of university colleagues on Montserrat brought forth no suggestion that they had been living through stormy years of social and political turmoil; for only three



Dr. Cannon (right) and Colonel William J. Crookston, General Secretary of the Medical Bureau of the American Friends of Spanish Democracy inspect one of the ambulances being sent to Spain.

months previously Primo de Rivera had ended six years of military dictatorship. One day I casually asked one of my former students about his attitude toward the regime of Primo de Rivera. Never in my life have I known a few words to have so disorganizing, so disruptive an effect on any human being. He began to tremble, his facial expression suddenly became extremely drawn and distorted, his voice, when he was able to speak, was husky and unsteady. Then he recited in detail the ways in which the Dictator had for years outraged every ideal of liberty and human right. He had replaced the provincial governors throughout Spain with military officers. He had crushed the effort at local loyalty in Catalonia. He had closed universities. He had imprisoned professors who had dared to question his edicts, and one of them, who was too outspoken, he had ban-

ished. He had abolished freedom of the press. He had refused freedom of assembly. He had denied free speech. He had suppressed the authorized legislative body. On hearing this recital of tyrannical abuse of power I could understand thoroughly the depth of hatred manifested by my former student in his attitude toward the cruel and brutal restrictions which Primo de Rivera, as a military tyrant, had imposed on the Spanish people.

Next my experience at Seville. It was Easter week. A gay multitude of people were there to see the strange and picturesque spectacles which the celebration of Easter in that city provides. The King and members of his family were in attendance. The King had openly supported the repressive regime of his autocratic Premier. I saw him and two daughters as they marched along the street between the massed rows of spectators on either sidewalk. The people were spectators only. Not a note of applause was sounded; not a handclap nor a cheer. The silence was ominous, and I wondered at it.

Finally at Madrid. There again I met another of my Spanish students, and also colleagues in the University, especially Dr. Negrin, the Professor of Physiology in the Medical School. In the academic group which I encountered there was open talk of revolution and the establishment of a republic. Remember, this was a year before the revolution actually occurred. My friends took me to the mountains west of Madrid to see that strange combination of church, convent, palace, and mausoleum, the Escorial. In that somber and impressive structure successive Spanish kings have been buried, in a special crypt, since the middle of the sixteenth century. It was significantly pointed out to me that in the crypt there was only a single space left vacant, a space for the body of only one more king!

The attitude of hostility, however, was a re-

fection of the past. My acquaintances in Madrid were eagerly interested in the future. They were busy with plans for a better Spain—a Spain in which human values would be respected and exalted. With great pride Dr. Negrin arranged a visit to the new University City on the outskirts of Madrid. He showed me the beautiful and spacious buildings already started; he demonstrated to me the plans and the models of the entire enterprise; and he explained to me how soon he expected his dream and the dream of his comrades to be realized, that in Madrid there would be a great university center. He told of the efforts which were being made to obtain first-rate teachers and investigators to take positions in laboratories and class rooms as soon as the buildings were finished. When the University City should be completed he expressed the hope that it would be the supreme place for education in Spain, and possibly a resort for study and learning to which scholars from all Spanish-speaking countries would repair. Such was the ideal for which he and his colleagues were laboring.

Exit Alphonso

I understood and sympathized with the academic groups in Barcelona and in Madrid. They were striving for recognition of the same human rights which men in civilized countries have striven for during past centuries—the primitive rights of free speech, free assembly,

free press, and universal free education. I cannot emphasize too strongly that by popular vote the people warmly supported the efforts to assure the granting of these proper claims. In the election held on April 12, 1931—the first election in fifty-seven years in which the votes were actually counted—the decision was overwhelmingly in favor of a republic. Thereupon the King took the hint and left the country. With the coming of the new government reforms—thousands of new schools, redistribution of the land, religious toleration among them—were instituted.

The Fascists Rebel

I need not go into details of the ways in which the fascists and monarchists did their utmost, in the years which followed, to discredit and render ineffective the actions of the established government. There was open threat of bloody revolt by those who wished to drag Spain back into feudalism. And preparations were made for setting up a fascist state. Again it is noteworthy, however, that in the election of February, 1936, the republic was once more given a warrant for its continued existence. The only justification for the seizure of power by a military dictator was that the majority of the people had voted for a republic and against a dictatorship. Scorning this popular verdict, General Franco and his Moors and his monarchist and fascist supporters re-



The Artists Union does its part. One of the several ambulances that have been equipped and sent to Spain with trained personnel chosen from many applicants by the Medical Bureau.



Colonel William J. Crookston (left) greets the Reverend Father Michael O'Flanagan, who is now touring the United States in support of the Loyalist government of Spain. At right, Gerald O'Reilly, of the Friends of the Irish Republic.

volted, in July, 1936. The supporters of popular government in Spain, who have fought since that fateful date for the ideals of the republic and against the notorious evils of militarism, have been struggling for what we, as Americans, have received as a precious heritage—a heritage which has come to us remotely from the time of the Magna Carta in the thirteenth century, which was written down in 1688 in the Bill of Rights, and which the prudent founders of our republic insisted on affixing to our Constitution in its first ten amendments. This is a heritage of freedom which our most public-spirited citizens vigorously insist upon when there is any threat of any infringement. And the Spanish people are fighting also against a military tyranny. In their own recent experience they know what that means. During the 1920's they saw it in action in the rule of Primo de Rivera. They realize from their own knowledge that the suc-

cess of the fascist rebels will result in trampling under foot elementary human rights. What else can be expected from those who have kept Spain in subjection in the past and from the invading troops which represent Nazi Germany and fascist Italy. It is a deeply gratifying tribute to the human spirit that there are many in Spain who would rather die than submit to such injustice and humiliation. These, then, in brief, are the reasons why I support the Loyalist cause, the cause sponsored by the only government which my country recognizes as the existing government in the Spanish peninsula.

I said that there were men who would rather die than submit. We commonly think of dying as the supreme sacrifice which a man can make. There have been times when I have felt that the terrible wounds of warfare and their lasting consequences, which soldiers must suffer, often involve a still greater sacri-

face. It happens that I am not unacquainted with the conditions which confront those who have been struck down in battle. During four months of 1917 I was in British service at an advanced dressing station in Flanders, only a few miles from the active lines; and in 1918 I was repeatedly stationed in forward hospitals of the American forces in France. Let me tell you what wounded men must endure. They may be hit by a shell fragment, a piece of a bomb, or a bullet. Bones may be shattered; the great muscle masses in the thighs and buttocks may be torn and shredded; the chest may be opened (I recall an instance in which every labored breath bubbled air and blood to-and-fro through a big exit hole in the back); the liver and intestines may be exposed by rupture of the abdominal wall; and internal organs may be lacerated, as in penetration of the bladder, when the belly fills with blood and urine. Such are the ways living men are mutilated and mangled when bullets or ragged pieces of metal, moving at terrific velocity, strike soft human flesh, smash it and rip it open, and splinter the underlying skeleton.

Delay Costs Lives

Men thus wounded cannot move. They are in front-line trenches or in open battle fields or in some other advanced position, from which they must be carried. As soon as possible, stretcher bearers go forward to pick them up. If the wounded are many and the bearers are few the wounded may lie for hours, perhaps in cold and rain without attention. At first they are carried to a regimental aid-post where bleeding may be stopped and where, if the surgeon is properly equipped, a splint may be applied to ease the pain from a broken bone; and some soothing drug may be administered to lessen the suffering in stretchers and ambulances on the journey to a clearing station or a mobile hospital. There again delay may be encountered because surgeons and nurses are too few to give prompt service to all who are in need.

Here let me make a point which experience in the Great War clearly emphasized. That is that the chances of recovery from serious wounds are directly related to prompt surgical treatment. In an extensive series of cases in which such severe wounds as I have already described were received—mashing and pulping of the arms and legs, breaking of the leg and arm bones, wounds of the face, laceration of

the thighs, smashing of the knee with rupture of muscles, crushing of the shoulder, shattering of joints, tearing away of an arm—it was clearly shown that the mortality became progressively greater the longer the delay in providing surgical care. The percentage of mortality varied from 10 per cent in such cases treated within an hour after the wounds were received to 75 per cent when the time which intervened was eight or nine hours. The lesson from these figures is obvious. More lives will be saved just in so far as arrangements are made for rapid movement of wounded men from the battleground to places where they can receive the attention of surgeons and nurses. That means efficient stretcher bearers, efficient ambulance service, efficient surgeons, and efficient nurses. Wherever I have used the word "efficient," I should also add the word "sufficient." The military forces which are struggling to support the cause of democracy in Spain are in dire need. They have not adequate numbers of surgeons or nurses. They have not even adequate anesthetics or drugs to lessen pain in those who are sorely wounded and who are suffering agonies in their wounded state while being transported to a place of succor.

The Medical Bureau to Aid Spanish Democracy has been earnestly endeavoring to bring aid to the victims of the war—to reduce their sufferings and to save their lives. We have sent to Spain, to date, 61 American surgeons, nurses, and technicians, and about 50 tons of medical equipment and supplies, including 10 ambulances. Now, with the recognition and support of the Spanish government, we have established two base hospitals, and a mobile operating unit which will work close to the battle lines; and our personnel directs four other hospitals within 50 miles of the Madrid front.

Dr. Barsky's Message

Is this enough? In answer to that question let me quote a statement from one of our surgeons in Spain, made on April 9. "During the first two days that our hospital was set up the wounded began arriving in great numbers. Soon all our beds were occupied, then our stretchers and mattresses and finally all the available floor space. It was terrible. The young men were suffering wounds of the brain, face, abdomen, legs and arms—blood all over

(Continued on page 201)

Cosmetic Problems

Many readers write to us asking for information concerning the care of the skin and hair. Each month one of our skin specialists will discuss a particular problem in this field. For a personal reply, send a stamped and addressed envelope.

EYEBROW AND LASH DARKENERS

EVEN in ancient times history records the use of cosmetics by women. The grand ladies of those days were the only ones to use them, but today practically all women of the civilized world use cosmetics to some degree. The desire on the part of woman to look attractive is thoroughly understandable and easy to forgive even when on occasion it trespasses on common sense and defeats its own purpose. However, what cannot be forgiven is the endangering of health and actual injury to the body by the application of harmful and poisonous beauty preparations. In this article the discussion will be limited to eyelash and eyebrow preparations. These consist of eyelash and eyebrow darkeners, eyelash "growers," and artificial eyelashes.

Mascara Usually Safe

Mascara and eyebrow pencils are used to produce a dark color of the brows and lashes. The darkening substance in both is finely powdered carbon. When the carbon is added to a soft waxy mixture the product is mascara. When a hard wax or fat is used as the base for the carbon, a mascara pencil is the result. Since carbon is not an active chemical as it exists in eyebrow preparations and since the wax base is inert, the use of mascara and eyebrow pencils is fairly safe. This must be qualified, however, by stating that they can occasionally be irritating, as every woman who has gone swimming without first removing her mascara has discovered. The fine particles of carbon in wax act just like particles of dirt or dust when they fall on the conjunctiva (the delicate moist lining of thin, clear tissue over the eye).

So-called "eyelash growers" are fakes, pure and simple. There just isn't any such thing. The eyelashes are merely short hairs which grow on the ends of the lids and behave just like other

hairs. There is no known substance that can cause hair to grow.

As for artificial eyelashes, any woman who goes to the trouble of fastening on these contraptions deserves praise for patience and sympathy for the time wasted. Phoney eyelashes are easy to detect and impart an unnatural appearance which ruins the desired beauty effect.

Real danger lies in the use of dyes to darken the brows and lashes, because here active and often powerful chemicals are employed. The dyes used are the same or similar to those used to color the hair of the scalp and consist of various vegetable, metallic, and so-called aniline dye substances. The vegetable dyes are usually harmless, but since they are also ineffective they are not widely used. The metallic dyes contain the salts of lead, silver, bismuth, iron, and other metals, and are all either poisonous to the body as a whole or locally injurious to the eyes.

Aniline Dyes

The most dangerous of all are the aniline dye preparations, and these have caused the most trouble. Some time ago they were discovered to be very effective dyes for both human hair and animal fur. Unfortunately they are capable of causing severe inflammation of the skin, especially of the eyes, and, in some cases, general body poisoning. In a few instances death has resulted from their use. In recent years, related dyes have been manufactured which are less irritating but which are nevertheless still dangerous.

Following the introduction of every new commercial lash dye or darkener, there is an outbreak of severe burns and ulcers among the users, which are duly reported in the medical journals by doctors throughout the country.

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Editorial:

Who Endangers The Patient?

LAST April seventeen members of the Hospital Employees' Union were found guilty under an old law, never before invoked in such a situation, of "endangering property or human lives by a refusal to labor," because they had gone on strike.

The tactic of the sit-down strike has been condemned as outrageous by those who recognize no right as more sacred than the right to make money out of private property. However, since a large proportion of the population is without private property, it has been difficult to create public resentment against the sit-downs. In the hospital strike, however, those who wanted to discredit the sit-down saw their opportunity. In this case, they pointed out, the strikers were not only endangering property but they were also endangering patients' lives.

Obligingly, most of the newspapers did their part. The strikers were characterized, by inference at least, as heartless wretches whose selfishness would permit them to desert their jobs while helpless patients died from lack of attention.

This was exactly the impression that the hospital administration wished to create. And while grossly exaggerated reports of the effect of the strike on the hospital patients were circulated, little attention was given to the real reasons behind the strike.

What were these reasons?

Briefly, they were the intolerable conditions under which the great majority of the employees of the Jewish Hospital of Brooklyn have been forced to work. The wages of the maintenance staff of the hospital are as low as \$40 a month. Sixty hours is not an unusual working week and many workers are subject to call during their free time. The food served to the employees is hardly fit for consumption. Added to these hardships, the workers were submitted to the indignity of being spied upon by hired agents of the notorious Railway Audit and Inspection Company.

The Hospital Employees' Union made repeated attempts to lay these very real grievances before the hospital administration, but the ad-

ministration ignored every request for a hearing. At the trial Dr. Morris Hinenburg, hospital superintendent, testified that he had received "thousands of letters" from the union and from union members requesting a conference, and yet he did not so much as answer a single letter. Faced with such complete disregard of their reasonable and legitimate requests, the union had no alternative but to call the strike.

The strike, as far as the union was concerned, was conducted in an orderly and efficient manner. It is true that policemen with axes battered down some doors and otherwise created a disturbance, but this was done at the instigation of the hospital authorities. Now that the strike is over, we know that the patients in the hospital were cared for with the utmost consideration and efficiency. All operations were performed according to schedule, and supplies of linen and glassware were maintained. The only ones inconvenienced were the doctors and the hospital administrators who had to go out to eat because the strikers would not serve them. To understand how thoroughly misleading were the reports of the hardships and injuries inflicted upon patients, we need only refer to the testimony of Dr. Benjamin Kramer, which is set forth in detail on the next page in our letter to the Kings County Medical Society.

When we understand all of these facts we may well ask: Who is it that endangers the patients—the striking hospital employees or the hospital administration?

We maintain that it is Dr. Morris Hinenburg and the administration of the Jewish Hospital of Brooklyn who are guilty of neglecting the interests of the hospital's patients and, yes, even endangering their lives. For it is plainly impossible for a group of overworked, underpaid, poorly nourished, harassed, and dissatisfied hospital employees to maintain a high type of service, which is the only type of service that should be provided by an institution charged with the care of the sick.

While automobiles or fountain pens can be made by workers who are subjected to a speed-

up, the speed-up method is inapplicable where human life is at stake, and its results must necessarily be tragic. When the hospital administration pays employees low wages for long hours of work, gives them poor food, and spies on them like criminals, they create a staff of

tired, harassed individuals who, despite their best efforts, cannot give the patients proper care. Therefore, the hospital administrators are endangering the welfare of the patients, and it is against them that the charge should be leveled rather than against the striking workers.

An Open Letter to The King's County Medical Society

The Kings County Medical Society
1313 Bedford Avenue
Brooklyn, N. Y.

Gentlemen:

The recent strike of the maintenance employees of the Jewish Hospital of Brooklyn has revealed many significant facts concerning the manner in which one of the largest hospitals in the city is conducted. Now the trial of the strikers is over, and the incident is almost forgotten as far as the newspapers are concerned. There is, however, one matter in regard to the strike which was hardly mentioned by the newspapers, and since we feel that this matter is one of special significance to you as members of the County Society, we are taking this opportunity of calling it to your attention.

We refer to the action of Dr. Benjamin Kramer, Chief Pediatrician at the Jewish Hospital of Brooklyn. At the trial of the striking employees, Dr. Kramer testified for the prosecution that he had been called to the hospital to attend a child who was critically ill. He stated that upon his arrival at the hospital he rang the elevator bell and waited for about five minutes before he remembered that there was no elevator service because of the strike. He then, according to his testimony as reported in the *New York Times*, "ran up the four flights of stairs to the children's ward." "When I arrived," Dr. Kramer continued, "a nurse met me and said, 'Sorry, doctor, the patient just died.'"

This was all Dr. Kramer chose to tell. The statement was seized upon by the press and used as a means of discrediting the strike and making the defendants appear guilty of the child's death. We wish to point out that by omitting to tell the whole truth Dr. Kramer seriously misrepresented the case.

An examination of the hospital records discloses the all-important facts that Dr. Kramer chose to omit: (1) Dr. Kramer arrived and checked in at the hospital at 4:45 P.M.; (2) the child died at 4:08 P.M.; (3) therefore, when Dr. Kramer first rang the elevator bell the child had already been dead for more than half an hour.

The extent of Dr. Kramer's misrepresentation became more evident when he was called for cross-examination after the above facts had been established. Under the questioning of the defense Dr. Kramer made the following admissions: (1) that the child had been under the care of its own physician, who was held to be competent; (2) that before the child's death Dr. Kramer had never seen nor treated the child; (3) that at the time of its death the child was suffering from double pneumonia, a hemolytic streptococcus infection, and mastoiditis, and that he, Dr. Kramer, could have done nothing whatever to save its life.

In other words, as far as the child was concerned, it made not a particle of difference whether the elevator ran or not!

In view of the facts set forth above, which, unfortunately, received far less notice in the press than did Dr. Kramer's original testimony, we call upon you, the body charged with maintaining the honor and standards of the medical profession, to take such action as may be appropriate. We feel that Dr. Kramer's action tends to jeopardize the integrity of the profession and should not be allowed to pass unnoticed.

Very truly yours,
The Editors

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.

"One Born Every Minute"

Columbus, Ohio

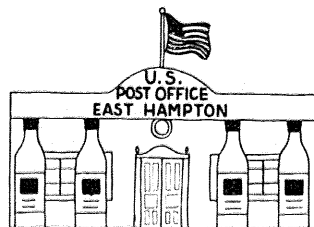
Infantile Paralysis

Gerard, Kansas

DEAR DOCTORS:

My employer has sent away for *The Williams Treatment* (Dr. D. A. Williams Company, East Hampton, Conn.), which claims to treat arthritis and allied conditions. It is supposed also to be a treatment for "uric acid." Please tell me something about this firm so that I can pass the information on to my employer.—H. D.

Answer—*The Williams Treatment* has been known as a mail-order quackery for almost twenty years. Business is so good that East Hampton, with only 2,600 people, now has a second-class post office to handle the rush of mail.



The preparation, sold as a cure of "uric acid troubles," is chiefly acetate of potassium, colored and flavored with wintergreen. The acetate is a mild diuretic or stimulant to urination. Since most people with urinary troubles have no unusual amount of uric acid in the urine, there is but little "uric acid trouble." Tea and coffee, for example, also stimulate urination, but they can be bought in any grocery store.

In 1929 a Dr. Wilson Powell worked for the Williams Company and diagnosed diseases by mail after customers wrote to him describing their symptoms. People with tuberculosis and even cancer of the stomach were told by Powell to take *The Williams Treatment*. Dr. D. A. Williams sold out in 1910 to the present owner, one T. Flaacke, and is said still to be trying to collect money due him from Flaacke. We take off our hats to Flaacke—can he trim them!

DEAR DOCTORS:

I am enclosing an article by Paul de Kruif from the *March Ladies Home Journal*, entitled "The New Weapon Against Infantile Paralysis." I should be very grateful if you would give me your opinion of this method. Is it still in the experimental stage or do you advise its immediate use? If so, at what age should one immunize a child?—B. K.

Answer—The germ causing infantile paralysis (poliomyelitis) is so small that it cannot be seen under a microscope. It grows and performs its deadly work in the nerve tissues. Vaccines and serums have proven of no avail up to the present time. Progress, however, has been made, and Paul de Kruif has recently recounted the latest chapter in the struggle against the dreaded diseases.

Working on the theory that the germ of infantile paralysis gains entrance by way of the nerves of smell (olfactory nerves) which are exposed in the mucous membrane of the nose, scientists have developed a spray of picric acid and alum, and more recently of zinc sulphate. When applied with proper technique by a physician to the ends of the olfactory nerves, protection against the germ, it is believed, will be established. In this way, the main, if not the only, door through which organism can find entrance to vital nerve tissue will be sealed.

While animal laboratory experiments apparently have been successful, it remains to be seen to what extent this type of prevention can be applied successfully to human beings.

On July 17, 1936, the United States Public Health Service, under whose jurisdiction most of the original spray work was done, issued the following statement:

"The evidence regarding this method is as yet based entirely upon animal experimentation and the proposed spray is not at present to be regarded as of proved value in the prevention of poliomyelitis in man. It may be advisable to await the results of further trials before giving the method general application."

Dr. Charles Armstrong of the United States Public Health Service conducted experiments during an actual outbreak in Alabama during the past year. As a result of his work, he reached the following conclusions:

1. Chemicals capable of blocking infection by way of the olfactory route must be thoroughly applied to the nasal vault if maximum protection is to be secured.

2. Many children actively resist spraying, and thus render the method difficult.

3. Sympathetic parents, unfamiliar with the anatomy of the nose, are not, as a class, qualified to administer intranasal prophylactics properly.

4. It seems probable that the most effective method of application, as well as the most ideal solution, has not yet been found. Investigative work should therefore be continued.

* * *

Nightmare in Children

Yonkers, N. Y.

DEAR DOCTORS:

My son, who is nearly nine years old, frequently has nightmares combined with regurgitation and shivering. Please explain the causes of these manifestations and the cure, if any.

Answer—The causes of nightmares in children are not physical. Your child has fears which he could not explain to you if you asked him to do so. Only an individual trained in talking to children and playing with them could find out what these fears are and correct them. Before we explain to you how such fears may arise, we would advise you to take your child to the Vanderbilt Clinic at Columbia University Medical Center (168th Street and Broadway) for treatment and advice. Too many children go through needless torture, such as your child is undergoing, for want of early treatment.

Children think in peculiar ways. Their feelings and fears are strong and their understanding of things insufficient. Let us give you an example of how nightmares may arise in a child of three-and-a-half. The child in this instance began to awake in the middle of the night saying that a dog was biting its hand. It became afraid of dogs and other animals. It also became afraid of the dark, and it would run to its parents' room at night. This child had just had a new baby brother and was very jealous of it. It developed strong feelings of hatred toward the mother for showing affection to the new child. *Unconsciously*—that is, without realizing it clearly—this child wished to bite and destroy its mother and little brother. This was not unnatural or strange at all. Children are like savages in their thinking, but don't let that alarm you; they get over it. This child was inwardly frightened of its own wishes and dreamed

that it was being bitten in retaliation for having them.

This is an example of how nightmares come about. It is by no means the whole story. A child's upbringing and various events in its life may be responsible for nightmares. With the aid of a psychiatrist your child may learn the meaning of his fears and thus overcome his nightmares. Too much need not be done. Children are wonderfully adaptable, and it is much easier to cure their nervous troubles than those of adults.

* * *

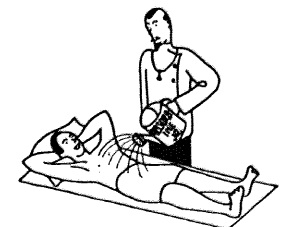
Once for Toothache—Now for Athlete's Foot

Toronto, Canada

DEAR DOCTORS:

Can you give me some information about *Absorbine, Jr.*? For the past two years the manufacturers of this product have terrified the populace with their ads about "athlete's foot." There are many people who are almost afraid to enter their own bathrooms since the ads claim that there is a fifty-fifty chance of catching the disease.—C. A.

Answer—*Absorbine, Jr.* was the subject of an article published in *The Journal of the American Medical Association* as far back as October 25, 1913. *Absorbine, Jr.* is a liniment, and when it first appeared on the market its manufacturers claimed it would "remove any soft bunch without blistering or inconvenience," and that it was "the only liniment known that positively cures varicose veins." With the passing of years these two blatant claims were abandoned, but even in 1913 it was sold under the inferential claim that it would "cure" rheumatism, neuralgia, headache, varicocele, orchitis, toothache, corns, goiter, elephantiasis, and a number of other ailments.



The American Medical Association's chemical laboratory analyzed *Absorbine, Jr.* and reported that it consisted of a clear, bright green liquid having a strong, penetrating, mint-like odor, and that it seemed to be an extract of some plant, probably wormwood, with the possible addition of some oil of saffras and oil of menthol.

Lately, the advertising for this nostrum has been much more restrained. During the past year, it has been featured particularly as a remedy for "athlete's foot" and insomnia, thereby modestly and literally taking care of the public from head to foot.

You can see from the above that *Absorbine, Jr.*

has been advocated wherever a profit can be derived. It has no special virtues of any kind.

* * *

Bottled Milk

Brooklyn, New York

DEAR DOCTORS:

I have an eight-year-old boy. For the past three years I have bought my milk from the grocery stores for the simple reason that it is cheaper than having it delivered at the door. I was recently approached by a representative of a large milk company who told me that the milk sold for eleven cents in the stores is inferior to that delivered by the large companies. I told him that another milk company was delivering milk to the door for eleven cents and that I was considering placing an order with them inasmuch as the price was the same as the store milk. Can you tell me if there is any difference in the quality of the milk put out by the various companies?—M. W.

Answer—Bottled milk sold in stores is in every way as good as milk delivered to the home. There may be slightly more butter fat in one brand than in another, but even in the same brand there are differences in the amount of butter fat in different bottles.



The large companies have no monopoly on good milk. Other companies selling milk in New York produce milk that is just as clean and wholesome. If their milk is cheaper than that of the large companies, then by all means buy it.

The most important quality of good milk is that it should be pasteurized. All bottled milk sold in New York is pasteurized by legal requirement. There is only a slight difference, or frequently no difference at all, between the butter fat content of Grade A and Grade B milk. If there is a difference, it is not worth the difference in price.

* * *

That Cracking Sound

Keene, New Hampshire

DEAR DOCTORS:

Can you please inform me whether or not the cracking sound often heard when a person bends a joint, such as the knee or elbow, is a sign of anything wrong?—S. K.

Answer—The cracking sound which is often

heard in the joints, particularly on motion, may be normal. However, where there is marked cracking associated with stiffness and pain, it is nearly always indicative of an arthritic involvement of that joint.

As a general rule, cracking sounds in young individuals, without either restriction of motion or pain, have no significance and are largely due to friction of the ligaments. It is entirely harmless.

In old people, or when the symptom is associated with pain and disability, the patient should consult a doctor for careful examination, diagnosis, and treatment.

* * *

What Causes Piles?

Beaver Falls, Nebraska

DEAR DOCTORS:

Could you tell me what causes piles or hemorrhoids and what can be done for them if one has had them a number of years?—G. F.

Answer—The most frequent cause of piles is constipation. This leads to straining at the stools, which produces congestion in the veins of the lower part of the rectum. Over a prolonged period of time this leads to enlargement and stretching of the veins, or piles.

Other conditions which will produce congestion are prolonged diarrhea, continued use of strong cathartics, and over-eating.

Some people inherit a tendency to develop piles. People who work in occupations requiring continuous standing are more prone to piles than others.

In women, pregnancy is a frequent cause, and tumors of the womb may be a cause. In both sexes, piles may occur together with tumor formation in the rectum. It is therefore essential that a competent physician examine a persons with hemorrhoids in order to rule out any more serious condition that may be present.

The treatment will depend on the severity of the piles. Some cases will do well with proper diet, exercise, and regulation of the bowels. Others will be so far advanced that either surgery or injection treatment may be required. The presence of pain or bleeding may require immediate treatment. See your physician, or, if you cannot afford private care, visit a hospital clinic, where we are sure you will be advised correctly for your particular case.

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PURELY PERSONAL

(Continued from page 169)

so effectively brought to light the dangers in the administration of mineral oil nose drops to children. When C.U. first announced some months ago that mineral oil was not an infrequent cause of lipoid pneumonia in children, a great many people, including not a few doctors, scoffed at the idea. C.U., however stuck to its guns, and now that the controversy has aroused interest, a number of famous child specialists have come out in full support of C.U.'s claims. As a result of the light that has been thrown on the question some department stores are now putting warnings on the labels of their mineral oil nose drops, and the New York City Board of Health has issued a warning against the use of mineral oil nose drops for infants.

THIS ISSUE CONTAINS an index to Volume 5 (January to June, 1937). Look over the subjects listed there. If you are a new subscriber you will probably want some of the back numbers that you missed. They are available at 10 cents apiece (3 for 25 cents). Some of the older back numbers are also available; reference to the Home Health Encyclopedia advertisement on the inside back cover will tell you which ones they are.

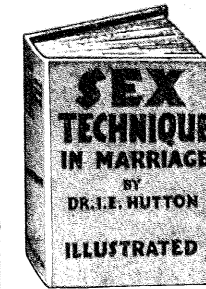
SOME TIME AGO we announced our intention of preparing a cumulative index of HEALTH AND HYGIENE since its beginning in 1935. However, due to the cost of such an undertaking we do not wish to go ahead with it unless a sufficient number of readers are interested. Since our low subscription price does not leave a margin to cover extra items such as this it would be necessary to charge a small sum, probably ten cents, to defray the cost of printing and mailing. We ask all readers who want such an index to let us know by sending us a post card. If we get a sufficient number of requests we will go ahead with the printing.

ON OUR BACK COVER we repeat the offer of a number of free health books which can be obtained by getting a few subscriptions to HEALTH AND HYGIENE from among your friends. A letter from C. R. of the Bronx is typical of several that we have received, and indicates how easy it is to get subscriptions. C. R. writes:

"During the last few months I have made it a practice to bring the latest issue of the magazine into the office where my acquaintances were eager to read it. Yesterday, when I found that my subscription expires next month, I asked several of the people if they would like to subscribe. The magazine sold itself within five minutes—four new people turned over \$1 each. Now they all want to read 100,000,000 Guinea Pigs, which you may mail to my address."

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COSMETIC PROBLEMS

(Continued from page 193)

Such reports usually cause the withdrawal of the product from the market, only to be followed by some similar dye under a new name. We cannot warn women sufficiently against the use of any eyelash or eyebrow darkener other than mascara or an eyebrow pencil. Since the drug and cosmetic lobbies are too powerful to permit the passage of laws to protect an unwary public, only education and honest publicity about the dangers inherent in the use of the dyes can prevent serious consequences.

**How to Prepare a Hot
Foot Bath**

USE a pail or small tub big enough to hold both feet, about one third full of warm water. Have hot water ready to add later.

If the patient is able to sit in a chair wrap the upper part of his body in a warm blanket and seat him in a room free from draughts. Place the feet in the water and gradually add hot water until the feet are completely covered and the water in the tub is as hot as can be tolerated. With a second blanket enclose the foot-tub and wrap the legs. It may be necessary for comfort's sake to place the tub on a stool.

The feet should be immersed for about twenty minutes. Keep the water as hot as can be tolerated during the entire bath. After the bath dash cold water on the feet, dry them, and leave them wrapped in a blanket for half an hour.

If the patient must remain in bed turn the bed clothes back, protect the bed with a pad of newspapers covered with a towel, and proceed as above.

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AIDING SPAIN

(Continued from page 192)

the place — groans of patients — ambulances coming in with more and more wounded. . . . We worked 40 hours straight without a stop. I shall never forget the desperate manner in which my two assistants lifted the last patient off the operating table and carried him to bed." "We can use every bit of assistance that Americans can offer," Dr. Barsky continued, "we need expert surgeons and assistants and all the nurses possible. We can use all sorts of surgical and medical equipment, plus automobiles and a great number of roomy, well-built ambulances, and large buses, which are a great help in transporting the lightly wounded. Let me urge surgeons, physicians, and nurses, all who are for peace and democracy and against fascism, to come to Spain and take part in this great struggle."

Dr. Barsky's urgent call is supported by letters in which the need is further stressed. I quote—"We must have more surgeons, nurses, ambulances, and supplies, and we have confidence that you will send them. . . ." Again, "I am crying for more nurses to help my girls before they are worn out. . . ." And again, "If you have any voice in the Committee beg them to send us more nurses and doctors. Don't let them forget us. They can never fill the need here, but they must never stop trying." Words are entirely inadequate to describe the large mortality due to the lack of trained forces to care for the injured.

Furthermore, we must not overlook the innocent non-combatants. Cities are ruthlessly shelled and bombed. There women and children are the most numerous victims. Such abominable acts place an additional burden on those who wish to show compassion to the defenders of popular government in Spain. Not only the wounded citizens, but also they who are ill, and others who, because of weakness and malnutrition, must be cared for, threaten widespread epidemics of disease. The Bureau for Medical Aid to Spain has been organized to translate sympathy for the Loyalist cause into merciful assistance—assistance which goes beyond the fighting forces and extends to the civilian population.

As a last word let me emphasize again the fact that people who cherish the ideals which you and I and other loyal Americans have long

**A Survey of
PUBLIC HEALTH
in the
SOVIET UNION**

under leadership of
JOHN A. KINGSBURY

Co-author of *Red Medicine*

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cherished, are giving their lives in Spain in order that democracy may survive. Dr. Negrin, who in 1930 revealed to me his dream of a University City as a center of light in a new day, is one of the officials in the present government. The beautiful University City may be taken as a symbol. In the war between progress and reaction this ideal center for Spanish culture has been the focus of the fighting near Madrid. Because of the actions of the military and monarchist classes which, through oppressive and tyrannical dominance, have for centuries kept the mass of the Spanish people in servitude and ignorance, the University buildings have been turned into ruins. It is the physical structure, however, which has been destroyed; the dream still remains. And the dream will be realized when, as a Spanish professor has recently written me, "Victory for democracy, for social justice and human liberty is won." As an American I stand with him for "democracy, for social justice and human liberty." And I most earnestly advocate doing all that we can to mitigate the sufferings of those who are gallantly fighting for those ideals, for *our* ideals, in a world where dictatorship and tyranny have boldly set up their challenge.

BELL-ANS

(Continued from page 172)

being charged a price out of all proportion to the actual cost of the products.

The success of *Bell-Ans*, as measured by its widespread use and the profits made by its exploiters, is due exclusively to the ingenuity and imagination of the advertising campaign built around it, and has no relation to the actual merits of the product. The relief of symptoms which may accompany its use is neither greater nor less than would be derived from taking a pinch of baking soda. If *Bell-Ans* were to print its formula openly and honestly, and if only warranted claims for it were made, the sale of the stuff would promptly drop off to nothing. The preposterous claims, made attractive by a grain of pseudo-science and a ton of pure, untrammelled imagination, have simply resulted in the sale of baking soda at an utterly unreasonable price.

It requires neither a medical degree nor even a familiarity with physiology to recognize the absurdity of the claim that any given drug, let alone a mixture of baking soda, charcoal, and a few spices, will "prevent eruptions, nausea, vertigo, pain," or "relieve vomiting in pregnancy, alcoholism, seasickness." It is a fraud of the grossest sort to state that *Bell-Ans* will have a favorable effect on ulcer, cancer, or gall bladder disease, and this is what is indicated when the advertising states that "there is no derangement of the digestive organs upon which the proper dose of *Bell-Ans* will not act quickly, pleasantly, and favorably."

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INQUEST ON CORONER

(Continued from page 183)

plained to her that only by telling the truth could she keep from being accused of responsibility for the man's death. She then said that while they were together the man suddenly became blue and lapsed into unconsciousness. Afraid that she would be charged with killing him, she devised an ingenious scheme. She took a sleeping powder and turned on the gas, not enough to flood the room, but enough to give a strong odor to the air. She also took the precaution of opening the window in case too much gas should escape from the jet. Her supposition was that those who first entered the room would assume that the wind had blown out the flame and that the escaping gas had overcome them. Her strange story was verified when an autopsy by the medical examiner revealed that the man had a severe syphilitic heart disease from which he had died.

A Chance for Error

Were it not for the medical examiner, a zealous coroner and an ambitious district attorney, aided by popular prejudice against the unfortunate girl, might have sent an innocent person to the electric chair. This case provides a very good illustration of the reasons why a person without medical training is not fitted to decide upon the important question of how and why a person dies under unusual circumstances. The ordinary coroner would very probably have failed to diagnose the existence of the man's syphilitic heart disease, and the girl's story would not have been believed.

An Obsolete Institution

The institution of coroner is one that is as outmoded as hoop-skirts and high-wheeled bicycles. This is an age of scientific advancement, and yet, in many communities, the very important subject of death is left to a man who conducts an undertaking establishment, and, as a side-line, determines why and how men died. It goes without saying that such a job will often be given to the man who can perform the greatest service for the political machine that happens to be in power, and for this reason the position is often given to men of not very high calibre. Every community should have a medical examiner who is capable of judging scientifically how its citizens meet their death.

BUNIONS

(Continued from page 185)

bunions are painful it is necessary to wear wide shoes, or specially constructed shoes with pockets on the inside for the bunions. A metatarsal pad in the shoe will often relieve the pain caused by calluses just behind the center toes. A square, felt, bevel-edged pad a quarter of an inch thick, fixed to the foot just behind the bunion with adhesive plaster is preferable to the felt rings sold by drug stores. Such rings affect the circulation and swelling is apt to occur. The felt pad should be not less than one inch square and the adhesive plaster keeping it in place should completely encircle the foot.

When a bunion has been badly irritated by the shoe it is apt to become very red, swollen, and painful. In this stage, the bunion is treated by relieving it of all irritation. This may be done by cutting the shoe, or, better still, by resting the foot completely, elevating it on pillows, and soaking it in hot water.

When conservative measures fail, it is necessary to resort to surgery. There is a popular prejudice against surgery for bunions, which has arisen because a great many ill-advised and unnecessarily drastic operations have been performed, often leaving the patient much worse off after the operation than before. An extensive experience with this type of case is necessary in order to determine the type of operation fitted to the patient in a particular case. In general it may be stated that a high percentage of failures result from any operation in which the whole of the first metatarsal head is removed. Best results are obtained by partial removal of the metatarsal head, that is, that portion of the head which protrudes under the skin, as illustrated in Figure 2. Other operations which aim at a more complete restoration of the normal alignment of the bones of the foot should be reserved for special cases.

But all this surgery is really unnecessary. The ideal treatment for bunions is preventive, and the preventive treatment is easy and simple: merely wear a shoe which does not deflect the great toe.

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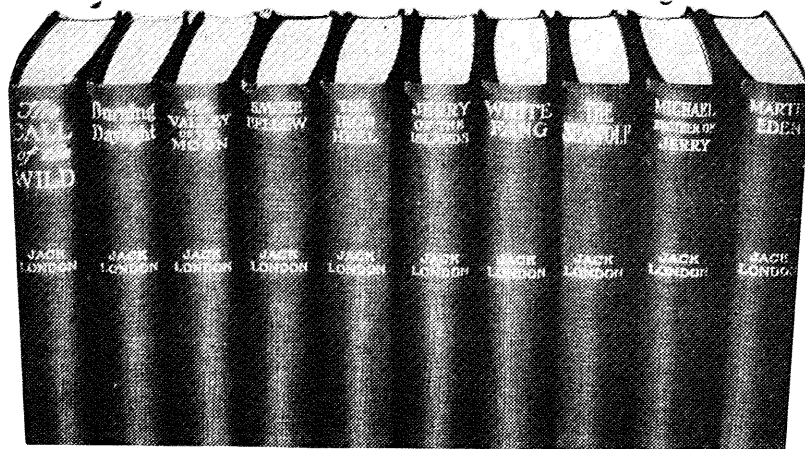
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MORE ABOUT MEAT

(Continued from page 187)

in the laboratories of Professors Pavlov, Starling, Cannon, and Carlson. All these experiments prove that bread, potatoes, and vegetables can be eaten with meat and that the combination is not responsible for any human ailment. There is no doubt that some people have indigestion when meat is eaten with certain vegetables or is, let us say, followed by a dessert of ice cream. But if we study such instances of indigestion we discover that it is not the combination that is responsible but rather a single food which may also cause indigestion when eaten alone. Thus, if indigestion occurs after eating a porterhouse steak, a baked potato, and a plate of chocolate ice cream, it is not because the diner has eaten a bad combination but because he is sensitive to either steak, potatoes, or ice cream. If any food can be eaten alone with comfort it can be enjoyed in combination with other foods.

About one and a half years ago, a remarkable book was published in the Soviet Union. It is entitled *Vegetables and Their Significance in the Physiology of Digestion*. This book is the product of seventeen years of sustained work in the laboratories of Professor Pavlov in Leningrad, and its author was one of Pavlov's associates, Dr. N. T. Leparsky. In a subsequent article we shall have an opportunity to explore this fine work in detail, but for the present we should like to cite some of the experiments pertinent to our present discussion.

The investigations show that vegetables, both raw and cooked, stimulate the secretion of the

saliva and stomach juice to a greater extent than do meat, bread, or milk. A volunteer worker was given a meal of cooked and raw vegetables and the total volume of gastric juice secreted over a period of three or four hours was measured. Later he was given a meal of meat only and the total volume of gastric juice was again measured. When a meal of vegetables and meat was given, the total volume of gastric juice was equal not to the sum of the secretions produced by the vegetables and meat separately, but to an amount much greater. Thus we see that when vegetables and meat are eaten together, the stomach pours out a much more abundant flow of juice than when they are eaten separately. The abundance of secretions enhances the digestive capacity of the stomach, so that the vegetables and meat are more thoroughly prepared for the next step in digestion which takes place in the small intestine. Professor Leparsky concludes from many experiments performed on animals and human volunteers over a number of years that the addition of vegetables will facilitate the digestion of meat.

It should be emphasized that the vegetables used in the experiments included not only the green vegetables but also the starchy vegetables.

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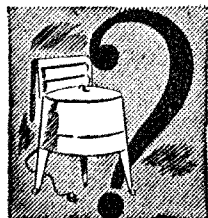
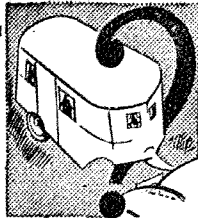
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What makes of trailers show the best engineering construction? Which are rated as "Best Buys" on basis of quality and price? What effect does towing a trailer have on the durability of the towing car? On the gasoline mileage? On the driving habits of the driver?



What three models of washing machines, out of 10 models tested by engineers, were rated as "Best Buys"? What three models as "Not Acceptable"? Which model had the greatest washing effectiveness? Which one was dropped out of a durability test after three gears had failed?

THE ANSWERS

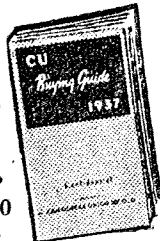
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TUBERCULOSIS

(Continued from page 175)

the air causes the lung to collapse, and its movement is very considerably reduced. The patient breathes with the healthy lung, while the affected lung is rested even more effectively than it would be under normal conditions when the patient is asleep. Since the injected air is absorbed it must be replaced at frequent intervals—usually every seven to fourteen days. The pneumothorax is continued for a long time—usually from two to four years—but the patient may return to work while he is under treatment, and otherwise live a normal life. The treatment is simple and painless. By means of this method many cases which formerly could not be helped are now cured. Furthermore, treatment is shortened, and the sputum is more quickly made free of danger to others.

New Methods Give New Hope

When both lungs are affected it may be possible to give pneumothorax treatment to one lung first, and later to the other. In many cases today air is injected into both sides of the chest cavity at once, so that the patient breathes with the parts of the lungs which are left, uncollapsed. This method offers hope to many who were formerly thought too sick to be cured.

Pneumothorax treatment may fail because scars sometimes form between the layers of the pleura, keeping the lung distended and preventing the air from collapsing it. It is now possible in many of these cases to insert an instrument into the chest and cut the bands of scar tissue so that the lung can be collapsed.

Even in cases that are far advanced and in which no pneumothorax treatment is possible, or in which there is pus around the lung, it is still possible to bring about collapse of the lung by means of an operation which removes sections of most or all of the ribs, allowing the atmospheric pressure to press down the lungs. This operation (thoracoplasty) has now been developed to a stage of great safety and efficiency, so that many hitherto hopeless cases can be restored to a useful life.

Many other devices are used to treat tuberculosis, but all have one common purpose: to put the affected part at complete rest. Given such rest, with a simple, adequate diet, and sensible ventilation, results are now being obtained that until recently were considered impossible.

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