

NOV 30 1937

A CLINIC FOR NEWLYWEDS

HEALTH AND HYGIENE

DECEMBER, 1937

15 Cents

IRON IN THE DIET

The Blood-Building Mineral

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Childbirth Through the Ages

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Care of the Sick at Home

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The "Private" Life of an Interne

(Index Number)

The Popular Health Magazine Written by Doctors

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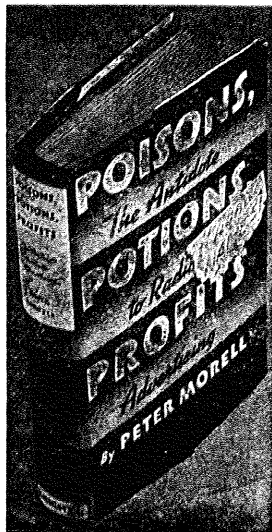
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The "Private" Life of an Internist

(Index Number)

The Popular Health Magazine Written by Doctors

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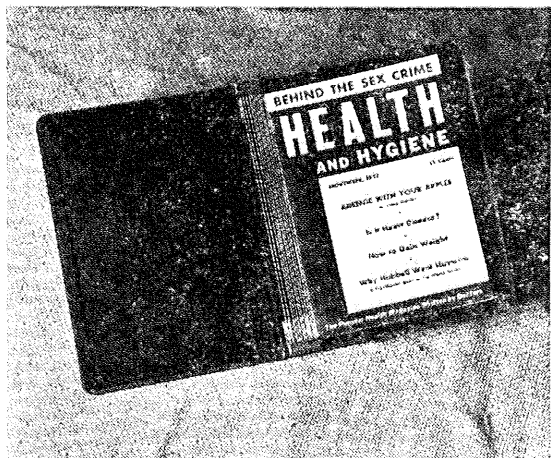
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HEALTH AND HYGIENE

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DECEMBER, 1937

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*Drawings by Henry Berger, Chas. E. Colahan,
George Kanelous and Mischa Richter*

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**HEALTH
AND HYGIENE**

Magazine of the People's Health Education League
HEALTH AND HYGIENE is published monthly by the H. & H. Publishing Co., Inc., 215 Fourth Avenue, New York, N. Y. Subscription price \$1.00 a year, in advance; Canadian and Foreign, \$1.50. Single copies, 15 cents. Copyright, 1937, by the H. & H. Publishing Co., Inc. Entered as second-class matter March 27, 1935, at the Post Office at New York, under the Act of March 3, 1879. Text may not be reprinted without permission. HEALTH AND HYGIENE is a non-profit, cooperative organization and does not pay for articles. Subscribers are informed that no changes in address can be effected in less than three weeks. Please send old address along with the new. 209

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 will not be undertaken. No letter will receive attention unless it is signed and accompanied by a stamped, self-addressed envelope.

Contents of the Medicine Cabinet

Nashville, Tennessee

DEAR DOCTORS:

HEALTH AND HYGIENE is constantly telling us what medicinal products we should avoid. How about letting us know about those we ought to have? I would like to have you tell us what, in your opinion, the home medicine chest ought to contain.—B. N.

Answer—Ordinarily the home medicine cabinet contains a bewildering array of articles, most of which are practically, if not utterly, useless. Odds and ends that have accumulated over a period of years are kept because of a vague notion that they may somehow, at some time, prove useful.

The Consumers' Project of the United States Department of Labor has prepared a booklet entitled *The Home Medicine Cabinet*, in which the information you ask for is given. We consider that this is a very instructive and helpful booklet, and suggest that you write to the Department of Labor for it. A copy will be sent to you free of charge.

However, in order to answer your question more specifically we will list contents of a good home medicine cabinet as given in this booklet. The list follows:

Tincture of iodine (3½ per cent solution; keep only one year).

Rubbing alcohol (should contain 70 per cent alcohol; useful in sterilizing thermometers and in treating insect bites).

Boric acid (useful in washing small dust particles from the eye).

Tannic acid powder or picric acid gauze (for treating burns; in case of a severe burn a physician should be called).

Petrolatum or vaseline (for slight burns).

Aspirin (for occasional pain or headaches).

One of the following laxatives: mineral oil, mineral-oil emulsion, cascara sagrada, milk of magnesia, sodium phosphate, castor oil. (Laxatives should never be taken habitually or in the presence of pain in the stomach or abdomen.)

Syrup of ipecac (to induce vomiting).

Aromatic spirits of ammonia (for use as a stimulant; should be kept for only one year).

Sodium bicarbonate (for use as a paste in insect bites and stings; also useful in slight burns).

Tooth paste or powder.

Tooth brushes.

Dental floss.

First-aid dressings, 12 individual bandages of assorted sizes, a roll of sterile gauze, a roll of adhesive plaster, a roll of absorbent cotton.

A clinical thermometer.

A hot-water bottle with syringe attachments.

One pair of scissors.

One pair of tweezers.

It is interesting to note that the list includes no remedy for the common cold. Reason—there is no such remedy.

The medicines in the above list should cost in the neighborhood of \$1.50. The other items should cost about \$5. The most expensive items are the clinical thermometer and the hot water bottle, but these do not have to be replaced very often.

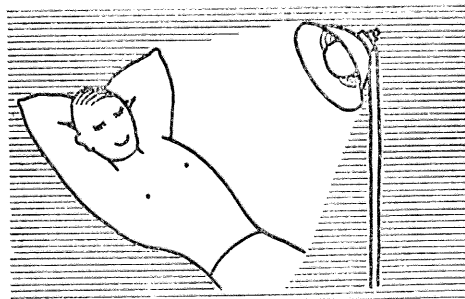
Again we urge you to write for the booklet mentioned above.

Alpine Sun Lamp

Butte, Montana

DEAR DOCTORS:

I would appreciate any information that you can give me concerning the *Alpine* sun lamp and its use in the home. I suffer a good deal from colds



and I have heard that treatment with this sort of a lamp will build up resistance to ward off infection.—T. B.

Answer—The *Alpine* sun lamp is a hot quartz lamp which is a powerful generator of ultra-violet rays. It must be used under a physician's guidance and with extreme caution.

There is no evidence that exposure to ultra-violet rays will build up resistance to colds. The tanning of the skin gives one an appearance of

(Continued on page 195)

What the moving pictures fail to tell you about the young men in white.

The "Private" Life of an Interne

By LOU KAYE

THE phone rings and the sleepy young man in white leaves the room and hurries out to the ambulance. The driver jams the accelerator down to the floorboard and the siren screams through the city streets. It is an auto accident, and, as the official report later indicates, there is a man with a fractured skull, two women with cut and bruised faces, and a boy with a broken ankle. The young man administers first aid, the patients are put into the ambulance, and the driver heads back to the hospital. On the way, the young man in white almost falls asleep, despite the wailing of the siren and the groans of the injured.

He is an interne, detailed to the ambulance service of a large city hospital. He has been on duty for thirty-six or, perhaps, as many as forty-eight hours.

Somewhere else in the hospital another young man in white is attending to a blood transfusion for a woman who has a ruptured spleen. Others may be delivering babies, applying new dressings, inspecting wounds, putting patients

into oxygen tents, taking blood counts. Contrary to popular belief, internes do not spend their time chasing beautiful blonde nurses, as the antics of Harpo Marx might lead one to believe. Rather, their work in providing medical aid to the sick and injured is usually drudgery of the most strenuous sort. On ward service the interne must frequently carry on for from 36 to 48 hours with only rare and brief intervals of rest. On ambulance service such hours are frequently the routine for months at a time. Consequently, it is not surprising that the sickness and death rates among internes are appallingly high.

The public is just beginning to learn about the importance of the work of the interne. In the past few months several stories of heroic and admirable work by internes have appeared in the press. An interne on a ship far out at sea saved a child who was seriously ill with a rare disease. A Bellevue interne disarmed a crazed drug addict who started out on a rampage in a ward full of seriously ill patients.

Mischa Richter

"Evidently they didn't see the movie 'Internes Can't Take Money.'"



Another interne risked his life to save two little girls who were trapped between the walls of two tenement houses. And every day in their regular line of duty the young men in white in the public and private hospitals expose themselves to death and disease in more or less dramatic fashion.

But the internes aren't looking for medals. They are not the generals in the war against diseased and broken bodies. They are simply the backbone of the vast hospital system. They are content to do their job, which they do remarkably well, without applause or headlines. What the public is surprised to discover, however, is that for their services the internes get little or nothing in the way of pay.

A POOR ARGUMENT

It has been argued that internes do not deserve to be paid, because the experience they gain during their internship is of great value to them in their later practice as private physicians. This experience, it is said, is invaluable, and without it, the interne would not later be able to give the skilled service which the public needs and will pay for.

This is quite true, but it is not a sufficient reason for making the interne work the long hours he does and then paying him nothing or next to nothing. While the work he does is unquestionably of value to him as experience, it is also of great value to both the hospital and the community. Student nurses, teachers in training, and rookie policemen all get paid during their period of apprenticeship. It is the custom to pay internes in European countries, and the federal government pays internes in the United States hospitals from \$2,000 to \$3,200 a year.

In New York City, however, the internes of a few private and all public hospitals receive \$15 a month in salary. Convinced that the service they render in a basic and important one, the internes have set out to improve their own conditions. The Interne Council of America has initiated a campaign for pay and better working conditions for internes. The big gun of the campaign is a local ordinance known as the Burke Bill. It provides an annual salary of \$1,000 and an annual one-month vacation for the 650 internes who serve in the municipal hospitals of New York City.

When the bill was presented to the Board

of Aldermen for consideration in June, 200 internes, dressed in their white uniforms, attended the hearing. Their case was strongly presented, supported by representatives of organized labor, and the bill was passed by the Board by a 58-0 vote. However, before the Burke Bill can go into effect it must be approved by the Board of Estimate.

In the meantime, what about the internes? A representative of HEALTH AND HYGIENE recently visited one of the executives of the Interne Council. This young man, a typical interne, honor student at college, with four years of medical school and a year and a half of his internship behind him, was seriously worrying about how he was going to get the money for a tube of shaving cream! The young men in white are waiting for action on the Burke Bill, and so are their girls.

The girl question is a particularly bitter one for the internes. Internes are rarely able to marry unless the girl in the case, or one of the parents, can provide the means of support. When an interne does manage to get time off to go out on a date, nine times out of ten he takes his girl to a free concert and she pays the carfare!

WHEN AN INTERNE MARRIES

If occasionally an interne is intrepid enough to get married, the road ahead is certain to be a difficult one for both him and his wife; even if they should be able to weather the financial struggle they will not be able to see each other very often. There is the case of the young medical school graduate who came to New York City because he was able to get an internship there. While he was working in the hospital his wife, who had remained in Detroit, bore a child, but it was six months from the date of the child's birth before the father could get sufficient time off to allow him to take a short trip to Detroit.

The present hospital system offers the interne no possibility for recreation or romance, very little sleep, and either no pay or so little that it hardly makes a difference.

The internes feel very keenly that the old wheeze about the experience that they receive being adequate compensation for their services is a flagrant injustice. As one interne pointed out to Mayor LaGuardia at a hearing on the

(Continued on page 194)

*Married life is beset with complexities.
Expert advice is an aid to happiness.*

A Clinic for Newlyweds

By RACHELLE S. YARROS, M.D.

Executive Secretary, Illinois Social Hygiene League

NO ONE knows with any accuracy the number of marriages that go on the rocks because the young people concerned enter into matrimony without the slightest preparation for it—indeed, often with the sort of preparation that makes the success of the venture highly dubious from the start. We do know, however, that the number of lives that are spoiled or warped by matrimonial difficulties is appallingly large. This is not strange when we consider how little opportunity there has generally been for newlyweds and those who are about to be married to obtain the knowledge that is necessary for success in such a complex relationship as marriage. It is for the purpose of making this knowledge available to those who need it that the pre-marital and marital clinic exists.

Since 1928 approximately 100 marital and family services have been established throughout the country. Many of these centers are under the direction of specially trained physicians, psychiatrists, birth control clinicians, and social hygienists, and they are serving an excellent purpose in aiding thousands of young married couples to solve the many family and marriage problems that arise to disturb them. And besides giving help of this sort these centers are also collecting a great deal of interesting and useful data on the problems with which they are concerned.

MANY SEEK INFORMATION

Such a pre-marital consultation service was established in Chicago by the Illinois Social Hygiene League in 1932. The League had conducted a venereal disease clinic since 1916. The new pre-marital service was to be limited to the so-called normal cases, that is, people who merely needed more knowledge and better understanding of fundamental sex problems in order to achieve a happier marriage and a well-adjusted family life.

The announcement of the service brought an avalanche of letters and inquiries concerning all sorts of sex problems. From July, 1932, to January, 1937, we admitted 1,400 women. About three-quarters of them were married and the rest single. The average age was twenty-six years and the educational level was high. Half had had high school education and more than one-third university or college training. A number were professional and self-supporting women. The remainder, composed of the League's venereal disease patients and selected cases referred by social agencies, formed a less educated group.

THE PRE-MARITAL GROUP

The pre-marital group came primarily for scientific contraceptive information as a preparation for marriage. Some of the more sophisticated came a few weeks or months before marriage, but most of them came only a week or a few days prior to the date of marriage. The majority were referred to the League by physicians, clergymen, social workers, nurses, and other patients. The desire to prevent unwanted pregnancies and yet to enjoy marital sex relations to the fullest extent were the primary motives in seeking advice. Most of the applicants knew something about birth control devices, and many of them, even the least educated, had talked over the matter of contraception with their fiancés. Indeed, not a small number had been urged by their fiancés to seek the information. Many of the young women brought their fiancés with them either for the first interview or for a subsequent interview, which usually took place about a month after marriage. Most of these young men were desirous of obtaining all the sex knowledge that they could get in order to make married life a success.

The interview affords an opportunity to talk over briefly the physiology and psychology, as

well as the economic and social aspects, of the complicated relationship which we call marriage. In the first interview, whether the woman comes alone or brings her fiancé, we begin with a general informal discussion of marriage. The most important thing is to put the woman at ease, so that she may be able to express herself freely. We discuss the physiology of the marital act and then its psychology. Without exception, it is necessary to clear up certain points. It must be explained that the man's desire for sexual satisfaction and his approach are far more direct than the woman's. The woman, we point out, usually needs certain stimulating manifestations of love, as a prelude to the sex act. Furthermore, the man is usually much more quickly satisfied, while the woman comes to the climax much more slowly. An understanding of these points helps materially in bringing about a better adjustment.

We next make a careful physical examination. We find that about half of the women have had sexual experience before marriage, especially those who have been engaged for several years. Those who have not had such experience seldom blame their friends who have permitted themselves this indulgence; they admit without hesitation that the strain of self-restraint despite prolonged intimacies is too difficult to endure, especially for the man.

LEARNING CONTRACEPTIVE TECHNIQUE

Those who have had no sex relations and those in whom the hymen (maidenhead) is only partly dilated, prefer in most case to have it dilated, a process which can be carried out practically without pain. When this has been done the woman can learn the technique of contraception in one or two visits. Those who have had sex relations may be taught the technique at once. We use in all cases a contraceptive device, a jelly, and a douche. In giving contraceptive information, we impress upon the patient that safety depends on how accurately she learns to follow the technique. No effort is spared to give the patient sufficient time to practice until she is sure of her own technique. As a result of this, we have had only one-half of one per cent failures in our cases.

Because of the variety of elements entering into the institutions of marriage and the family, no patient ever leaves the office without an attempt being made to impress upon her the

fact that while sex happiness is necessary and desirable in marriage, it is far from being the all-important factor—that friendship, companionship, and sound economic and social conditions are at least of equal value in guaranteeing happiness in marriage.

HUSBANDS AND WIVES

Newly married couples constitute about one-third of the marital group. They come primarily to obtain contraceptive information, and many of them express a desire to talk over marital sex relations in general. While most of them, like the pre-marital group, have read some of the modern books on sex and have used some form of birth control, they realize the need of expert information. Almost all of them are deeply in love and anxious to make a success of marriage. Most of them expect to have children. No matter what their economic position is—and among them are daughters of rich families—they insist that they want to have children only when they are ready for them and that they must have the best contraceptive security against unwanted pregnancies in order to relieve constant anxiety. The care with which we teach the contraceptive technique gives the patients a sense of security and thus helps them to normal participation in the sex act.

The husbands who come with them are often even more anxious than their wives to get accurate information concerning both contraception and the best possible ways of sexual adjustment. Some of these have already begun to sense the friction which usually results from lack of understanding of the psychology of sex. The husband usually needs to be reminded of the possibilities of unintentional neglect or lack of consideration. Women are extremely sensitive about little things in their married life and perhaps in life in general. They want frequent manifestations of love, admiration, and consideration. I am always interested to note the kindly manner in which men receive this advice, and how they try to benefit by it.

Reflecting upon our cases very carefully, we find ample reason to support our belief in the importance of the counseling service, even to very intelligent individuals.

Two-thirds of the marital group are composed of those who have been married from one to six years or more and have had from

In America today there are about 100 pre-marital and marital clinics where physicians and psychologists are giving expert advice and scientific instruction to young people who desire it.



Sol Libsohn

one to four children. They have all used one or more methods of contraception but have found them unsatisfactory. They were not able to space their children as they wished and, besides, there was a great deal of dissatisfaction with their sex life. While they came in order to get dependable and scientific contraceptive information, they were only too glad to discuss freely their general marital situation and its various problems.

By far the majority of them considered themselves happily married, and yet they felt that on the whole they should get more joy out of married life. Only a few declared their marriages to be failures. Apart from the disturbing fear of pregnancy, many felt that they got little satisfaction out of the marital relationship. Some felt that their husbands were dissatisfied because of lack of responsiveness. Some women admitted that they pretended great satisfaction in order to give satisfaction to their husbands. There is no doubt that disappointment and discontent with the physical aspect of marriage often engenders friction between husband and wife.

FRIGIDITY IN WOMEN

The phenomenon of frigidity in women is of great interest to all of us who are working with problems of marital adjustment. The extreme cases are few, are pathological, and require special treatment, with psychoanalysis if possible. There are, however, a large number of apparently normal women who offer

very little response to coitus and evince various degrees of frigidity. More than one-half of our married women patients have presented this problem. Both husbands and wives were perplexed and worried, thinking there must be something wrong with one if not both of them, since most books on sex teach that in normal cases there is practically no difference in this respect between men and women and that there should be perfect harmony and equal intensity of satisfaction in the sex act.

BANISHING FEAR AND ANXIETY

For many years I have realized that even the best books on sex have been too positive and dogmatic in stressing the similarity of response in men and women under what is called normal conditions, and in my book, *Modern Woman and Sex*, I spoke of my experience with a fairly large number of women who, though apparently normal, well informed about the technique of intercourse, and in love with their husbands, did not respond satisfactorily despite repeated efforts. There is no doubt in my mind at present that many of these women suffered because of lack of education and because of fear experienced in early life. As a matter of fact, in a number of these cases, anxiety was relieved and fear banished after a number of interviews in which they were encouraged to cultivate patience and advised not to fret about the situation. However, a large proportion of women either remain very in-

(Continued on page 198)

Rapid damage to children's molars often occurs without outward signs of warning.

The Treacherous Penetration of the Decay of Teeth

By CHARLES F. BODECKER, M.D., F.A.C.D.
Professor of Oral Histology, Columbia University

THE chewing surfaces of the teeth are the most common and the most dangerous areas to be attacked by decay. Here this destructive process penetrates through a flaw (fissure) in the outer layer of the tooth (enamel) and the decay forms only an exceedingly small opening, very difficult to detect by either dentist or patient. A considerable portion of the inside of the tooth may be destroyed without any external signs and without causing any inconvenience to the individual.

Diagram I is a magnified view of a longitudinal section of a molar of a child with a flaw or fissure (F) extending through the protective covering, the enamel (E). Fissures cannot be kept clean by the use of a tooth brush, as even a single bristle (B) is so coarse that it cannot penetrate into the depths of these crevices. Consequently these areas decay in spite of daily brushing.

The interior and more sensitive part of the tooth is the dentine (D) which is nourished by the very sensitive "nerve" (pulp=P) with its profuse supply of blood vessels and nerves.

The fissure (F) commonly found in the enamel, soon allows decay to enter (shown in shaded area). Therefore, in order to save the tooth from destruction, it is wise to have the dentist either polish this flaw so that no food can collect or place a filling (indicated by dotted lines) in this area shortly after the tooth comes through the gum and before decay can

penetrate into the interior. If that is done at this time, it will make the chewing surface secure for years and save the child from future pain.

Decay may also start between the teeth as shown in different stages in the three illustrations (AP). This, however, usually takes place some years after the teeth come through the gum and is not quite so treacherous, as the entrance of the cavity is large in comparison to its depth. As a result, food catches readily, causing the child some discomfort in chewing. Parents therefore realize the necessity of having something done for such cavities in the teeth of their children, whereas the larger and more treacherous decay starting on the chewing surface goes unheeded as the entrance is very small.

Diagram II shows a similar tooth in which the flaw in the enamel on the chewing surface has not been polished or replaced by a filling. As a result, germs and food have entered the tiny crevice and decay (shown in shaded area in Diagram II) has spread in the interior of the tooth. For a long time, the entrance to the decay remains exceedingly small and therefore the child has no warning of the treacherous destruction going on in the inside of the tooth. Decay, such as shown, may develop within a year after the teeth come through the gum, which, in the case of the first permanent molars, occurs at five and a half

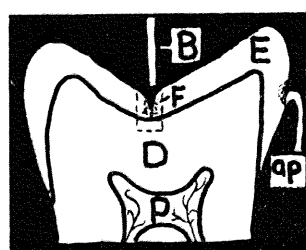


DIAGRAM I

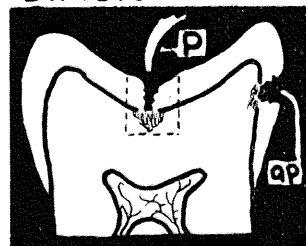


DIAGRAM II

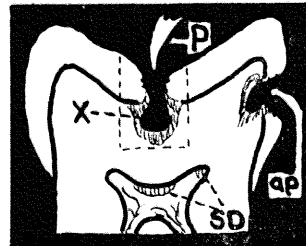


DIAGRAM III

years of age. It may be difficult even for the dentist to find such decay, which is explained by noting the comparative size of the probe (P) in relation to the entrance to the cavity.

The extent of the filling that now becomes necessary is indicated by dotted lines.

It is difficult to find the decay starting in the enamel fissures or flaws on the chewing surface and the children suffer no immediate inconvenience from the resulting destruction in the interior of the tooth. Decay, therefore does progress far indeed before the small entrance to the cavity is broken down and enlarged by the chewing of food (X in Diagram III). When this has taken place, a considerable part of the tooth has been wrecked. The decay has penetrated deeply into the interior, irritating the "nerve" (P) which attempts to shield itself by forming a protective layer (secondary dentine=SD). A tooth in this condition, even after a proper filling has been placed (as shown by dotted lines), is much weaker than one in which decay has been stopped before penetrating into the interior (Diagram I).

Therefore, as almost all fissures in the enamel do decay, the permanent and the temporary teeth of children should be treated or filled within six months after the teeth come through the gum.

The Right Hand Knoweth Not, etc.

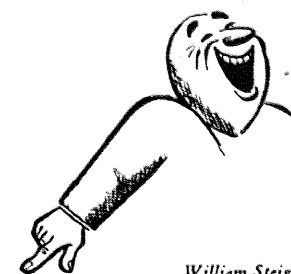
"In a democracy such as ours, perhaps the most important public service which radio has to render is in the development of an informed and enlightened citizenship."—From an Address by M. H. Aylesworth, president of the National Broadcasting Co.

"I came to the studio tonight prepared with a speech in support of Surgeon General Pararan of the United States Public Health Service, in his crusade against social diseases. A few minutes before I was to go on the air, I was informed that the discussion was not in accord with the policies of the National Broadcasting Company."—General Hugh Johnson in a radio announcement.

Later, NBC relented and allowed Dr. Morris Fishbein to broadcast a speech on syphilis. (Editor.)

HA!
HA!

Ad Laughs of
the Month



William Steig

Fortunately there is a way to overcome bad breath—the regular, systematic use of Listerine . . . —Advertisement for Listerine.

This germ-free cold cream helps guard from blemish, dryness . . . now contains Vitamin D to aid skin breathing.—Advertisement for Woodbury's Cold Cream.

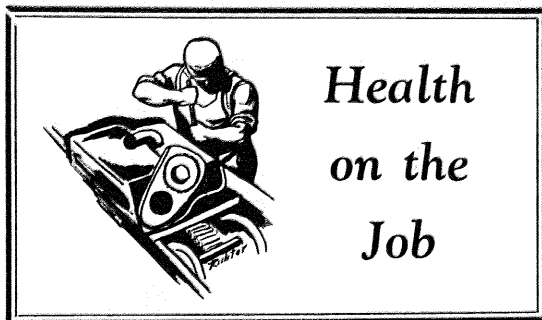
Now the lovers of the world may benefit from the secret of the natives from the jungles of Brazil and the West Indies. The main ingredient of this chewing gum is a substance from the fruit of the giant Sapodilla tree which grows under the hot, torrid sun in the deep, mysterious jungles. . . The chewing of this gum tends to induce the flow of a fluid secreted by certain glands in the body . . . one stick at a time usually satisfies. Have your wife, your husband, girl friend, boy friend, or sweetheart chew Passion Gum. . . You owe it to yourself—to the one you love to chew Passion Gum NOW!—Advertisement for Passion Gum, made by the Sapodilla Co., Detroit, Mich.

Now is the time to ward off next winter's colds . . . and the way to do this is easy and pleasant. Simply start the fresh milk habit . . . a glass or so a day.—Advertisement of the New York State Bureau of Milk Publicity.

THE BRUNETTE YOUNG LADY: "I can't have any fun at all. . . Nothing I eat seems to agree with me!" THE BLOND YOUNG LADY: "That's the way I always felt until my doctor told me about Phillip's."—Advertisement for Phillip's Milk of Magnesia.

Remedy for bleeding nose: Hold the hands high over the head and grip and relax the hands 40 or 50 times until the bleeding stops. The pressure required to carry the blood up the extended arms lessens the pressure on the nose and the bleeding automatically stops.—From the Bernarr Macfadden Foundation Bulletin.

We invite our readers to send in contributions to this department.



Health on the Job

Working on the Railroad

THE NEWSPAPERS HAVE recently carried stories about the efforts of the railroad workers to get a small increase in wages in order to offset the rising costs of living. In these newspaper stories no mention was made of the difficult and dangerous work that railroad men must do.

In the course of an examination of nearly 8,000 railroad workers engaged in the operation and movement of trains, it was found that nearly 10 per cent had contracted hernias. It is also significant that 7 per cent of those who were injured in this manner had recurrences after operation. Such recurrences are a sign of insufficient rest before returning to work.

The railroad brotherhoods should insist that *their own* doctors examine every injured man before he is permitted to return to work. While those who do light work can go back to the job within a month or two, those engaged in heavier work should be assigned lighter duties for a few months—without, of course, any reduction in pay. Older men who sustain hernias require longer periods of time for thorough healing, and they should be retired with full benefits.

A Note to Hatters

A NEW AND SAFER method of treating pelts that are to be used in the manufacture of felt hats has been perfected. At the present time a mercury treatment is used. As a result, mercury vapors are released into the atmosphere throughout the entire process of manufacture. With the use of the new modified mercury treatment the hazard from mercury vapors can be eliminated.

Death in the Air

ONE WOULD BE INCLINED to think that aviators inhaling the pure air above the clouds would be safe from industrial poisoning. Nevertheless, one of the hazards to airplane pilots is carbon monoxide poisoning, the same condition that is responsible for the illness of so many workers in the hat industry and other trades where the ventilation is bad. A recent investigation of the ventilation in planes during flights disclosed conditions that were dangerous to both pilots and passengers.

The concentration of carbon monoxide in the cabins was high enough to cause dizziness to all occupants.

This deadly poison reaches occupants of the planes because in many airplane models the engine exhaust is placed just in front of the cabin. In view of the increasing number of airplane disasters, a change in design would seem advisable.

The Miner's Hands

A COMMON WINTER ailment among miners is numbness and neuralgia in the hands after working hours, due to vibration in the pick handle. Miners will therefore be interested in a recent study by a doctor which showed that the following precautions will prevent this disorder:

1. Use a leather washer between the blade and handle of the pick.
2. Wrap several layers of tape around the pick handle.
3. Wear leather gloves while at work.

Occupational Cancer

CANCER OCCURS IN MANY occupations. Among the most prevalent types of this disease are: cancer of the bladder among dye and chemical workers; cancer of the lungs among miners who come in contact with radio-active substances; cancer of the bones among radium workers; cancer of the skin among oil, tar and coal workers, and those who are exposed to bright sunlight; x-ray cancer among hospital workers.

Although it is not true that a single blow or bruise will cause cancer, it is certain that prolonged irritation, even though it is relatively mild, is an important cause of cancer. Since cancer is such a treacherous disease, usually failing to cause pain until it is in a far-advanced stage, all workers who fall in the above categories should be examined frequently as a precautionary measure.

Eyestrain

EYESTRAIN IS COMMON among workers on assembly processes where fine work has to be done. The best protection for the workers' eyes is good lighting, frequent rest periods during the day, and an annual examination by an oculist.

"Health on the Job" will appear as a regular feature in HEALTH AND HYGIENE. Each month we will describe briefly the latest developments in industrial hygiene. We invite workers and trade unions to send us material that they feel would be of interest to readers of this department. We also invite queries on the subject of industrial hygiene, and we suggest that the topics discussed in this department be taken up in the meetings of the unions concerned.

Knowing what to do and how to do it saves time and spares patient discomfort.

The Care of the Sick at Home

THERE ARE very few people who can afford the luxury of a private nurse when sickness strikes a member of the family. Nevertheless, illness is no respecter of financial status, and the poor patient needs as good care as the patient with means. Therefore, when sickness occurs some member of the family, frequently the mother, is usually obliged to take care of the patient in the best manner possible under the circumstances. Obviously, the patient will be better served if the amateur nurse knows some of the more rudimentary facts concerning nursing technique. Likewise, the busy housewife will find her task considerably simplified if she follows a definite routine. It is with the purpose of describing a modified hospital routine that can be carried out in the home by a person without special training, that this article is written.

SICK ROOM ROUTINE

Since better results will be obtained if the various tasks are performed in a logical order, the following routine is suggested:

1. The bed pan should be offered to the patient as soon as he awakes in the morning. The pan should be warmed with hot water and dried before it is given to the patient. Slip the pan easily under the buttocks, raising the patient with the hand nearest the head of the bed. If the patient is thin, slip a soft cotton pad between his back and the edge of the pan; a bed sore may result if the pan is not properly adjusted. After the patient has used the pan he should be thoroughly cleansed and dried.

2. The patient's temperature, pulse, and respiration should also be recorded in the morning. Before using the thermometer make sure that the mercury in it does not register at more than 95 degrees Fahrenheit. To shake the mercury down, grasp the thermometer securely by the upper end, flex the hand, and give a quick, downward movement of the wrist. Place the thermometer under the patient's tongue and leave it there for five minutes. If the patient breathes through his mouth, is irresponsible, or if for any reason he is unable to hold the

thermometer in his mouth, the temperature should be taken rectally. In order to do this, oil the thermometer, roll the patient over on his side, and insert the bulb of the thermometer about two inches into the rectum. Leave it there for five minutes. Never leave a patient alone while his temperature is being taken.

After using it, the thermometer should be washed in cold water and placed in a small glass jar containing alcohol—rubbing alcohol will do. It is well to place a piece of cotton in the bottom of the jar to prevent the thermometer from being broken. The thermometer should be rinsed in cold water before it is used again.

In order to record the pulse rate, place the first three fingers on the patient's wrist directly over the artery, and count the number of beats per minute. After counting the pulse rate, keep the fingers on the patient's wrist and count the number of breaths taken by the patient in one minute. In this way the patient will not know that his breathing is being observed, and consequently there is no danger that the knowledge of being watched will affect the rate of breathing.

3. Give the patient such medicines as the doctor has prescribed.

WASHING THE PATIENT

4. Wash the patient's hands and face with warm water. To do this, use a small basin or bowl placed on a nearby chair or table that is protected by a folded newspaper. Place a towel under the patient's chin and over the upper part of the bed clothes in order to keep them from getting wet.

5. Cleanse the mouth and teeth. If the tongue is badly coated apply a mixture of equal parts of lemon and glycerine fifteen minutes before the teeth are brushed. Apply the mixture with a medicine dropper or with swabs made by wrapping absorbent cotton around the ends of toothpicks. A paper bag should be kept near at hand so that the swabs may be properly disposed of. If the patient is not able to brush his own teeth, do it for him. As a dentifrice

and rinse a teaspoonful of baking soda in a glass of water may be used. While brushing the teeth hold a small basin under the chin or, if the patient is lying down, under the side of the face. Protect the bed clothing with a rubber sheet or a newspaper covered with a towel.

Caution should be observed in cleansing a patient's mouth and teeth, since the mucous membrane of the mouth is easily injured.

6. Brush or comb the patient's hair.

7. Straighten the bed clothing and make the patient as comfortable as possible.



Sol Libsohn

In most cases of sickness a member of the family fulfills the duties of the nurse.

8. Ventilate the room.

9. Serve breakfast. After breakfast the patient should be allowed to rest for one hour.

10. Give the patient a bath. A busy housewife may not be able to give a patient a bath every day, but a complete bath should be given at least twice a week, and oftener in warm weather.

In order to prepare for a bed bath, the following procedure should be followed:

Place a chair at the foot of the bed.

Remove the pillows and put them on a chair. Fold the bedspread.

Loosen all covers at the foot of the bed.

Leave the patient one blanket for protection; remove the other blankets and place them

folded over a chair. The patient should be kept covered with the remaining blanket during the entire bath.

Offer the bed pan.

Give any treatment that has been ordered (enema, etc.).

Place a table or chair, covered by a newspaper, at the side of the bed. On the chair or table place the following objects: a basin of warm water, soap on a dish, a washcloth, and a towel.

Remove the patient's nightgown.

Be sure that the patient is warm, that the room is warm, and that there are no drafts.

In bathing the patient take care to protect the bed clothes. Handle the wash cloth carefully, keeping the edges of it in the hand so that it does not drip. Dry each part of the body as it is bathed. Wash the face first, then the arms, one at a time. Bathe the chest, removing any binders. Cover the chest with a towel, turn down the blanket, and wash the abdomen. If there are dressings or bandages be careful to keep them dry. Wash the legs and feet next, one at a time, keeping the rest of the body covered. If the basin is large enough, place the foot in it while being washed. Change the water. Turn the patient over on one side, protect the bed with a towel, and bathe the back. Examine the back carefully for any red spots, the first sign of bed sores. Rub the back with alcohol, and powder well. If the patient wears a binder, place it in position, turn the patient on his back, and fasten the binder. Put on the gown and, finally, comb the patient's hair.

MAKING BED WITH PATIENT IN IT

11. Make the bed, with fresh linen if possible. Keep the patient covered with a blanket, as he was after the completion of the bath. Loosen the sheets from all sides of the mattress. Roll the patient to one side of the bed. Fold back the used sheets, that is, the bottom, rubber, and draw sheet (the one covering the rubber sheet), close to the patient's back. Pleat about half of the fresh lower sheet lengthwise and place the pleated portion as close as possible to the rolled soiled sheets. Tuck in the unpleated part of the fresh sheet at the top, bottom, and side of the mattress, draw the rubber sheet back over the fresh lower sheet, arrange the fresh draw sheet in place, tuck it in at the side, and

(Continued on page 199)

Government agents put an end to the operations of a ring of vicious racketeers.

A Fake Eye Specialist Swindle Unmasked

FOR the past twenty years an unscrupulous ring of fake eye doctors has been operating in the rural sections of the country, taking large sums of money from those who fall into their clutches. Several of these quacks have recently been caught and sentenced to prison for their offenses. The racket is well described by the Information Service of the Post Office Department which issued the following statement:

"In the first place, these swindlers seek out elderly people who live alone and in remote places. They know that elderly people have defects in their sight; that many of them have great fear of going blind; and that they will do everything possible to retain their vision.

"Then their scheme is cleverly devised, and

operate, and are not competent to examine the eyes or to fit glasses.

"Their main profit comes from furnishing the names and addresses of their victims to others more advanced in the racket, who pay them twenty-five per cent of any additional funds filched from the victims.

"These eyeglass salesmen are followed by two others. One of the latter enters the victim's premises first and represents himself to be connected with some optical company, informing the victim that he had recently purchased glasses from one of their agents; that the glasses were guaranteed, and that he had come to check on them free of charge.

"This man pretends to examine the victim's



Henry Berger

the parts played by each practiced until perfection is attained. They are so adept at the game that they actually compel confidence.

"First there are eyeglass peddlers who go about the country posing as optometrists, pretending to examine the eyes free of charge, and selling glasses of a cheap type and often of no benefit to the purchaser. They are usually without license to

eyes and glasses, and falsely claims that there is a condition of the victim's eyes which he does not understand. He tells the victim that he has with him in his car on the outside a doctor from some renowned institution who is one of the greatest experts on the eye, who he is sure would make an examination free of charge.

"The man is called in from the car, and he

too pretends to examine the eyes of the victim and falsely represents that he finds a cataract or a cancerous growth on one of the eyes. Finally the victim is led to believe that this man is a great doctor and expert in the examination and treatment of the eye, and he submits to the pretended operation, which it is alleged can be done painlessly with radium, and that the only expense will be the cost of the radium used.

"The alleged expert produces a small vial containing an ordinary eye wash, but alleged to be radium water, and this liquid is placed in the victim's eye, a few drops at a time, the alleged expert examining the vial after each application and



Henry Berger

announcing the value of the radium used. One of these alleged experts said that the reason for announcing the value of the radium used after each application of the eye wash was to ascertain what the victim could pay.

"In cases where the swindlers believe additional funds can be obtained two additional members of the racket are sent to call on the victim, and these in turn pay those who precede them twenty-five per cent of what they get. These make the victim believe that the great doctor who per-

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PREPARE a mustard paste by mixing dry mustard and wheat flour in the proper proportions and add sufficient lukewarm water to form a smooth paste just thin enough to spread. Hot water will destroy the irritant action of the mustard, so be sure the water is only lukewarm. The proportions of mustard and flour vary according to the age of the patient. For an adult use one part of mustard to two parts of wheat flour, for a child use one to three, and for an infant, one to four. The amounts used will depend on the extent of the area to be covered.

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formed the operation had been killed and before his death asked that they call and find out if the operation was a success, and if not to refund the money which had been paid.

"Since the inspectors started the investigation of the 'fake eye specialist racket' there have been forty arrests and thirty-five convictions. Sentences imposed total 177 years and 9 months, and fines \$9,975.

"One of the most inhuman cases brought to attention was perpetrated in the State of Massachusetts on an invalid girl, a living skeleton, who was born blind. Two of the racketeers made her father believe her vision was obstructed with malignant growths over the iris, and that by removing the growths, which they claimed to be able to do with liquid radium, she would be able to see within several days.

"They pretended to perform the operation and demanded \$2,500 of the father, but he had only \$500 and they took that.

"The two swindlers who victimized the aged father of the girl are in custody. One of them was loaned by the government to a State, where he received a sentence of five years. He is yet to be tried on a Federal charge of using the mails to defraud in connection with a fake eye specialist swindle. The other swindler was he who attempted suicide shortly after his arrest, and he is now a miserable invalid, biding his time in jail awaiting trial.

"Five people were involved in the first case which came to the attention of the inspectors, four fake eye specialists and a fence who collected for them through the mails a \$2,500 check which was obtained from the victim. All of these have been arrested. Four have received substantial sentences and one is in jail awaiting trial."

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Before applying the plaster, spread a thin layer of vaseline or olive oil on the skin as a protection from burns. Always bear in mind that burns caused by mustard are very painful and slow to heal.

The duration of the application varies. When the skin is well reddened the desired effect has been obtained. This usually takes from ten to twenty minutes. Examine the skin frequently after the plaster has been on for five minutes.

A plaster may be applied two or three times daily if necessary.

Editorial:

An Elixir of Death

Legal Murder

In view of the publicity recently given to the drug sulfanilamide and the laxity of our food and drug laws, it was inevitable that some commercial drug house should rush into the market with a hastily prepared concoction containing this drug. This is what the S. E. Massengill Company of Bristol, Tennessee, did, and as a result at least seventy-four people are dead.

The Massengill Company is sorry. In a letter to one of the doctors whose patient died the company said: "We regret exceedingly this unfortunate occurrence, but as we violated no law and made no error in our manufacture, I do not think that we should be blamed by the unlooked for action of this product."

We should say that the company did make an error in manufacture when they dissolved the sulfanilamide in diethylene glycol, the substance responsible for the deaths. Diethylene glycol is neither recognized nor recommended for internal use, and if the Massengill Company had bothered to look in chemical and medical literature they would have found references to its poisonous nature. However, the first part of the Massengill statement is quite true; *they violated no law.*

According to our present food and drug laws, anyone—he does not have to be a physician or a chemist—can throw together any mixture of ingredients, put it on the market, and advertise it as a cure for almost any and every disease. No provision is made for the standardization or regulation of the use of dangerous drugs before they are released on the market. Nor are clinical or pharmaceutical tests into the possible poisonous qualities of new and unstandardized drugs required.

No, in putting out a product that has already killed seventy-four people, the Massengill Company broke no law. Furthermore, by an ironic circumstance, there is nothing in the present law to enable the authorities to seize a product when its dangerous effects have come to light. With reports of new deaths coming in rapidly, the food and drug authorities were forced to find an excuse for seizing the product,

and did so by claiming that the medicine was "misbranded" because it was not, in the strict sense of the word, an "elixir," as labeled. This is analogous to arresting a murderer because his gun barrel is labeled "Damascus steel," when in fact it is not. However, since there is no legal definition of the term "elixir," it is doubtful if the food and drug authorities were within their legal rights in making the seizures.

Law With Teeth Needed

The fact that a federal agency should have to resort to such hair-splitting, and even to *infraction* of the law, in order to protect the public in such a life-and-death matter, is eloquent testimony to the shocking inadequacies of our present food and drug laws. All attempts to improve these laws have met with the most vicious opposition on the part of the patent medicine and advertising interests, and every legislative measure that has been introduced has been revised to the point of uselessness at the instigation of these same interests. Moreover, in reporting the recent deaths, newspaper "ethics" prevented mention of the name of the manufacturer.

The recent deaths should awaken public sentiment in behalf of a law that would protect life and health rather than profits. The essential features of an adequate food and drug law were presented in the March, 1937, issue of **HEALTH AND HYGIENE** by Will Maslow, an authority on food and drug legislation. If we are to be spared a repetition of the Massengill tragedy, the present ineffective law will have to be drastically revised and provisions made for the licensing and regulation of drug manufacturers, as suggested by Mr. Maslow. Moreover, the necessity for the standardization of drugs by a responsible agency such as the United States Public Health Service cannot be overemphasized.

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CHILDBIRTH THROUGH THE AGES

The first of a series of articles describing the care given women during pregnancy and labor.

THE story of the care given women during childbirth at different periods in the history of the world, is a dramatic one. Tragedy predominates. The facts are appalling. Stark neglect was perhaps often safer than the crude attempts to aid. The slow and halting evolution of maternity care culminating in modern obstetrics, needs to be told for the light it throws on conditions today. For in this country, the richest in the world, mothers are still neglected, still go without any care whatsoever, or receive improper care during pregnancy and labor. Going over the painful record will help to make clear the reasons this is so and what must be done about it. The story has often been told in popular books, magazines, and even newspapers, but the approach to the problem of maternity care has generally been inadequate. Sufficient emphasis is seldom placed on the social and economic set-up which makes poor care inevitable.

AN INDEX OF CIVILIZATION

The type and quality of care given mothers during childbirth is an index of a people's culture and morale. Obstetrical care is as much an indication of a people's civilization as their music or their architecture. The protection of motherhood and childhood in the Soviet Union does not occupy a special place in the social policy of the state by mere accident. Such protection is implicit in an advanced society which liberates womankind and recognizes the dignity and value of her prime function.

An act as wonderful as giving birth surely aroused the awe and compassion of primitive people at an early date. Sympathy led to attempts at aid. Mature women who had themselves gone through the ordeal of birth, perhaps alone and without help, attempted to aid others as best they could. Women became the first physicians.

At all periods and in all places, primitive people looked upon disease and the accidents of childbirth as of supernatural or spiritual origin. Hence medicine was mystical and magical. Formal medicine was of priestly origin and

prayers and incantations were offered up to aid sufferers. Medicine-men, who depended purely on the power of suggestion for effect, were seldom called in during normal births but only when difficulties arose. The birth process was viewed with superstition and fear. Knots were loosened and locks unlocked, doors and windows were opened, in order to facilitate birth. Sometimes the father would walk up and down in front of the place in which the birth was taking place in the hope that the child would be induced to follow him. The aid of numerous deities who were supposed to preside over childbirth was also sought. Isis among the Egyptians, and Artemis among the Greeks, were believed to assist at birth.

But the superstition and priestly medicine could help but little in improving matters for the unfortunate mothers. Certain beliefs and taboos did, however, have a practical bearing. For instance, because she was considered dangerous and unclean, the mother was often isolated during birth and for a definite period afterwards. This really worked for her benefit by insuring her rest and protection from infection at the time when most needed.

Childbirth has generally been considered an easy matter among uncivilized races, but this was not invariably so. Abnormal positions of the baby were recognized and rightly feared. When the baby lay crosswise or transversely in the womb the mother almost invariably perished.

Along with the mumbo-jumbo of the medicine-man, but usually of independent origin, a practical folk-medicine developed, a slow



An old woodcut showing a physician delivering a child. The modesty of the time made it necessary for the operation to be carried out under a sheet.

method of trial and error. Thus, various postures were found to affect birth. Kneading and massage were tried. Abdominal binders such as the squaw belt of the Sioux were found useful. The navel-string or umbilical cord had to be severed and tied. The after-birth or placenta had to be disposed of. Women who acquired practical skill in these simple measures

became known as midwives. For thousands of years obstetrics was in their hands. At certain periods midwives reached a high degree of skill, but in most instances they were unskilled, meddlesome, and dangerous. In certain parts of the South today, especially among the Negro people, unsupervised and untrained midwives are the only help available to mothers during childbirth.

In ancient Greece and Rome obstetrics reached a comparatively high state of development. Physicians practised the art of turning the baby and delivering it feet first (podalic version). This was a life-saving procedure for countless mothers and babies, when the child was in such a position that it could not be delivered in the normal way. During the Middle Ages the art of turning or version was lost. When things did not go well the midwives called in the ignorant barber-surgeon, who with crude instruments removed the baby piecemeal. Women at that period had only about a fifty-fifty chance of surviving the ordeal of birth. Caesarean section (removing the baby by cutting into the abdomen) was performed only after the mother perished, in the hope of saving the child.

FOR WOMEN ONLY

In Colonial America the midwife was an important figure. For hundreds of years a deep prejudice existed against men assisting at maternity cases. We read in the journal of John Winthrop, under the date of June 1, 1630, that while aboard the ship *Arabella* a "woman in our ship fell in travail and we sent and had a midwife out of the *Jewell*" (an accompanying vessel).

Anne Hutchinson of Boston was known to be "very helpful in the times of childbirth." This did not help her escape banishment when her teachings threatened the rule of the New England theocracy; she fled to Rhode Island and later settled in Pelham where she and her family were massacred by the Indians. The Hutchinson River Parkway in Westchester County, New York, is named after her.

In those early days no cry of "socialized medicine" was raised when community responsibility for providing maternity care was recognized and the midwife supported out of public funds for the good of all. In the *New Haven Record* we read: "It was ordered by the whole town that while the widow Bradley continueth

in town, and is employed as a midwife, wherein she hath been very helpful, specially to the farms, and doth not refuse when called to it, she shall have a house and home lot which may be convenient for her rent free." In certain Long Island communities midwives were elected in town meetings. In the Colonial South each large plantation had its own midwife.

Prior to the Revolution there were very few qualified doctors in America. Those who were here seldom took part in maternity cases. The typical colonial mother was a brave person. She lived under frontier conditions. She married early and bore many children. Families of fifteen or twenty children were not unusual. The infant mortality was high and mothers often died young.

A few doctors who interested themselves in obstetrics are mentioned in the early records. We read in the New York *Postboy* for July 22, 1745: "Last night died in the prime of life to the most universal regret and sorrow to this city, Mr. John Dupuy, M.D., a Man Midwife, in which last character may be truly

said as David did of Goliath's sword 'there is none like him.'"

But it was not until after the middle of the 18th century that men began to practice midwifery to any extent either in Europe or America. Even after this date popular prejudice and prudery continued for a long time to exert an influence against male obstetricians.

The rise of industrial civilization probably increased the perils of childbirth. Crowded into cities, the poor fell ready victims to the diseases of civilization. Rickets, caused by malnutrition and lack of sunlight, and prevalent among children, caused deformation of the pelvic bones in young women and became a leading cause of obstetrical difficulties. Furthermore, the development of hospitals before the nature and control of infection was understood increased the danger to mothers. It is difficult to realize that a hundred years ago there was no antisepsis and asepsis, no prenatal care, no anesthesia, no knowledge of the cause and cure of many of the difficulties attending childbirth.

In subsequent articles we will trace the prog-

(Continued on page 196)

A Letter from a Doctor in Spain

BELCHITE was in our hands. First-aid men were among the first troops to enter the corpse-strewn streets of the battered town.

"The fascist hospital-infirmery was a long, dark, dreary room—it had been a bakery, it was said, before the battle. Eighty wounded fascists had been left there—huddled together like sheep, two on a mattress made for one. The floor was damp and slimy with blood, foul-smelling sputum, and vomitus. The air stunk of urine and choked your throat with the smell of fetid pus. The guards on duty had to wear gas masks. The wounds dripped pus—every wound was infected. The dressings were hard, dirty, blood-stained. Only the initial dressing and then complete, utter neglect. Tourniquets left on for five to six days had converted living human arms and legs into swollen claws purple black—hideous with huge blisters from which a thin stinking serum exuded.

"One fascist had gone completely mad under the overwhelming load of misery and pain—a gibbering idiot—and others shook continuously, cowered away from expected blows. The eyes followed restlessly the movements of the doctor. Some looked at you in defiance—most of these eyes were dull, filled with a blank amazement. . . .

"The gangrenous arms and legs attached to living suffering humans came to the Division Hospital.

"One after the other, swiftly, skillfully, the dead arm or leg was amputated. One man sang under the anesthetic, another, terror in his voice, cried over and over again. 'Evitar la luz! Evitar la luz!' ('Turn out the light! Turn out the light!') The terror of days and nights of bombing planes followed him even into his anesthetic sleep.

"They awoke the next day in a light, airy ward-barracks—under clean linen. They gazed at you steadily and silently—anxiety and fright were gone. For the first time they were receiving adequate medical care by loyalist doctors and nurses."

Statement of 430 prominent physicians indicates dissatisfaction with A.M.A. policies.

Revolt Among the Doctors

FOR a long time it has been apparent that there is dissatisfaction among large numbers of doctors with the present system for the distribution of care under which the majority of people receive inadequate care and many no care at all. Last April this dissatisfaction received concrete expression in the volumes entitled *American Medicine: Expert Testimony Out of Court* (reviewed on page 192 of this issue), a collection of the opinions of over 2,000 representative leaders of the profession. Then, at the convention of the American Medical Society in June the New York State Medical Society, representing 14,000 doctors, introduced a resolution calling for participation of the government in the solution of the urgent health problems facing the nation.

Prior to the action of the New York Society, every expression of dissatisfaction with present conditions was greeted by the reactionary bureaucracy of the American Medical Association and its mouthpiece, Dr. Morris Fishbein, as "subversive" and bearing the trade-mark of Bolshevism.

Like all Red-baiters, Fishbein and his stand-pat cronies shouted "Communism" so loud and so often that the epithet began to lose effect. When the New York State Society, the largest in the country, revolted, it was a sign that Fishbein and his calamity chorus were beginning to sound off-key to the rank-and-file doctors.

By their consistently callous disregard for the health of the American people Fishbein and the group for which he speaks have discredited themselves with the majority of the profession. Nothing indicates this better than the statement made public on November 7 and signed by 430 of the foremost physicians in the country. In this statement the signers submit four principles and nine proposals which they feel to be fundamental in any discussion of more and better medical care. These principles and proposals are:

Principles

1. That the health of the people is a direct concern of the government.
2. That a national public health policy directed toward all groups of the population should be formulated.

3. That the problem of economic need and the problem of providing adequate medical care are not identical and may require different approaches for their solution.

4. That in the provision of adequate medical care for the population four agencies are concerned: voluntary agencies, local, state and federal governments.

Proposals

1. That the first necessary step toward the realization of the above principles is to minimize the risk of illness by prevention.

2. That an immediate problem is provision of adequate medical care for the medically indigent, the cost to be met from public funds (local and/or state and/or federal).

3. That public funds should be made available for the support of medical education and for studies, investigations and procedures for raising the standards of medical practice. If this is not provided for, the provision of adequate medical care may prove impossible.

4. That public funds should be available for medical research as essential for high standards of practice in both preventive and curative medicine.

5. That public funds should be made available to hospitals that render service to the medically indigent and for laboratory and diagnostic and consultative services.

6. That in allocation of public funds existing private institutions be utilized to the largest possible extent and that they may receive support so long as their service is in consonance with the above principles.

7. That public health services, federal, state and local, should be extended by evolutionary process.

8. That the investigation and planning of the measures proposed and their ultimate direction should be assigned to experts.

9. That the adequate administration and supervision of the health functions of the government, as implied in the above proposals, necessitates in our opinion a fundamental consolidation of all federal health and medical activities, preferably under a separate department.

The enunciation of these broad principles by the real leaders of the medical profession promises much for the future of medical care in America. Immediate steps should be taken to work out concrete methods by which these principles may be applied, and, where necessary, modified to meet existing needs. In a subsequent issue *HEALTH AND HYGIENE* will discuss the above principles and proposals in detail.

An adequate amount of this mineral is needed to maintain a rich blood supply.

Iron in the Diet

IN 1775, while the American Revolution was stirring the world, another revolution was occurring in the old world, in the country that sent us Lafayette. In France at that time lived a mild-mannered man named Lavoisier who was changing the course of science just as our forefathers were changing society. When in that year Antoine Laurent Lavoisier stood in the amphitheatre of the Royal Academy of Science in Paris and read a scientific paper describing his discovery of a new gas—oxygen—his learned audience was willing to grant that the paper they were listening to was altogether admirable, although it is doubtful if they realized the tremendous importance of Lavoisier's modest discourse.

M. Lavoisier, however, was fully aware of its significance, and he went on the next few years not only to confirm his discovery but also to show that oxygen is present in the air we breath, that it is inspired into the lungs, and that the waste products, carbon dioxide and water, are expired. It is Lavoisier's discovery of the nature of the respiratory process that has served during the past 160 years as the basis for much of what we know about body heat, oxidation in the body tissues, and the breakdown and assimilation of the food we eat.

THE SCIENCE OF NUTRITION

Lavoisier may rightly be considered the father of the science of nutrition for it was with his demonstration that man used the energy in food for his own activities that the science of nutrition began to emerge. After Lavoisier attention continued for some time to be centered on the energy value of food. About 100 years after his death it was discovered that proper growth and health required protein foods as well as energy-giving foods and that the former were quite as important as the latter. This discovery gave a scientific basis for the natural fondness of most people for protein foods such as meats, fish, and cheese, and stimulated further research. Soon it was found that minerals and vitamins were also vitally important for good nutrition. As understanding of

these elements increased it finally became possible to classify foodstuffs into two main categories: those that are merely energy-giving, such as cereals, fats, and sugars, and the so-called protective foods which are rich in vitamins and minerals, such as milk, green vegetables, legumes (peas, beans, and lentils), raw fruits, and eggs. An adequate amount of both types of foods was found to be necessary in order to secure optimum health, good physique, and resistance to disease.

In previous articles in *HEALTH AND HYGIENE* some of the most important protective foods have been discussed. In the present article we shall consider minerals, and particularly one mineral—iron.

THE ROLE OF MINERALS

Most of us know that a considerable part of the body is made up of mineral matter. Our bones and teeth, for example, are composed of the mineral salt, calcium phosphate. Recent studies have revealed that adequate amounts of calcium and phosphorous are necessary for proper growth and development of the bones and teeth. Iodine is another mineral necessary for optimum health. Without a proper amount of iodine in the diet, disease of the thyroid gland or goitre is bound to result.

We all know that iron is an important mineral in industry. No country can maintain and develop its industries unless it can obtain large stores of iron for the manufacture of steel. Likewise, no human being can maintain good health unless the body has adequate stores of iron to utilize. Several hundred pounds of iron are necessary to make a steel girder but only 1/96,000 of a pound of iron is required by the body to maintain a rich, red blood.

Our blood consists chiefly of red cells, white cells, and a fluid called plasma. It is the red blood cells that give the blood its color, and it is a particular part of the red blood cell that is responsible for the color. This part is a complex chemical substance known as hemoglobin which consists of a protein material and iron. Iron in nature is brown or black, but when it

is utilized in the body to form hemoglobin it becomes red and imparts the color to the blood.

But conferring redness to the blood is not the most important function of iron. The most important role of the iron-containing hemoglobin is the transportation of oxygen from the lungs to all the organs and tissues of the body. Life cannot go on unless the tissues obtain a constant supply of oxygen for their nourishment and activity, and it is for this vital purpose of feeding the tissues with oxygen that iron is so essential. The hemoglobin in the

During the first year or more of infancy there is also usually a moderate anemia in children. The infant is born with an abundant supply of iron stored in the liver, but this store is gradually used up so that at the end of six months almost every child will show some degree of anemia. This anemia, however, is unavoidable and is not dangerous. During this period the child is fed exclusively on milk, a food which furnishes every essential except iron. As soon as the infant begins to eat eggs, green vegetables, and meat, which should usually be

FOODS THAT ARE RICH IN IRON

Liver	Apricots	Chard
Kidney	Prunes	Cabbage
Oysters	Dates	Leaf lettuce
Molasses	Figs	Oatmeal
Beans	Nuts	Shredded Wheat
Peas	Spinach	Whole-wheat bread
Lentils	Beet Greens	Graham bread

red cells also carries back from the tissues to the lungs the waste carbon dioxide, which is then expelled in breathing. Iron, therefore, is necessary for the most fundamental processes that go on in the body.

Iron has still another important function. It aids in the growth and development of young, immature red blood cells into adult, fully developed red cells.

When we understand these two functions of iron we can predict what will happen when the body lacks sufficient iron. The blood will be poor in hemoglobin, the number of red blood cells will be low, and the tissues will be poorly nourished. Translated into everyday terms, a deficiency of iron means anemia of the blood, pallor of the skin, weakness, lack of pep and endurance, and poor resistance to infection.

Iron is necessary throughout life but there are certain conditions in which adequate amounts are especially needed. Recent investigations have shown that a large proportion of women of child-bearing age suffer from simple anemia. This lack of iron becomes more pronounced during pregnancy and the suckling period when the mother has to give up a large amount of her iron stores to the child.

at the fifth or sixth month, the anemia is corrected. Infants who do not receive solid food until much later because of ignorance on the part of the mother, digestive disturbances, or, as is too often the case, because there is an actual lack of good food in the home, develop a more marked anemia and become poorly nourished and susceptible to common infections.

It should be mentioned here that as far as anemia is concerned the appearance of a child or adult may be misleading. The complexion does not depend on the amount of iron in the blood but rather on the texture of the skin, racial and family characteristics, and the number, size, and distribution of the blood vessels in the skin. Red cheeks usually indicate good health and an adequate iron supply but pale cheeks do not necessarily mean weakness or anemia.

In order to determine the presence of anemia the amount of hemoglobin in the blood must be measured by an instrument devised for this purpose. A method that used to be popular but that has been found to be entirely unreliable is to prick the finger and absorb the blood with a piece of white blotting paper. The paper is then compared with different shades of red and the hemoglobin content determined by the shade that matches the paper. This

method is no longer used by conscientious physicians. Instead an instrument known as a hemoglobinometer is used, and when an infant is suspected of having too marked an anemia the doctor will check up accurately by taking a drop of the infant's blood and determining from it the actual amount of hemoglobin in 100 cubic centimeters of blood.

Anemia is also fairly common in middle-aged women. The cause is perhaps due to a defective diet. Even when the diet contains an adequate amount of iron, it has been found that the iron is sometimes not absorbed into the blood because there is not enough acid in the stomach. It seems that an adequate amount of acid must be present in the stomach if the iron in food is to be absorbed and utilized. This observation shows how harmful and misleading advertisements for milk of magnesia and other medicines that are sold for the purpose of "alkalizing" an "acid stomach" can be. Many women who suffer from anemia also complain of indigestion or "acid indigestion." *Their indigestion is due to a lack of acid and not too much acid in the stomach.* Such indigestion is cured not by "alkalizing" the stomach but on the contrary by taking small amounts of dilute hydrochloric acid daily under the supervision of a physician, together with a proper diet and the addition of iron salts.

Anemia, therefore, is a fairly common condition in infancy, among child-bearing women, and among middle-aged women. However, when the diet is defective anemia can also occur in men and in women of other ages than those mentioned above. When the diet is adequate and contains the essential foods anemia can be prevented.

THE PROTECTIVE FOODS

What kinds of food are necessary to prevent simple anemia? First, the diet should contain an abundance of protective foods rich in iron, such as eggs, and fresh fruits and vegetables. Egg yolk has a high iron content and is particularly suited for infants. The foods that are rich in iron are indicated in bold face type on page 189.

Contrary to popular belief spinach has no virtue in the prevention and treatment of anemia. Although spinach has a high total iron content, the amount of iron that can be extracted from it in the body for use in the

formation of hemoglobin and red blood cells is very small.

Another popular notion that is not borne out by scientific study is that raisins are very rich in utilizable iron and that if you eat a few handfuls a day you will enrich your blood. It is more likely that you will get a stomach ache, for raisins contain a very high percentage of roughage.

Oatmeal and whole wheat contain a good percentage of iron but they should not be depended upon as the only sources of iron. Bran is also rich in iron but because of its roughness it is likely to irritate the intestine. It is not to be recommended for the prevention or treatment of anemia any more than for constipation, and certainly it should never be given to children.

THE VALUE OF MEAT

Meats are also helpful in the prevention of anemia. Their value lies not so much in their iron content which, except for liver, is not so very high, but rather in the fact that they stimulate the bone marrow and encourage the development of young red blood cells, which form in the bone marrow, into mature red blood cells which enter the blood stream and perform their various important functions. Liver is particularly valuable for it not only stimulates the bone marrow but it also contains a considerable amount of iron ready for absorption and use. As far as iron content is concerned, beef, pork, and lamb liver is just as good as calf liver, and they are much cheaper.

It is obvious that no single one of the foods mentioned above should be relied upon to furnish all the iron that is needed for protection against anemia. Few people would want to eat the amount of a single food that would be required to do that. A well balanced anemia-preventing diet for an adult or growing child should include one or two eggs a day, an average-sized portion of two of any of the vegetables mentioned above, an average serving of one of the fruits, and a serving of meat at least two or three times a week.

In order to prevent anemia in infants it should be remembered that milk contains extremely little iron and that the store of iron with which the child is born is used up by the sixth month. Therefore, solid, iron-containing foods should be given to the infant between the fifth and the seventh months. The vegetables

should be grated or puréed and the meat should be scraped, minced, or ground after a short period of boiling or broiling. Liver is the first meat that should be offered the child since it is considered the most important food in the prevention and treatment of anemia. The feeding of liver to the child may be made easier by the substitution from time to time of beef, lamb, or chicken liver for calf liver.

When a physician has detected the existence of anemia, he will prescribe an adequate diet, the administration of dilute hydrochloric acid to middle-aged female patients, and also large amounts of iron itself, usually in the form of an easily absorbable salt. There are many such iron salts available for the treatment of anemia. Proprietary combinations of liver and iron, iron wines, iron and yeast, and similar preparations are unnecessary, ineffective, and expensive. Large amounts of liver in the form of liver extract are necessary in the treatment of pernicious anemia which is a serious, incurable disease totally different from simple secondary anemia. Pernicious anemia can be *relieved* or *checked* by daily administration of large amounts of liver extract, but simple secondary anemia can be *cured* by a proper diet, correction of digestive disorders if present, and the administration of iron salts.

IRON "TONICS"

The most recent scientific work in the treatment of anemia has shown that in order to cure anemia it is necessary to administer much larger amounts of iron salts than have customarily been given in the past. Doctors now prescribe several grams daily of one of a number of iron salts. *Nuxated Iron* and *Ironized Yeast* are fakes that were discredited many years ago. They do not restore pep, vitality, sexual vigor, or rebuild nerve tissue. The amount of iron in these and other nostrums is so small that it would not cure the anemia of a caterpillar. In a bottle of *Nuxated Iron* costing \$1.10 there are about 2½ grains of iron. For the same price you can obtain from a druggist at least 75 grains of iron in the form of a standard, recognized pharmaceutical preparation. In the treatment of anemia, accurate scientific preparations are cheaper, safer, and more effective than popularly sold trade-marked remedies, just as they are in the treatment of all other diseases and disorders.

Are You Safe at Home? III

Xmas Involves Added Hazards

THE customs which give our American Christmas much of its charm, also impose hazards that are not normally present in the home. In the past, when most Christmas trees were lighted with candles, many festive gatherings became tragic when the home, church, or school went up in flames. The colored electric lights used today are safer, but they are not altogether without danger. A few sparks from a short circuit and the inflammable tinsel and evergreen may be ablaze. Some danger may be avoided by substituting spun glass for metal foil decorations.

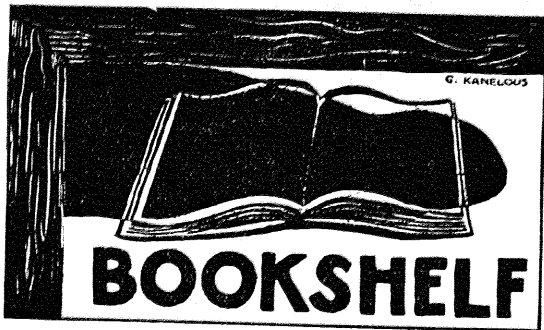
Shallow or inflammable light sockets, and poorly insulated wires are to be avoided when purchasing strings of lights. Since the purchaser is often unable to judge for himself whether or not a certain type of equipment is safe, he should look for the little yellow band which indicates that the product has been approved by the Underwriters' Laboratories.

Equipment left over from previous seasons should be carefully inspected each year before being used, for the cheap insulation rots easily and may leave the wire exposed.

Houses are often full of guests at Christmas time, and electric irons, cooking devices, toys, and Christmas tree illumination combine to demand an unusual load of current. Often there are not enough outlets to serve the needs, and double or triple sockets may be inserted where the wiring is sufficient for only one outlet. Overloading wires in this manner is dangerous, but usually results in nothing more serious than a blown fuse. When a fuse blows out the amateur electrician in the party should not be allowed to demonstrate his knowledge by putting a coin into the fuse socket or by substituting a very heavy fuse. The fuse is your protection against overloading, and when "repaired" in this way it may permit the wires inside the walls to heat up gradually, and a fire may break out after the family has gone to bed.

With excited children racing about the house, a word of warning about *falls* is necessary. Toys on stairways, small scatter rugs, and slippery floors cause many accidents, as we have pointed out in previous issues. At Christmas time the hazards may be even greater. As a final word of warning we advise you to use a *good* stepladder if you are going to trim a tall tree; many people are injured every year because they use boxes and chairs to stand on.

HEALTH AND HYGIENE wishes its readers a Merry Christmas and a safe one.



AMERICAN MEDICINE: EXPERT TESTIMONY OUT OF COURT, 1,435 pp., 2 vols., The American Foundation, N. Y., \$3.50.

NO ONE who really wants to understand the cross-currents of opinion concerning medical care in America can afford to be without this book. The two large volumes, compiled by the American Foundation for Studies in Government, contain the answers of 2,100 physicians, many of them outstanding in their fields, to the question of what is wrong with the way that medical care is practiced and administered in the United States. All shades of opinion from the most reactionary to the most radical are presented, but the general conclusion of the majority is that adequate medical care is not available to the majority of the people, and that some change in the present set-up is both inevitable and desirable.

Practically every question now agitating the medical profession, as well as an ever-increasing section of the public, is discussed from every point of view. We find, on the one hand, a group—not very large—who hold that medical care is a commodity and that a patient is not entitled to free medical care “any more than he is entitled to free housing, free clothing, and free food,” and, on the other, a group who feel that the only way out of the medical muddle is socialized medicine and free care to all. The majority feel that change is necessary, but their minds are not made up concerning the nature of the change that is needed.

The scope of the book is wide. Besides the questions of adequate care and the general principles underlying the organization of good medical care, the following subjects are discussed: medical education; specialization of practice; group practice; hospitalization; public health organization; experimentation with state, county, and community plans for medical care; state medicine, complete and limited; and health insurance.

The chief value of this book, besides the wealth of expert information it contains, is in the effect it is certain to have in stimulating intelligent discussion of medico-social problems among doctors

and laymen. Already it has resulted in the so-called “medical Declaration of Independence” sponsored by 430 of the leading doctors in the country, and discussed on page 187 of this issue. As more and more interested groups begin to concern themselves with the problem of the organization of medical care they will find these volumes an indispensable aid in getting a comprehensive and well-rounded view of the situation.

Miss Esther Everett Lape and those who were associated with her in the editing and compiling of this book are to be congratulated on the way they have handled what must have been a formidable task.

40,000,000 GUINEA PIG CHILDREN. By Rachel Lynn Palmer and Isadore M. Alpher, M.D., 249 pp., The Vanguard Press, N. Y., \$2.

“EAT *Apple-Lax* just as you would an apple.” “All you need to give your children when they are constipated is to give them mild, gentle *Ex-Lax*. . . Its action is easy . . . comfortable . . . closely approximating normal. And very thorough.” *Ex-Lax* contains phenolphthalein which may cause such symptoms as “colic, rapid pulse, difficult breathing, and even collapse.” A ten-year-old boy ate a box of *Ex-Lax* tablets, mistaking them for candy, and died. *Hinkle's Cascara*, which is recommended for children, contains one-sixtieth of a grain of strychnine in each of its pills.

In a magazine you see a picture of a small boy, smiling brightly. The advertisement runs: “Happy faces like this little chap's may lose their smiles tonight. . . Coughs and cold menace his strength and health. When you hear a rasping cough in the night you will thank your lucky stars you have a bottle of the famous prescription, *Dr. Drake's Glessco*, in the house ready to give that all-important early treatment.” The American Medical Association reports two child deaths caused by what used to be known as *Dr. Drake's German Cough Remedy*. It contained opium, alcohol, mucilage, castor oil, syrup of ipecac, and wild cherry.

Madam, if you have a child and you love it, then beware. The advertisers are on your trail!

From the time your child is born until he is old or wise enough to know better, he becomes the potential guinea pig for a thousand different products. As soon as he can hear, as soon as he can read or understand pictures, the advertisers are after him. Through radio, comic strip, billboard and magazine the virtues of a thousand nostrums are pounded into his receptive brain. Does your little girl want to be like Orphan Annie? Then she must drink *Ovaltine*—gallons of it. Does little Johnny want to be an “all-American boy” like Jack Armstrong? Then he must build up his energy with *Wheaties*. Does he have a cowboy complex?

Does he want to be like Tom Mix? (God Forbid!) *Ralston Wheat Cereal* is the breakfast food for him. Or if Bobby Benson takes his fancy then he owes allegiance to *Force*, the ready-to-eat cereal. Suppose he wants to join up with Melvin Purvis' Secret Operators? He's got to have *Post Toasties*.

And the result—faulty food habits and malnutrition among both rich and poor. Almost none of the highly-touted food products of American manufacturers contain a fraction of the energy-building power claimed for them. There is no food magic in a catchy name. A child should grow up knowing that the dietary basis of good health is wholesome food—milk, vegetables, fruits, eggs, and meat.

But the advertisers are clever. They realize the susceptibility of the “child salesman” and exploit it to the full. Through premiums and prizes, through ingenious radio programs, and even through the schools they condition your child almost as the test-tube children were conditioned in Huxley's *Brave New World*. Guinea pig, here, is no idle name.

It is the parent's job to prevent this exploitation. But first of all the parent must be re-educated to the dangers of modern advertising and to the needs of his child.

That is the aim of this book. Rachel Lynn Palmer and Isadore M. Alpher have done a job that needed doing, and done it well. There is no ambiguity here, no evasion of names. It is ably documented and completely reliable. **HEALTH AND HYGIENE** heartily recommends it as required reading for every parent. Its purposes are the same as ours—to expose the fraudulent and harmful, to prick the bubble of false advertising, and to make available to the mass of people the medical attention and advice which is their right.

CECIL LUBELL

PERSONAL HYGIENE APPLIED (Sixth edition, revised). By Jesse Feiring Williams, M.D., 627 pp., W. B. Saunders Co., Philadelphia, \$2.50.

THE get-up of this book is a delight to one interested in his own health and in the health of all the citizens around him. On the one hand it is not a pedantic packing together of needful knowledge, though it is bulging with needful knowledge. On the other it is not popularization of health science jazzed-up to the point where science to be a best seller becomes pseudo-science and attractive hokum, although it is a book that you hate to put down when you start reading it.

The reason for this very factual yet very warm treatment perhaps lies in the background of the writer of the book. Here is an M.D. who is also on the staff of Teachers College of Columbia Uni-

versity as Professor of Physical Education. To those who know what Teachers College has done to revolutionize teaching methods in America, including both classroom methods and textbook methods, it is not surprising to find such an attractive tool coming out of its Department of Physical Education. The book brings the real moments of life into intimate contact with the facts that have bearing upon those moments.

There is a twenty-five page index. At the end of every chapter are questions and exercises, by which the reader or adult student can check up on his grasp of the materials read. At the beginning of each chapter is the outline skeleton of the materials offered in the chapter. The paragraphs are captioned with leading questions or intriguing formulations of problems. There is hardly a page without a footnote of reference to some researcher who has contributed to the problem at hand. The mood of reading material is not didactic but companionable. A sense of humor and a wide horizon of perspective surrounds the ideas expressed, making it good reading.

But perhaps the real reason for the reader's growing sense of the book's indispensability is that it is not a warehouse of facts, but a manual of habit control. It starts from the state of mind the average modern finds himself in. We know that our lives and their effectiveness are controlled by the habits we use. We know too that new waves of modern knowledge are year after year breaking upon these habits. But we also know that our habits frequently resist the influence of these waves of research and new data. Therefore, the problem of the wide-awake modern working person is to assimilate these new resources of knowledge in such a way as to build new habits with them. Not just bad physical habits, but all the habits that make up our failures and successes. Doctor Williams has a peculiar knack of making new knowledge easy to begin to use. For a person out of school, but trying to continue his adult education, this book will be a rich source of experience. It will help him to know more and do more.

JOHN BOVINGTON

THE SYPHILIS CONTROL POLL

Results of the **HEALTH AND HYGIENE Syphilis Control Poll** to date are given on page 194. Fill out and mail the ballot on the reverse side of this space.

RESPONSE TO SYPHILIS POLL GROWS

Each day brings in an increasing number of Syphilis Control Ballots to the office of HEALTH and HYGIENE. To date (November 18), 913 requests for free blood tests have been received and 10,040 extra ballots have been asked for. A number of requests have come from trade unions, fraternal organizations, and schools. Some, although not very many, of our readers have sent in ballots and have not yet received an answer from us. This is due to the fact that the doctors to whom we have written in some communities have failed to answer our request for co-operation. In such cases we will get in touch with other doctors who will provide the tests. We ask those of our readers who are waiting for replies to bear with us until the necessary arrangements are made. Furthermore, readers can help us by sending us the names of doctors who will aid in the work.

In order to carry out this work on the largest scale possible we ask you to:

- (1) Record your sentiment either in the affirmative or negative on the ballot printed below.
- (2) If you are interested in receiving the free blood test from your own physician or a physician in your community whose name we will provide, write to us so stating. In case you wish your own physician to do the test send us his name and address and enclose six cents in stamps.
- (3) Get as many of your friends as possible to fill out ballots of their own. We will provide you with as many extra ballots as you need—merely specify the number you want in the space provided on the ballot below.

Facts About the Blood Test

- (1) The test is practically painless.
- (2) Only a small amount of blood is required—about a teaspoonful.
- (3) HEALTH AND HYGIENE is not interested in the results of the tests. Results will be a matter of confidence between physician and patient.

Fill out, clip and mail this ballot today with three cents in stamps to

HEALTH and HYGIENE
215 Fourth Avenue New York City

SYPHILIS CONTROL BALLOT

Will you, at no cost to yourself, submit to a diagnostic blood test for syphilis, either by your own physician or by one in your community whose name we will provide? Place an X in the proper square below.

YES NO

Name

Address

City and State

Please send me extra ballots.

The Life of an Interne

(Continued from page 172)

bill: "Sir, you yourself entered on your present duties with no previous experience as a Mayor and you were paid a salary of \$22,000 a year."

And at the Harlem Hospital, the 18 ambulance drivers and 12 policemen assigned to the ambulance service are paid a total of \$72,000 per year for an 8-hour day, while the 10 internes who perform the most highly skilled work in the ambulance service are paid a total of \$1,800 per year, and put in thirty-two hours of consecutive work.

It is strange to find this paradoxical situation in the hospitals of the richest city in the world. Overworked and underpaid doctors cannot possibly perform their duties with complete efficiency, much as they would like to do so. The fine work done by internes now could be improved, and a further step in safeguarding the health of the people could be taken if the Burke Bill were put into effect. Yet Chairman Brunner of the Board of Estimate seems to be hesitant, lest political opposition greet any budgetary advances, and Commissioner Goldwater seems fearful lest the movement for pay to internes spread to private hospitals, whose dependence on private philanthropy has become increasingly tenuous. It is difficult to be sympathetic with the Commissioner's point of view in this instance. We believe that he would admit that no hospital, public or private, can operate as efficiently as it should if its staff is overworked and underpaid—and who would deny that the internes are overworked and underpaid? Therefore, if private hospitals cannot maintain decent wage levels and working conditions by relying on private contributions, they should be subsidized and put on a sound operating basis by the government.

Somewhere in a city hospital a convalescent patient is wondering why the young doctor who sees her on his rounds six times a day is such a short-tempered chap. And the young man in white, the interne who hasn't had eight hours of uninterrupted sleep for three months and is wondering if he will have to be bumming cigarettes by the end of the week—is thinking about what one newspaper editorial called the "fantastic injustice to what is by all odds the hardest worked and least recompensed group of city workers."

Questions and Answers

(Continued from page 170)

health, but it is doubtful if any more definitely beneficial effects are produced.

Cold Sores

Zanesville, Ohio

DEAR DOCTORS:

Can you advise me what may be done to cure cold sores?—L. M.

Answer—Cold sores or herpes simplex, as they are called technically, are a very common ailment. They appear in the form of small blisters which soon dry up and become scaly. After a short period of time, usually a few days, the scales fall off.

One of the most annoying features of this ailment is that it has a way of recurring at frequent intervals. Moreover, it seems that once an attack occurs the victim becomes more susceptible to future attacks.

While we do not know the exact cause of cold sores, we believe that they are caused by a filterable virus, that is, a germ so small that it cannot be prevented from passing through the finest porcelain filters.

The best way of treating cold sores is to apply a non-irritating ointment such as zinc or boric acid salve or even calamine lotion. Care should be taken not to pick at or irritate the sore in any way. It should be borne in mind that the eruption is self-limiting, and will disappear even though no form of treatment is resorted to.

Nickel Itch

Wilmington, Delaware.

DEAR DOCTORS:

I have just obtained employment in a nickel works. The boss told me that if I leaned over the vats too long the fumes might make me dizzy, but that they were harmless. I don't know whether or not I should take his word for this. I have had chronic nephritis, and wonder if this would make the job more dangerous.—F. R.

Answer—The most common occupational disease found in nickel plating plants is the "nickel itch." This is a form of rash, an eczema which starts on the arms and may spread over the whole body. Two out of three workers get this type of rash. If the rash does not occur after three months of employment the chances are that the worker will not get the rash at all.

The fumes arise out of the acids in the nickel plating process. In your case, since you have damaged kidneys, it would be a good thing for you to avoid employment in which metals, particu-

larly in vapor, fluid, or dust forms, may be encountered. Metals in these forms, particularly lead, as well as nickel (thought not to so great an extent) have an injurious effect upon the kidneys.

Your boss is not an industrial disease expert. You were wise in suspecting him of having a biased viewpoint.

Fertilized Eggs

Brooklyn, New York

DEAR DOCTORS:

Is the Jewish dietary custom of throwing away eggs with blood-stained yolks mere superstition or is it based on sound hygienic principles?—I. C.

Answer—The "blood stain" in the yolk of an egg is the beginning of a chick. It indicates that the egg, while in the hen, was fertilized by a sperm or seed from the rooster. The process of



"candling" that is, holding eggs before a strong light in order to detect the shadow of the "blood stain," is used to separate fertilized from unfertilized eggs.

The Jewish dietary laws prohibit the eating of unborn birds or animals. This is the reason why orthodox Jews do not eat eggs that have been fertilized. However, this does not mean that fertilized eggs are not edible.

Sterile or unfertilized eggs do not spoil as rapidly as fertilized eggs, but regardless of whether the eggs is fertilized or not it is fit to eat as long as it is not spoiled. It is true that by the time the blood spot appears in a fertilized egg it is not strictly fresh, and therefore some people prefer to use such eggs only for cooking purposes.

Underarm Perspiration

Missoula, Montana.

DEAR DOCTORS:

Can you tell me the best way of counteracting the odor caused by perspiration under the armpits?—F. T.

Answer—The best deodorant that can be used is plain soap and water. Bathing daily is the best way of keeping the armpits and other parts of the body free from offensive odors.

However, if additional precaution is desired,

the skin may be dusted with a fine boric acid powder or sponged with a solution made by dissolving a teaspoonful of boric acid powder in a glass of hot water. Another effective deodorant is rubbing alcohol, which should be applied by holding a washcloth soaked in the alcohol under the armpits for several minutes. Deodorants that are sold at fancy prices will give no better results than these methods; in fact, commercial deodorants very often have boric acid as their chief ingredient.

There are methods of suppressing perspiration as well as deodorizing it. One such method is



Chas. E. Colahan

the application of a 2 per cent solution of formaldehyde. After application, the skin should be wiped dry and dusted with ordinary talcum powder. If the method is found to be irritating it should be discontinued immediately. Another effective means of suppressing perspiration is the application of a 15 per cent solution of aluminum chloride. This solution should be allowed to dry before coming in contact with clothing. If this method proves irritating the solution may be diluted with water. If it is found that it is neither irritating nor effective the strength of the solution may be increased to 20 or 25 per cent.

Most commercial perspiration suppressors have aluminum chloride as their essential ingredient.

Home Electrolysis

East St. Louis, Illinois

DEAR DOCTORS:

I am sending you a letter I received from the Canfield Electrolysis Company in New York City, advising the use of their electrolysis machine in the home for the removal of superfluous hair. Can you tell me whether such a machine is safe and effective?—E. L.

Answer—We strongly advise against the use of the Canfield electrolysis apparatus for two reasons:

1. The self-use of such an apparatus is ineffective. From the description of the device it is simply a cheap battery electrolysis set intended for use in the usual method of hair removal. This consists of introducing a fine needle down into the hair pocket, holding the electrode in contact with the skin and thus making a complete electrical cir-

cuit with the battery, the body acting as a conductor of electricity and completing the circuit. The needle acts as the negative electrode, and, by a complex electro-chemical reaction in the body tissues, acid forms at the tip of the needle and destroys the cells around it. The skill consists in being able to insure that the needle slides easily into the hair pocket and touches the hair root just at the tip of the needle. Since hair pockets twist and curve and come out at the skin surface at various angles, it is easy to go wrong and not get the needle in contact with the hair root. If this is not done the hair root will remain alive and the hair will continue to grow. We feel it is very doubtful that an untrained person could get satisfactory results, especially through self-operation.

2. Scars and infections may result from treatment at the hands of an unskilled operator.

Superfluous hair should be removed by a skilled operator, preferably a dermatologist (skin specialist).

Contact Lenses

DEAR DOCTORS:

Will you please give me your opinion of the new invisible eyeglasses? Are these lenses harmful or tiring to the eyes?—A. B.

Answer—"Invisible" or contact lenses are still in the experimental stage. They are quite expensive and are not to be recommended as substitutes for regular lenses except in unusual cases. Not all persons can wear them successfully; some cannot tolerate them at all and others can do so for only short periods of time.

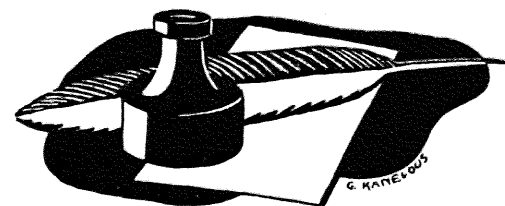
Childbirth Through the Ages

(Continued from page 186)

ress of obstetrics further, and point out the deficiencies of the present. It is true that mothers live longer and die less frequently in childbirth today than they did a hundred years ago. Nevertheless, in the United States today the mortality accompanying childbirth is much too high. Adequate maternity care can save 10,000 of the 16,000 mothers who die each year. How to make such care available for more of America's mothers is a vital problem and a broad government-supported program for the protection of mothers and infants, is needed.

This is the first of a series of articles on the history of obstetrics. One article will appear each month until the series has been completed.

PURELY PERSONAL



READER-EDITOR CORRESPONDENCE

JOHN STUART, FORMER EDITOR OF HEALTH AND HYGIENE, who is now in Spain as a newspaper correspondent, writes us a postcard, saying: "In four weeks we've been through many base hospitals. Our medicos are performing miracles in plain and fancy surgery. Explosive bullets demand expert patching artistry. All ask for more equipment—electromagnets to extract fragments, haemostats, x-ray plates of assorted sizes, sutures, rubber gloves, and other elementary surgical necessities. Some centers are now developing occupational therapy for convalescents. Much more later. Saluds to everyone."

THANKS FOR THE CARD, JOHN. But how about a long letter for the columns of HEALTH AND HYGIENE?

ONE OF OUR READERS writes: "I wish to acknowledge receipt of your reminder that my subscription has expired. Due to WPA layoffs, of which I was one, I shall be unable to renew my subscription. I am going to miss HEALTH AND HYGIENE very much. Perhaps you could help me and thousands of WPA workers by protesting against cuts and layoffs."

WE CONSTANTLY POINT OUT in our articles that WPA cuts and layoffs constitute a serious menace to the physical and mental well-being of thousands upon thousands of workers who cannot find jobs in private industry. Our editorial last month pointed out the close relationship between economic insecurity and ill health. We are glad, therefore, to comply with our subscriber's request that we voice our disapproval of WPA layoffs, and we urge all our readers to do the same.

IF E. J. AND NED, will send us names and addresses to which letters can be sent, we will send them personal replies to their letters.

"IT IS QUITE A COINCIDENCE," writes L. M., of Southern Union College at Wadley, Alabama, "that a few days before receiving the last issue of HEALTH AND HYGIENE I had argued with a person about an axe murder that had been committed on a college campus in Washington. Even though this

person was an educated woman she said, 'They should string him up! He should be drawn and quartered.' Other students took up the argument and many of them shouted loudly about 'keeping the Negro in his place.' Everywhere you could hear students debating about it. Some said that lynching was the only cure for the sex crime; others said that even a sex maniac should at least be given a fair trial.

"In the morning, as if by a miracle, the issue of HEALTH AND HYGIENE with the article *Behind the Sex Crime* arrived in the mail. I went to my room and read it. It was like the coming of dawn, for in my mind there were also a great many unanswered questions. After I had read it I put the copy into the library. One of the students who had argued for violence read it almost immediately. Later he told me sheepishly that he was convinced he had the wrong slant on things.

"To make a long story short, I'll bet every student read the November issue. For discussion in Social Science we are going to take up the article *Arsenic With Your Apples*. Also, for our Halloween masquerade one student used current newspaper advertisements to represent the 'Modern Day Bogeyman.' I only hope our school library will purchase a subscription to your excellent magazine."

THIS IS THE PRIZE-WINNING LETTER for the month. 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* for the best letter telling us what type of articles is preferred.

DUE TO THE FACT THAT THE COST of magazine production, as well as other expenses of publication, has increased considerably in the last year, we are forced to raise our subscription price. Beginning December 25, the price of a subscription will be \$1 for nine months instead of one year. This will amount to \$1.25 for twelve issues, instead of \$1, as in the past. We are offering nine-month subscriptions because we feel that many people find it easier to send in the dollar rather than an odd sum such as \$1.25.

Until December 25, all subscriptions as well as renewals will be accepted at the old rate of \$1 for twelve issues. Present subscribers can therefore take advantage of the present rate by sending in their renewals before that date, regardless of the date of expiration. All renewals received before December 25 will be extended for one year beyond the date of the expiration.

Thus, 12 month Christmas gift subscriptions may also be given for \$1. Take advantage of the present rate now and get your subscriptions and renewals in before December 25.

Who's Who on Our Advisory Board

I. Dr. Edward K. Barsky

DR. EDWARD K. BARSKY was born in New York City and attended Columbia College and the College of Physicians and Surgeons, Columbia University. He did post graduate work in Berlin, Vienna, and Paris. Since, he has practiced as a general surgeon in New York City and is associate attending surgeon in Beth Israel Hospital, New York City.

One of the first surgeons to go to Spain from the United States, Dr. Barsky was put in charge of the Medical Bureau hospitals there and achieved the record of establishing six hospitals in six months.

He returned from Spain in July to make a nation-wide appeal for the new and important methods of treating the wounded in Spain. Early in November he went back to Spain to resume his work at the front.

We could tell our readers of Dr. Barsky's experiences in Spain as he has told them to us. However, we feel that the following excerpt from a letter written to us by a nurse who was with him at a base hospital gives a most vivid description of his work and the trying conditions under which it is accomplished:

"Fifty more wounded were just brought in, Dr. Barsky," said Carl, the ambulance driver. "An old man from the village is in with an intestinal obstruction," added Dr. Goland. "He needs an operation immediately and so do about half of the wounded."

Dr. Barsky looked up from the opened abdomen in front of him. He seemed pale, worn, and cold. His damp gown clung to him. It was so cold in the room that steam came from his nostrils. "Prepare for more operations tonight, Ann," he told the nurse.

"But, Dr. Barsky," she remonstrated, "you haven't slept for the last two days." He seemed to shrug off his tiredness as he told her that the wounded came first.

The scalpel flashed under the bright operating room light. The patient, whose name was Harry Beyer, was conscious and he said, "It's useless. Don't bother with me; take care of the others first." Looking at the damage done to the intestines by five machine gun bullets, and clamping off the bleeding vessels, Dr. Barsky said, "Don't worry, you'll come around all

right." The operating room nurses looked at each other and doubted it.

Suddenly the lights flickered three times and went out. Our warning signal—bombers were headed our way. Flashlights came out of pockets, candles were lighted, and the operation went on with the drone of airplanes overhead. Bombs dropped nearby, but Dr. Barsky worked on. Soon the operation was finished. The wounded English boy was taken out. A young Spanish boy with a bullet in his kidney was brought in. The bombers left. Wounded children and village peasants needing amputations were brought in. Dr. Barsky worked on.

Harry Beyer, the English boy who told Dr. Barsky that it was no use, was able to visit Dr. Barsky two months later and thank him for what he had done. Likewise, thousands of the wounded are being saved by the skill and tireless effort of the American doctors in Spain, of whom Dr. Barsky is only one. These doctors, many of whom have given up lucrative practices to go to Spain and serve the Loyalist cause in the best manner they can, deserve the respect and admiration of all liberty-loving people, and HEALTH AND HYGIENE is proud to number one of them among the members of its advisory and contributing board.

Next month: Dr. Norman Bethune.

A Clinic for Newlyweds

(Continued from page 175)

different to the act or very rarely experience satisfaction.

In discussing this problem with patients who exhibit such a condition, I naturally attempt first to remove the obvious cause, and then resort to the plain truth, namely, that perhaps we have gone too far in trying to standardize sex satisfaction; that we have no particular way of measuring intensity, and should be content with such general satisfaction as we experience, not worrying about differences in degree.

There is great need for further study of this apparent physiological difference. It may of course disappear when we shall have had several generations of women with sex education and normal attitudes towards sex. But for the present we must study it and neither overemphasize the difference nor dismiss it too lightly, as has been done in the past, by saying that the couple was not properly mated, or that they needed more variety in sexual relations.

The difference, it seems to me, may be conditioned to some extent by the woman's subconscious and conscious discontent with the other aspects of her marital and family relations. There is no doubt that women often

expect far too much from love, marriage, and family life. As Byron said, "Love, of man's life a part, is woman's whole existence." She still does not realize that full contentment can only come as a result of a full life and manifold interests. Many women today have more time and more education than their grandmothers had, and they need satisfactory outlets for their energy. Society has not yet acknowledged the need for outlets for this extra energy. It still considers a woman with extra-marital interests an anomaly and creates difficulties for women who seek economic independence in professions and other serious occupations.

I am one of those who think that the discontent in modern married life does not indicate a grave and hopeless situation. I feel that it only reflects the changes that marriage and family life have undergone. It is a step forward to expect more from life in all its relations, and I think that the typical marriage of the future will have far better chances for happiness than that of the present. To emphasize love and to give due recognition to the fact that sex plays a very important part in life is good as far as it goes, but there are other factors of equal importance in the sexual and social relationship of marriage and the family that demand our attention. The family as an educational, recreational, and economic institution has suffered a decline, but the family has not lost the values of affection, security, character building, devoted service, and cheerful sacrifice. In this transition state it seems that woman must contribute more to certain phases of home and love life than man can or will, and that she must still give a great deal more than she receives.

On the whole, we have made definite progress in the last twenty-five years. Many sex taboos have gone and with them the worse forms of repression, which are often followed by neuroses and psychoses. We now know that the desire for sexual satisfaction is a normal phenomenon and belongs to both sexes, and that sex can be and is sublimated to a great extent through other avenues of satisfaction. We also know that sexual desires may be controlled without injury. With a universal plan of sex education in the homes, schools, and colleges, we would probably in one generation be in a position to solve many of the problems that now perplex us. Everything points to the

fact that earlier marriages, with provision for adequate contraceptive information, will have to be encouraged as a necessary measure of protection for the health and happiness of the coming generation.

I may point out in conclusion that the problem of happiness in marriage is only a part of a much larger and more complex problem of social welfare. Its solution requires, besides systematic sex education and an enlightened conception of marriage and the family, economic security, equal opportunity and independence for women, and a more abundant and rich life for all.

Home Care of the Sick

(Continued from page 180)

roll its free portion close to the patient's back. Roll the patient to the clean side of the bed, keeping him well covered. Remove the soiled linen and arrange the sheets on the opposite side of the bed, proceeding as above. Be sure to pull the sheets taut and have the bed free from wrinkles. Place the pillow under the patient's head. Put on the top sheet and blanket, tucking them in well at the foot of the bed. Hold the top sheet and blanket in place with one hand while using the other hand to draw out the blanket which has been used to protect the patient.

12. Damp-dust the room and put it in order.

13. Change the patient's position often during the day, keep the bed dry and free from crumbs, the sheets smooth, and do everything possible for his comfort. Give frequent attention to those parts of the body which are likely to get pressure sores—the elbows, shoulder blades, the base of the spine, the hip bones, and the heels. Rub them with alcohol, and dust with powder.

14. Before the patient goes to sleep for the night, wash his face and hands, cleanse his teeth, and comb his hair. Give him a back rub with alcohol and powder. Also draw the sheets taut. Leave fresh drinking water near the bed and ventilate the room properly.

If the above suggestions are followed carefully the amateur nurse will have the satisfaction of knowing that the patient is being cared for wisely and with as little wasted effort as possible.

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Consumers Union

Announces reports on

1938 AUTOS and 1938 RADIOS

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