

HEALTH

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HEALTH

A monthly periodical for the discussion of personal and social health questions and for the reorganization of the medical profession

Published and Edited by PAUL LUTTINGER, M.D.

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VOL. I

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No. 1

Our Program

IN MAKING its bow to the American public, HEALTH has no apology to offer for appearing on a market already glutted with numerous medical publications for physicians as well as for laymen. Its purpose is to become a mutual organ for physicians and laymen for the discussion and solution of the various personal and social health problems and for the reorganization of the medical profession along modern economic lines. By the medical profession we do not mean physicians only; but all the allied professions such as dentistry, pharmacy, nursing, podiatry (chiropody), physiotherapy, optometry, public health, laboratory and x-ray technique. HEALTH is the only magazine which aims to bring medical men and intelligent workingmen together for the solution of their common problems. The time has come for the medical men to realize that they cannot bring about the fundamental changes in the practice of medicine required by modern conditions, without the cooperation of the lay public.

We boldly assert that we do not consider the medical and allied professions as a mysterious and holy priesthood, too far above the "common herd" to discuss questions of public health with the intelligent laity. We insist that what the physician can read, any intelligent workingman has the right to read and the ability to understand. If books and articles on medical subjects are written so that only the initiated can comprehend, then there is something wrong with the

writers, and they must come down from their ivory tower and write in a style comprehensible to the average intelligent person.

Next to the economic forces, the main reason why the medical professions are in the sorry plight in which they find themselves, is that they have failed to cooperate with the more advanced sections of the public and particularly with the militant workers. Our reactionary medical "leaders" have stubbornly and stupidly opposed the new economic movements and the social outlook of the progressive workingclass. It is now high time that we abandon our medieval conceptions of "rugged individualism" and look at the modern world with clear eyes, undimmed by prejudice and snobbery. It is high time that the layman and the physician sit down at a round table and discuss their mutual problems in the fraternal spirit required by a rapidly-changing economic world.

The time has come when medical practice should cease to remain a private enterprise. HEALTH, therefore will continually agitate for the *socialization of medicine*. The time for partial reforms and for fragmentary regulations has passed. We must break, once and for all, with the individualistic standard and discuss our problems from the collective point of view. We must cease to look upon medicine as a merchandise sold to the rest of the population by those initiated into a closed and mysterious corporation. We must proceed from a given plan, instead of from the chaos and anarchism now prevailing.

The assertion that only the family physician can have sufficient interest in his patient and that this interest is the main guarantee for a speedy cure, can no longer be upheld. The private country or city practitioner is nothing more than a petty merchant, selling health instead of groceries and, at that, unable to sell the best available merchandise on the market. This is due to the general crisis which the capitalist system is undergoing, and paradoxical as it may seem, to the progress of the medical sciences. Modern medicine has become extraordinarily complex and much more difficult to practice than heretofore. The art of healing, on the other hand, has failed to keep pace with the advances of modern medical technique. Most of the equipment and apparatus for medical investigation, research and diagnostic technique are beyond the purchasing power and ability of the individual physician. Hence the tendency for the general practitioner to

refer most of his patients to specialists. We are thus confronted with the peculiar paradox that the more scientific medicine becomes, the more unscientific and commercial must private medical practice become. In his mad rush to secure a practice, the physician is forced to stoop to unethical and sometimes to anti-social racketeering!

It has been said that there are too many medical men. We contend that this is not true. From the social aspect, from the point of view of prevention of disease, which is the only true aim of the medicine of the future, there can never be too many physicians. It is only from the mercantile angle that a plethora of medical men can be artificially created in a certain locality. Under the present system, the economic interests of the physician and allied professions require that there should be more and more patients. More patients mean more sickness and no rule of ethics, nor oaths of Hippocrates, can change this self-evident economic fact. But the profession of medicine cannot allow the selfish attitude of other branches of the capitalist scheme to influence its true course, mar its past achievements nor hinder its still more glorious future development.

The younger generation of medical men are sickened by the idiotic contradictions of the present social scheme. They refuse to sell their birthright for a mess of pottage. Instead of passively submitting to the present intolerable conditions, they are determined to adopt a creative attitude. They cannot continue watching their noble profession degenerate first into a sordid trading and now fall to the level of a racket. Social medicine, preventive medicine, state medicine, in short, *socialized medicine* are beckoning! The modern physician is already acting as a state functionary in many of his duties: in the dispensary, in the clinic, in the hospital, as a health officer, etc. Instead of fighting against the new current for socialized medicine, the progressive physician should turn his face toward the future. Soviet Russia has shown that the sincere physician has nothing to fear from the new order of things. HEALTH will be a window opening from the pestilential atmosphere of capitalistic medicine into the future of socialized health service.

HEALTH will oppose all medical and dietetic fads, the purpose of which is to fatten on the gullibility of the ignorant or the semi-educated. HEALTH believes in modern scientific medicine and hygiene and

will try to acquaint its readers with rational ideas about health and disease. It is against charlatanism and unscientific quackery in medicine, dietetics and hygiene. It will advocate universal birth-control, truthful sex instruction and scientific demonstrable proof against fanciful unproved theories.

HEALTH will concern itself chiefly with problems which are of the greatest interest to the largest number. Occupational and industrial hazards, personal health problems, public health, diet, seasonal ailments, health insurance, workers' compensation, mental hygiene and the care of children will be discussed constantly in its columns. Medical frauds, abuses in hospitals and other public health institutions will be exposed. We invite all those who know of any such abuses to write us without fear. We pledge ourselves to expose any injustice brought to our attention, whether it is committed against members of the allied medical professions or to the public at large. Internes, nurses, drug clerks, laboratory technicians, patients in sanatoria, hospitals, and in various public institutions, will henceforth have a medium in which they can air their grievances and demand redress. Medicine came into existence with the first cry of pain heard in the jungle or cave; it will only cease when pain and suffering have been banished from the earth. To this ultimate aim HEALTH is dedicated!

The Medical League for Socialized Medicine

By SAMUEL A. TANNENBAUM, M.D. *New York*

A LITTLE less than a year ago there was organized in New York City the Medical League for Socialized Medicine. Notwithstanding the anticipated reactionary opposition of what is known as "organized medicine," large numbers of physicians, realizing the crisis which the medical profession is facing, joined this organization. Today the association has two branches, one in Brooklyn and one in Manhattan. The membership is growing steadily, undoubtedly because of a better understanding on the part of the general practitioner of the present situation of medical practice, of its difficulties, and its

problems. The "leaders" of "organized medicine," i.e., the office-holders in the large medico-political associations, are losing their power to mislead their uninformed followers.

The Medical League for Socialized Medicine is based on the following fundamental propositions or axioms:

1. The American public is getting neither adequate nor sufficient medical care during illness;

2. The American public is not being adequately protected against the occurrence of preventable diseases;

3. The vast bulk of the American people does not earn enough to be able to pay for adequate and necessary medical care, either as regards therapeutics during illness or prophylaxis during comparative health;

4. The great bulk of physicians is not able to earn even a modestly decent living from the legitimate and honorable practice of medicine;

5. The advance in medical science during the past fifty years, with its dependence on expensive mechanical and laboratory equipment, has made it impossible for physicians to treat the sick without the cooperation of specialists;

6. Only an insignificantly small percent of the American people can afford to pay for these highly specialized services;

7. In the struggle to earn even a bare living physicians have had to discard the ancient code of ethics (which was based on the assumption that the practice of medicine is a profession that should have regard only to the welfare of the patient) and to substitute in its place the selfish creed of the business man, and to adopt with the dishonorable methods of business the doctrine that service must bring "profits";

8. The awakened medical profession refuses to continue to practice medicine by the competitive principle, refuses to degrade medicine to the level of a "business," refuses to exploit those who entrust it with their health and their life;

9. At the same time the profession resents being exploited by the many millions throughout the country who are receiving medical care gratuitously at thousands of clinics and hospitals in which physicians are not being paid for their services;

10. Large numbers of the medical profession are unable to earn a living because they cannot compete with insurance companies and

fraternal organizations engaged in the contractual practice of medicine, with philanthropies engaged in the practice of medicine on large scales, with government-owned clinics, laboratories, and hospitals; and so forth;

11. Even the poorest member of the community is entitled to the best medical services of which the medical profession is capable;

12. The prevention and the treatment of disease are of such a nature that they can be properly carried out only by the state acting for the common good;

13. The medical needs of these United States are so huge that there is room for work for all of the 140,000 physicians now registered and licensed in this country;

14. A system of socialized medicine in which the Government would employ all these physicians as public health officials and would give its subjects all the necessary therapeutic and preventive medical services is not only necessary but feasible;

15. Such a system of socialized medicine would cost the people of the country less than is now being expended for medical care and fraudulent substitutes for medical care;

16. State medicine, controlled, checked, and directed by the medical profession, would eliminate wasteful and often injurious nostrums, quackery, cultism, etc.;

17. Such a system of socialized medicine would do away with unfair and dishonest competition as well as with exploitation;

18. State medicine—like its counterpart, public education—would be paid for by funds raised by taxation and would place at the disposal of the public hospitals, supplies, equipment, physicians, nurses, pharmacists, dentists, and whatever else might be needed for its medical care;

19. Under such a system of socialized medicine, unencumbered by "sick benefits," physicians would be paid in accordance with the nature of their services and in accordance with their years of service, and would be given needed vacations, opportunities for post-graduate study, for experimentation and research, as well as being insured against disabling emergencies and assured of retirement with pay at an age when their place should be taken by younger men.

20. Such a system of State medicine would be fair, honest, democratic, practicable, and economical.

Possible or likely objections which must be anticipated are these:

1. The scheme is socialistic.

Answer: It is not more socialistic than the public school system, the postal system, the police department, the fire department, the water supply system, etc. Besides, many states are engaging in various forms of social medical services (insane asylums, certain sanitarium, tuberculosis clinics, venereal clinics, inspection of school children, infant clinics, public laboratories for blood, urine and sputum examinations).

2. The public is averse to further taxation.

Answer: This was said also with regard to education. The public does not object to taxation if it knows it has a fair prospect to get its money's worth, that the money will not be stolen by politicians or frittered away in high salaries to executives. The public knows it has to pay for medical and dental services and that it is becoming progressively less and less able to do so; it can be made to realize that paying a tax will make it easier to meet this obligation and will insure satisfactory medical service in time of need.

3. State medical service will be inferior to private medical service.

Answer: This was also said of education but it has not been proved true. Incompetent physicians supervised by older and more experienced physicians will be eliminated from the system or trained for better service. Under state medical service the treatment of a case of illness will be subject to supervision by the hospital staff. Medical service must improve in quality when every physician has laboratories of all kinds and consultants at his service, and when the hospital routine requires thorough examinations and complete records.

4. Politics will enter into medical service.

Answer: If we eliminate politicians at the beginning (which can be done by putting the system into the hands of representatives chosen by the allied professions) this will be guarded against. Notwithstanding the politicians, we have a fairly satisfactory educational and postal system. Besides, what physician does not know that one of his worst enemies today is the politics which controls the management of hospitals and clinics, both private and public? This will be done away

with when every physician has a voice in the management of these institutions.

5. The personal relationship between physician and patient will be gone.

Answer: This is a gain, not a loss. Personal relationship was an asset only in the periods of empirical and unscientific medicine, when "suggestion" was the main curative agent. Today laboratories reduce the personal element in the treatment of disease to a minimum. Millions of patients today are satisfactorily treated in hospitals in which the sick do not know even the names of the attending physicians. Competence is more important than personal relationship. Personal relationship in the practice of medicine today is a myth or a pretence, except in mental cases.

6. It will cause stagnation in medical science.

Answer: On the contrary, it will stimulate research by placing laboratories at a physician's service and by giving him the opportunity to watch the progress of his patient's case from beginning to end (which he rarely has now) and to discuss the case with his colleagues. By freeing the physician from the cares of bread, from distrust of his colleagues, and from thoughts of exploitation, it will free his interest for the scientific study of his patient.

7. State medicine will deprive persons of the right to choose their own physician.

Answer: Children have no choice in their own teachers; students at college or in the universities have to accept the teachers and professors assigned by the boards of trustees. Patients admitted to public hospitals today have no right to choose their own physicians but the treatment they receive is not the worse therefore.

8. Physicians income will be limited.

Answer: Teachers' incomes are limited; so are the incomes of other public servants. The security which an assured income gives, more than counterbalances the lost opportunity for an unlimited (and hypothetical) income. As the servant of the state a physician will be insured against loss of income by reason of disease or accident and old age; he will be eligible to retirement on an adequate pension at the age of 70; his family will be taken care of in the event of his illness or death; he will be given regular vacations, opportunities for

travel and study, etc. All this is worth more than the possibility of earning a larger income by exploitation and fee-splitting and commission-taking.

9. Physicians will be over-burdened with clerical duties.

Answer: No more than school teachers. Furthermore, such clerical duties will be discharged by clerks and bookkeepers. The absence of "sick benefits" (i.e., cash payments to the sick) will do away with most objectionable bookkeeping and with collusion between doctor and patient.

Those who have kept abreast of the times know that a number of philanthropic organizations are advocating some form of socialized medicine, other than State medicine. The system which has the most determined backing favors what is essentially a kind of basely glorified lodge system. The essentials of this system are somewhat as follows: the wage-earners in a particular community organize themselves into a group and hire a group of physicians, including specialists, who are to give them necessary medical services in return for a certain annual fee which is to be divided among the doctors in accordance with arrangements among themselves. Such a system would not improve the quality of medical practice, would not provide medical care to those who could not pay the annual fees, and would not solve the economic problems of the medical profession; on the contrary, cut-throat competition would increase and would pit doctor against doctor and group against group. Politics and commercialism of the most degrading kind would leave the doctor not a shred of self-respect.

Socialized medicine in the form of State medicine, as defined above, is the only system deserving the support of the medical profession. It is the only system which will divorce medicine from commercialism.

What Workers Should Know About Psychology, Psychiatry, and Mental Hygiene

By DANIEL LUTTINGER, MD.

THESE three scientific subjects are very closely connected, and are important both for the physical and mental welfare of human beings.

Psychology

Until not so very long ago psychology was considered as a part of philosophy. In fact all sciences were included at one time in the broad range of philosophy, and as they became more exact, like Physics and Chemistry, they became independent of the parent philosophy, and became the physical sciences, the biological sciences, etc.

Psychology is the youngest of the sciences, and not being as yet firmly established on a laboratory experimentation basis, has many schools. In other words there are many points in psychology still debatable. The two extreme schools in psychology are: (I) the Subjective School and (II) the Objective School.

The Subjective School is also called the Introspective or the Consciousness School. Here the experimenter uses himself both as subject of observation and observer at the same time.

The objective psychology is also called Behavior psychology. Here the experimenter uses somebody else as the object of the experiment.

Neither of these schools of psychology, however, harmonizes with the thoroughly Social Teachings of Marxism, which as we know, aims not only at the theoretical explanation of the phenomena of nature and society but at actual mastery of them for social purposes.

The subjective school of psychology entirely neglects the social agents determining the contents of consciousness of man in his general behavior.

The objective psychology denies the existence of human consciousness or interprets everything in terms of reflexes (a reflex is the shortest response to a stimulus).

As a physician and a Marxist I disagree with both, the extreme objective and the subjective schools. Neither of them actually studies the individual as a whole unit. It has been the custom for centuries to divide man in two parts, the body and the soul. Each differing in nature from the other, in fact, to the exclusion of the other. This theory of the duality of man has left an ineradicable stamp on each of the two schools, where the individual is studied either as the subject or the object. Each of the schools studies human behavior in part only.

Marxian psychology attaches greater importance to social agencies and to their effect on man's behavior. The individual is no more than the product and the sum of social relations. Man became man, the social animal, with the gift of speech and thought, only because he began during the process of adaptation to his environment to prepare tools for production. Labor and the processes of labor are the sources from which sprang the biological changes in the structure of the human organism. Therefore, labor turned man into a social animal connected with others by complex social ties. Speech grew out of the social relations of labor, and together with this thinking in words. So everything that is human, everything that distinguishes man from the beasts is only the product of labor and in this way of social relations. People are governed by social conditions in their everyday behavior.

Psychology, then, should be a unity of the subjective and the objective, a theory of the behavior of a living, integral, concrete individual, in concrete social conditions.

And now I am ready to define psychology as the Science of both Consciousness and Behavior.

Later on we will see how faulty psychology leads to mental and very often to physical disease.



The Role of the Medical Units in the W. I. R.

By WM. MENDELSON, D.D.S.

THE WORKERS INTERNATIONAL RELIEF as a mass organization in its struggle to organize and assist the economic and political struggles of the working class has the following major task to perform.

1. Relief to strikers and their families.
2. Struggle for the welfare of workers and their children.
3. Relief to victims of fascism and working-class victims of natural catastrophes.
4. Cultural development of the workers.
5. Participation in working-class struggles.

It is in the second of these major tasks, the struggle for the welfare of workers and their children, that the Medical Units center their activities on.

The struggle assumes both a large political scope and a narrow individual one. To illustrate: recently there appeared a letter in the *Daily Worker*, in Dr. Luttinger's column, wherein an active revolutionary worker recites a heartrending story of sickness, due to his employment, which resulted in his having to discontinue all revolutionary work, and go from doctor to doctor and from clinic to clinic in the hope of getting some relief. After months of futile effort, he at last appealed to Dr. Luttinger for advice and relief.

To digress for a moment, let us suppose that the worker was engaged in some revolutionary work, and as a result of it was arrested. The I.L.D. would immediately rush to his assistance, a lawyer would be provided for his defense, bail would be secured, and if sentenced to jail, he would be kept in touch with. Through the I.L.D. the working-class movement makes an injury to a worker the concern of the entire working-class, and protects him to the best of its ability.

On the other hand, when the same worker becomes injured or sick, no matter how valuable or active he may be, it is considered to be his private concern. He goes from one medical man to another, from one clinic to another, buffeted from pillar to post, disheartened and discouraged, gives up his revolutionary work and becomes the prey of some quack or cult.

I maintain that it is the duty of the Medical Aid Units of the W.I.R. to protect and advise this revolutionary worker as to his med-

ical needs, just as the I.L.D. would do in his legal defense: nay, not only advise but see to it that he receives the best medical attention possible, either from individual doctors who are members of the Units, or from competent hospitals or clinics.

The Medical Units of the W.I.R. are beginning to realize the importance of this work and are at present engaged in a strenuous campaign to organize a Workers' Health Bureau.

In its larger political struggles the Medical Units, in conjunction with other groups of the W.I.R., must take an active part in the struggles for all forms of social insurance for the unemployed, the old and the sick. It should assume the leadership in the struggle for social welfare, such as, free hospitals, doctors, nurses, medicines, and adequate medical service. It should carry on an active campaign of education for labor protection, such as safety devices on the job, proper protection against diseases due to dust, chemicals or other factors in connection with their daily work.

Not only must it act as a guide and teacher, but it must involve in this struggle all working-class organizations in a given neighborhood and make their demands from the bosses and the government on the basis of day to day needs.

The medical units of the W.I.R. have taken an active part in various neighborhood and national struggles. In the Hunger March to Washington their doctors and nurses gave invaluable service which helped make that march the historic event that it was.

In the neighborhood work it has conducted various health examinations of working-class children, although it has failed to link up these examinations with the larger struggle for adequate and necessary relief that these examinations revealed. It has given first aid in all major political demonstrations of the workers in New York and vicinity.

No one is more keenly aware of the shortcomings of the work of the Medical Units than the members themselves, and as a result a series of conferences are now taking place to thoroughly discuss these activities and shortcomings. We therefore appeal to all doctors, dentists, nurses and other medical workers who are interested in the revolutionary movement to take an active part in the work of the medical units of the W.I.R.

The Wilbur Report on Medical Reorganization

By P. S., M.D.

SEVERAL important questions arise from the Wilbur report which are of the greatest interest to the profession; not only from the economic viewpoint but also from the viewpoint of the advancement of medicine as a science. Looked at briefly the questions that come up in the mind of the general practitioner and of the specialist in private practice are:

1. Is the public going to be assured of the best medical and surgical service that our time can give and is it certain that this service will be distributed to the humblest individual in the community.

2. Am I going to get a living out of it with the standard of material comfort and of leisure which is conducive to the support of the morale and mental activity of a man doing this kind of work.

3. Is it going to be possible for me to acquire the continued clinical and scientific experience which is necessary to advance into the important and difficult work of my specialty and which I, as a normal man, with normal aspirations hope to do.

I will consider first the question of who is going to manage the practice of medicine. I will consider next who is going to determine how much the doctor is going to be paid for his service.

In my mind, medical practice must remain in the hands of the medical profession and must be managed by it. The profession must solve the question of how it is going to give service to city and country dweller alike. The Wilbur report has indicated, and I agree, that medicine should be practiced in centers with the most modern equipment and with the object in mind of giving the best service which medical science added to engineering science can produce. These centers must be distributed according to the previously estimated needs of the community, keeping the factors of population, local public health conditions, and transportation in mind.

What of the division of labor? To what degree are you going to have specialty? Over this question there will be a good deal of intra-mural struggle within the profession. I, for one, feel that the

general practice of medicine by the general practitioner is doomed, and rightly so. It would be very difficult for one to define accurately where his work begins and where it ends. Should he, or should he not, do obstetrics. How much of internal medicine should he attempt to handle? How much of surgery? How much of eye, ear, nose and throat work? How much of neurology? For my part I believe that if medicine is to advance as rapidly as our increase in knowledge warrants, specialty on the part of all after a good general hospital training of two or three years of general work is necessary. The prolonged general hospital training would keep the younger man doing the more simple work of the specialties in rotation. It would give him a good ground work in the entire field before he entered his specialty. This is recognized by all medical educators as necessary if a man is to have the proper perspective once he has chosen a specialty. This means that a man would have to be paid while interning and I have in mind for him a payment equivalent to \$2400 to \$3600 a year in purchasing power of 1933. I say this because I believe the service rendered to the community by these men is as valuable, for instance, as that rendered by a lieutenant of police. Naturally this means the complete revision and organization of our present interne system. It also means the complete reorganization of medicine in the entire country.

After his general work, a man would start to do the work in the specialty which he has chosen exclusively. He would rise in position and salary as he gained more knowledge, more seniority and more experience.

How many men are we going to train? The answer to this question can only be obtained after we have determined from all available data the average incidence of disease, medical and surgical which occurs per given, definitely established, unit of population. We must determine how many hours a day a physician will work. It will probably be necessary to have shifts of 6 or 8 hours, probably less. In those specialties where the public requires 24-hour service, the unpleasant hours will have to be divided in some equitable manner; taking into account reasonable exemption for seniority and age and physical condition of the men.

Having learned the needs of every community, we can estimate the number of men necessary in the entire profession and in the different

specialties. Only that number of men should be trained as are needed to replace those who die off and as are necessary to fill the needs of the possible increase demand created by expanding knowledge, possibly greater specialty and changes in population. It is fairer to the public as well as to the individual who wants to study medicine, that the latter know beforehand that he will be assured of a place in the profession. The time to do the weeding out is before the first year of the study of medicine. The present condition in which we depend on the law of supply and demand to do this for us must end. I believe, however, that with proper distribution of work and with a sincere effort to effect the aims which I have outlined already, there is room for every man who has a license to practice medicine in the United States.

How is the profession to be paid? This question is as broad as the present struggle between capitalism and socialism. I take strong exception to the majority report of the Wilbur Commission when it states that it would form "groups" to be paid in part by insurance companies and in part by the State. If we are going to have State medicine let us have it 100%. I for one do not want to see insurance companies arbitrarily dictating through financial and political power to the medical profession what it is going to be paid for its services. The present low fees paid for compensation work in our State of New York is a practical example of how far this racket can be carried. Indeed the present compensation laws of our State have made of this branch of the practice of medicine one grand racket in which neither the patient nor the doctor is adequately compensated. I do not believe that the medical profession should be composed of competing groups; for if you permit this you bring in all the old fallacies of our competitive medical practice of the present. Inevitably the practice of medicine would take on the characteristics of any other commercial organization with its underpaid workers doing the mass of the work, physical or mental, and with a few politicians on top of the pile taking in large fees.

I believe that the payment should be in the hands of the State, that it should be what the medical profession establishes collectively after a fair consideration of costs as nearly accurate as our present data can establish. Salaries in the higher positions should not vary so much

from those in the lower positions that a political struggle for these salaries would be created within the profession. Advancement in salary and position should be predetermined and assured according to knowledge and experience.

In putting the medical profession into State control the profession itself must never forget that it can never get any fair return for its services unless it has a strong collective bargaining union. This union might be called a "Society" since the medical profession has so much expensive dignity which should not be treated too roughly. It must realize that if the bargaining power of the individual medical practitioner is taken away by State medicine, the bargaining power of the entire profession must not be given away while other branches of industrial endeavor retain their bargaining power. To be specific, if Dr. Smith is told that his minimum salary is to be \$5,000 per year and his maximum salary \$10,000, then he must have a strong union to protect himself from Mr. Brown who is not a physician but because he owns a steel mill or many shares in an oil company or a bank can make his salary by the simple process of appropriating it (commonly called high finance) \$50,000 or \$1,000,000 per year, or as in the case of one of our prominent steel men in 1929, \$8,000,000 a year. To make these higher salaries Mr. Brown must take the money from labor in the form of profits, and the medical profession, whether it likes it or not, is part of labor. Labor of hand or labor of mind make no difference when it is a question of the distribution of the products of industry in our machine-age, indeed this difference in labor of mind or hand could never be differentiated in any capitalist society from the viewpoint of the distribution of the products of industry. The majority report of the Wilbur Commission was weakest in the elaboration of this point.

A very striking find in the Wilbur report was the actual money spent on drugs and medicine. I should like to know what proportion of that \$700,000,000 was spent on the many proprietary preparations which the Council of Pharmacy and Chemistry of the American Medical Association spent so much time and money in condemning; and how much was spent on drugs of no value, sold to the profession itself by companies using high powered salesmen, the advertisements of which crowd every doctor's mail daily. Would it be sug-

gesting too much to banish these companies from business, carry State medicine to its logical conclusion and have the State manufacture all drugs of demonstrated scientific value and only under the guidance of a Council of Pharmacy and Chemistry? The saving to the community would probably equal the expenditure of the Government for one year to all veteran organizations. It is manifestly unfair to ask the medical profession to check its bargaining power and put its practice under the control of the State and at the same time to allow these other people to manufacture drugs and practice medicine in the manner of *laissez-faire*. To let these companies go scot free would mean that phenolphthalein, whether one called it "Laxo" or "Kleeno" would continue to run through American viscerae at a high price to the benefit of Mr. Brown financially; while Dr. Smith would prescribe Diphtheria Antitoxin at a salary fixed by the State.

I have not touched on the questions of Research, Medical Schools, or Public Health and Epidemiology but I am sure that if true equity is the object of all this investigation, they will be fitted into the system in their proper place.

Medicine and Hygiene in Soviet Russia

By PAUL LUTTINGER, M.D.

THE interest shown in the Soviet methods of sanitation and medical practice is so intense on the part of the American public, both laymen and physicians, that we deemed it our duty to collect all the available data for the information of our readers. The series of articles which begin with this issue of HEALTH will deal with the following subjects and will be republished in pamphlet form:

Chapter I—Health Conditions in Russia before the Revolution.

Chapter II—Principles of Soviet Public Health Contrasted with Medical Practice under Capitalism.

Chapter III—Organization of the Public Health Service—Social and Health Insurance.

Chapter IV—The Training of Physicians.

Chapter V—Hospitals—Polyclinics—Shop Dispensaries—Night Clinics—Sanatoria—Rest Homes.

- Chapter VI—Pharmacy and the Drug Industry.
- Chapter VII—Physical Culture.
- Chapter VIII—General Diseases.
- Chapter IX—Tuberculosis.
- Chapter X—Venereal Diseases—Treatment and Prevention.
- Chapter XI—Infectious and Epidemic Diseases.
- Chapter XII—Vaccination—Serums and Vaccines.
- Chapter XIII—The Problem of Abortion.
- Chapter XIV—Protection of Maternity and Infancy.
- Chapter XV—Medico-Social Problems: Industrial Conditions—Marriage—Divorce—Health Propaganda.
- Chapter XVI—Scientific Research and Medical Literature.

CHAPTER I

HEALTH CONDITIONS IN RUSSIA BEFORE THE REVOLUTION

There is no record of any trained physicians in Russia before the Sixteenth century. During the reign of Ivan IV, "The Terrible," four physicians, two surgeons, eight surgical dressers, eight barber-surgeons, and four apothecaries were sent from Germany to Russia; but there is some doubt as to how many of these trained medical men actually reached the country. In 1557, the Russian Ambassador brought two English physicians to Moscow. The first Russian medical publication was not printed until the end of the century.

Peter the Great founded the first hospital in 1706 and the first medical school, a year later. It was he who organized the medical service for the army. Queen Catherine II was innoculated against small-pox by an Englishman and she founded a medical college, hospitals for the insane and venereal diseases; as well as foundling asylums. In 1884, there were only five medical colleges; four of which were affiliated, respectively, with the Universities of Moscow, Dorpat, Kharkov and Kazan, and the fifth one was the Medico-Chirurgical Academy in St. Petersburg. This Academy became the Military Medical Academy, in 1835, and was the only one in the entire Russian Empire that gave a more or less systematic course of lectures on the various branches of medicine and surgery.

It was Pirogov (1810-81) who as Professor of Surgery at the Military Medical Academy, in 1840, introduced dissections and pathologic anatomy in the curriculum of the institution. During the nineteenth century, a number of Russian physicians acquired an international repu-

tation. Among them the names of Metchnikov and Pavlov are the best known in this country.

While the larger cities were relatively well supplied with physicians, the Russian countryside was almost destitute of trained medical men. Medical services were rendered by unskilled individuals, sometimes by clergymen and in the more favored districts by "feldschers" or partially educated medical workers. The Russian peasant, as well as the city proletarian, was unable to afford the services of a physician, even if there were any available. While the medical departments of the universities were adequately equipped and the medical students were well-trained, their number was entirely too small to provide medical and hygienic services for the vast majority of the Russian people. As to hospitals, there were only a few scattered in the larger cities of the Empire. The rich industrialists and landowners were able, of course, to obtain the services of competent physicians in Russia or could go abroad whenever the necessity of consulting a specialist would present itself.

It is no wonder, therefore, that the mortality and the morbidity rates were extremely high in the Russian Empire, before the Revolution. The main causes of the high mortality, which next to the Balkan countries and to Spain was the highest in Europe, were due to the chronic malnutrition of the rural population, the periodic famines, the frightful epidemics of infectious diseases, an almost complete lack of medical care and the failure of the Czarist government to organize a public health system for the prevention of disease. It was to the interest of the Czarist government to keep the mass of the people at the lowest cultural level possible, both materially as well as intellectually.

The mortality during the five-year period of 1901-1906, for instance, was 30 per thousand; while the birth rate was 48.1; leaving an excess of 18.1 per thousand. In 1928, on the other hand, the birth rate was 41 per thousand of population, while the mortality was only 17.9, leaving an excess of 23.1.

The result of this diminution in the death rate and the excess of births over deaths is a rapid and enormous increase in the population. This increase is now the highest in the civilized world. Every year there are three and a half million Russians added to its total population of 160,000,000. In all the countries of Europe with a total

of 375,000,000 inhabitants, only 2,750,000 are added annually. While the European increase in population is diminishing every year, the Russians are increasing, *even in the large cities*. Thus in 1928, Moscow showed an increase of 8.8 per thousand. At the same time, the rate was only 4.7 in Vienna; 2.5 in Berlin; 1.9 in London, and only 0.3 in Paris. The mortality in Moscow is less than that of London and Paris. The rate in Moscow for the year 1928 was 12.9 per thousand; while that of London was 13.8 and that in Paris was 15.1.

There is no fear that there will be no room for this enormous increase of the population. One must remember that the U.S.S.R. occupies 8,336,864 square miles of territory which is three times as much as that of the United States and thirty-eight times larger than France.

Before the Revolution, in 1913, there were 3,642 medical districts in the Russian Empire; in 1930, there were 10,127. In 1913, there were 6,910 hospitals; in 1930, there were 10,135 hospitals. Before the Revolution there were 26,000 physicians in Russia; in 1931, there were 76,000, or nearly thrice as many. The number of hospital beds in 1913 were 175,000 for the entire Empire; in 1930 there were twice as many, namely 351,000. Before the Revolution there were ten medical schools; in 1932 there were thirty-eight medical schools in the U.S.S.R. To these may be added 252 medical *technicums* for the training of nurses; the number of these being only three or four before the Revolution. In 1913, there were only 2,322 women physicians; while in 1932 there were 29,980. Before the Revolution the infant mortality in Russia did not show any signs of diminishing for forty years preceding the World War. It was one of the highest in the world; being surpassed only by the infant mortality of India, Roumania and Hungary. Between 1906 and 1910 the infant mortality was 24.7% for the whole Empire. Owing to the liquidation of misery and ignorance (over 75% of the population being illiterate under the Czarist regime), infant mortality in Soviet Russia compares favorably with the most advanced European countries. According to the statistician, Guens, there are nearly three-quarters of a million infantile deaths less every year than there were under the regime of the Czar.

Before the Revolution the budget for public health was almost non-existent, except in those provinces which had self-government (*zemstvos*). In 1912, in the thirty-four provinces of European Russia which

had the *zemstvo* system, the total expense per head yearly was 66 kopeks. In 1913, for the entire Russian Empire, the average was 90 kopeks per head. In fourteen provinces, only did the public health budget amount to more than one ruble per head and in four of the provinces, less than 10 kopeks were spent on public health. For the year 1932-33 the expenditure for public health, in Soviet Russia, amounted to 17 rubles and one kopek per inhabitant. The average budget for the cities amounted to 51 rubles and 43 kopeks per head.

There were no anti-malarial stations before the Revolution. In 1927 there were 102. There were nineteen Pasteur Institutes in 1913; in 1927 there were 50. There were a few tuberculosis dispensaries in 1913; there were 248 in 1927. There were no venereal disease dispensaries or stations in 1913; there were 159 in 1927. There were twelve bacteriological Institutes in 1913; in 1927 there were 37. There were 29 bacteriological laboratories in 1913; there were 189 in 1927. There were a few first-aid stations in 1913; in 1926-27 there were 1,064. There were four physiotherapeutic institutions before the Revolution; in 1926 there were 94.

In 1913 the rate of venereal disease among the soldiers was 12.8 per thousand; while during the period of 1924-27 the rate was only 8.02. Infant mortality per thousand of living births in Leningrad was 270 in 1916; in 1930 it was 141.

The above figures were gleaned at random from the writings of Dr. A. Roubakine and a number of articles on the public health situation in Soviet Russia which appeared from time to time in the last five years. I am indebted to some of my Russian friends for translating several of the statistical charts and tables which are officially issued by the Soviet government.

In no country in the world are figures and statistics so highly regarded as in Russia; and rightly so: In the Union of Socialist Soviet Republics, the entire national economy is developed according to a pre-conceived and established plan. It is the country of planned economy, as contrasted with capitalist countries where the various industries, including public health, do not follow any plan but take place in the midst of complete anarchistic disorder. The Russian statistics are merely the mathematical expression of that great and glorious political glow which followed the Revolution.

How About Your Glasses?

By WILLIAM BELL, *Opt.*

TO ONE not versed in the field of optics, the proper use of the terms oculist, optometrist, and optician is somewhat confusing. Of the three, probably the least comprehended is the optometrist.

Etymologically considered, the words optometry and optometrist are comparatively new. Legally, an optometrist is defined as one who . . . "employs any means other than the use of drugs, for the measurement of the powers of vision, and the adaptation of lenses for the aid thereof."

Essentially then, the field of optometry is limited to that borderline beyond which is the domain of medicine and surgery proper. In the past, this optometric field has been quite circumscribed, being in fact confined to the adaptation of lenses for the correction and conservation of vision. Of late, however, the services of optometry have embraced eye hygiene, illumination, psychology of vision, the protection of eyes from occupational hazards, the charting of form and color fields, and even various forms of physiotherapy.

The work of the optometrist naturally makes him an ally of the physician. The modern optometrist is trained to differentiate and distinguish between normal and pathological conditions. This holds for both general and ocular pathology. In the latter case, the optometrist refers this patient to a physician specializing on the eyes, or as he is technically referred to, an oculist (also ophthalmologist).

The great majority of optometric cases are not pathologic. Because of this, refraction (or the examination of the eyes for glasses) has never really had any great appeal for the physician. Historically, it is true that because of the physicians' neglect of refraction, the evolution of the optometrist naturally came about. The tale of this evolution is exceedingly an interesting one, but quite outside the scope of this article.

The last mentioned of the above three individuals is the optician. For our present purposes, he can be thought of as the artisan skilled in the fitting of frames and in the filling of prescriptions for glasses. It can be seen, then, that the optician is analogous to the pharmacist and dental mechanic. Every optometrist, incidentally, receives in his training, the practical work done by the optician. For economic rea-

sons, most optometrists do the optician's work as well, so that it is probably because of this, that the identity of the optometrist is not as early defined as it might be, in the public mind.

Regarding the deficiencies of vision, most people are aware of two fundamental divisions: near-sightedness and far-sightedness. Just why they were so named, is not known. This statement is made because these terms are unfortunately not representative of these conditions. For example, it is meant that vision is near-sighted when distant objects are indistinct. It is not generally appreciated, but it is nevertheless true, that this individual might not be "near-sighted" at all! In fact, he may require the same type of glasses that is given the so-called "far-sighted" person.

The point we wish to bring out, is that "near-sightedness" and "far-sightedness" mean nothing as far as describing the anomaly it is supposedly referred to. The proper terms are (and which should be generally used) myopia and hyperopia. Several facts about these conditions may clear up a lot of misconceptions—a mild condition of myopia does not necessarily mean distant vision. Indeed, such individuals will claim to have very good eyesight. They will admit, however, that they do not see comfortably. On occasion, their eyes tire; become red and not infrequently suffer eye aches. The same condition in a person "indifferently built—or phlegmatic—will be perfectly happy and serene as far as vision, eyesight or any aches are concerned.

A similar example of a mild "far-sighted" eye in the case of a hyperopic individual will most probably enjoy comfortable and perfect vision at all distances. This may not hold true, however, for marked degrees of hyperopia, a condition still referred to by the laity as "far-sighted." At this stage the excessive amount of "far-sightedness" actually acts as a hindrance for distant, clear vision. And for near distances? Well, "ask the man who owns" such a pair of eyes. Lo and behold, our "far-sighted" brother sees even worse, several inches away from his nose.

Hence, let us forget these misnomers and remember instead, myopia and hyperopia. Let us also remember that these terms, far from applying to the state of vision, are only significant in their physiologic and anatomic information which they give us.

Occasionally we are told by people wearing glasses that Dr. So-and-So, to whom they went for refraction, told them that it was fortunate they came to him in time, for in another two weeks or so, they would have gone blind because of their old glasses! Should this have happened to any one of you readers, I think we can safely assure you of the untruth of any such assertion. If it is not deliberate lying or intimidation on the part of these estimable (?) gentlemen, it is gross ignorance, which is even worse!

Every now and then various "health fads" pop up." The eye, being a very vital organ to most people—some do not think so—partakes of these circus acts. Not the least among these fads pertaining to the eyes, is the claim that by exercising the eyes according to Dr. This-and-That's method, you can eventually throw away your glasses.

We would caution you against your undertaking any sort of exercises for your eyes, without first having consulted a reputable optometrist or oculist. Far from there simply being very little truth in such claims, they become outright dangerous when applied indiscriminately and ignorantly.

The same conditions that ethically prevents a physician from making a positive diagnosis at long range, acts similarly with respect to your eyes, mine and everyone else. Your eyes and mine, although they may both require the same type and strength of lens, may be physiologically vastly different. Indeed both eyes may be exactly opposites to each other.

We are not belittling the value of exercise. Exercise is very beneficial when correctly applied. This is true, however, of all types of exercises. The trouble, however, arises from the fact that very few people can apply it intelligently or scientifically as to derive benefit. Exercise ceases being exercise when not properly done. Hence, unless you are competently advised, leave your eyes alone. The normal pair of eyes requires very little additional exercise or none at all.

Another point most people do not realize, is that most of our myopic and hyperopic states of vision are due to anatomic reasons. It would, therefore, be as silly to expect improvement from ocular exercises, as it would be to expect to add to or shorten several inches from your height! Indiscriminate exercising will not shorten an eye that is comparatively too long. On the contrary, it may even make it longer!

This strong desire to do away with glasses, on the part of those who have to wear them, is not unnatural. At best, it is a constant reminder of our helplessness to cope with those invisible and irresistible forces brought about by our unnatural mode of life. But it is the best that can be done at the present time, and until the necessity for the use of glasses can be done away with, it is well for all of us to put up with them.

Ignoring the necessity for glasses, has its practical and at times, grave consequences.

Thus, it is not at all infrequent to find the normal functioning of the stomach, or the "nerves" interfered with. And the same holds true vice versa. Your irritability, your impatience, your not being able to concentrate, may come from your eyes.

If this is all, you can consider yourself fortunate, for suitable glasses will correct your impaired ocular condition and work wonders otherwise. Many, however, do not escape so easily for the neglect of their eyes. Only too frequently do we find young people for whom nothing or very little can be done. In these cases, long neglect has deteriorated the mysterious working of the optic nerve and while no disease has crept in, yet the price has been paid. And what a price! These people may never enjoy the exquisite details of the world around us, but must be confined to seeing grosser and larger objects. This condition is called "amblyopia"! The best minds in the eye field are divided in their opinions concerning the restoration of full normal vision in these cases. The wearing of proper glasses then, is of inestimable value to you.

A statement that is frequently made by many is that "I have become so used to glasses, that I can't see any more without them."

There is a deserving answer and explanation due these people. In a restricted sense of its meaning, it is true that one "gets used to his glasses." But this "getting used" is no more different than our getting used to electricity, the telephone and rapid transportation. All this including "getting used to glasses" represents such improvement in our physical comfort that we do not wish to do without them.

In fact, why should you want to. With your glasses off, aren't you really in that original condition, which as you will remember, caused you to take yourself in hand and "see about my eyes"!

HOW STERILIZATION WORKS IN GERMANY

B. R., Newark, N. J.—So far, we have little information regarding the practical application of the sterilization law in Germany. On March 5, the Eugenics Court in Germany opened its first session and ordered several persons to be sterilized. There are no details about the cases. The names of the defendants were concealed and the public was *verboten* to enter the Court. The proceedings were absolutely secret and we are therefore unable to judge whether the trial was a fair one or not. Judging by analogy, we are inclined to believe that it must have been an unfair trial, until the details regarding the nature of the cases are made public.

"Doctor" Shelton

Margaret F., New York—The Dr. H. M. Shelton who was scheduled to speak before the Vegetarian Workers Club is not a doctor of medicine. As far as we know he is not entitled to the title of "Doctor." His full name is Herbert M. Shelton and he has the following string of initials after his name: D.P., N.D., D.N.T., D.N.Sc., which do not mean anything and which the "Doctor" had conferred upon himself. Although he is not a physician, he has written numerous booklets and articles and has invented quite a number of cults. His latest cult is *Orthotrophy*, a non-existing "science" which is as imaginary as his titles. He is also the "founder" of the International School of *Orthopathy*. This is a brand-new medical fake which does not seem to be doing very well from a financial point of view; hence his reappearance in New York where he is trying to ingratiate himself with the more gullible workingman. He used to be one of Macfadden's lackeys in the *Physical Culture Magazine* and the *Evening Graphic*.

It was a mistake on the part of the business management of the *Daily Worker* to allow an announcement of this quack's lecture to appear in the paper.

SIZE OF THE MALE ORGAN

Ernest P., Philadelphia, Pa.—The average size of the male organ is about three inches when flaccid and about six inches when erect.

It is not true that the penis must be eight or ten inches for satisfactory intercourse. As a matter of fact, the size of the organ has nothing to do with the art of love. It is the general manner, the preliminary endearments and the ability to withhold ejaculation for a certain period of time which determine satisfactory relationship. We cannot advise you how to go about this matter, nor can this be taught satisfactorily even by word of mouth. You must learn by the trial-and-test method and if you are really as anxious to please your mate as your letter seems to indicate, we have no doubt that she will love you; even if you do not succeed in "satisfying" her at the beginning. The main point to remember in your relationship is that you must be considerate of your partner's feelings. This means that selfishness has no place in sexual relationships. You must make sure that your mate comes to a pitch or reaches an orgasm before you. Later on, when you have become adapted to each other, you might be able to reach this point simultaneously.

SULPHUR DIOXIDE IN FOOD

Mrs. Lillian M., Omaha, Neb.—The amount of sulphur dioxide in syrups made of molasses or cane sugar is about one hundred to two hundred parts in each millionth part of syrup. The amount of sulphur is too small to cause any injury to a healthy adult; but when an individual is below par, especially when he is suffering from inflammation of the intestinal tract or when this syrup is given in large quantities to children, sulphur may cause irritation, may aggravate the inflammation, and might become the cause of prolonging the condition. The same may be said of the sulphur dioxide which is used on dry fruits and on flour which is bleached with the same agent. While it is true that natural-food faddists have exaggerated the harmfulness of sulphur dioxide in our food, it is nevertheless a fact that it is liable to cause injury to delicate people, particularly infants, and to the sick. As there is no necessity for using sulphur dioxide, we must condemn the practice of using it as a preservative or as a bleaching agent for our food. All poisons—and sulphur dioxide is a poison—are *liable* to cause harm, no matter how much we dilute them. Food should not contain any poisons, even in the smallest quantities allowed by the Food and Drug Act.

SKELETONS OF BABIES IN A CHURCH

Morris F., New York—The finding of a number of babies' skeletons in the cellar of a church, during the War, does not necessarily imply immorality among the priests and nuns attached to that church. In many parts of the world, adults as well as children, have been buried under the floor of the church. At one time it was considered an honor to be interred in so "holy" a place.

SATYRIASIS

B.B.B., New York—Your long letter shows plainly that you are suffering from the above disease. We are sure that you are *not* insane. Your condition is mainly a state of mind and castration might interfere with your capacity for doing harm; but will not cure your inclination nor desire. If you would let us have your address, we should be glad to refer you to a psychoanalyst who might be able to dig out the cause of your extreme sexual excitement.

THE JUVENATOR

An Inquirer, St. Louis, Mo.—The contraption called "The Juvenator" which they want to sell you for \$10.90 is nothing but a masturbating machine. It can no more restore virility or cure impotence, than a louse can cure dandruff! Don't waste your money on this fake.

LUMBAGO

M. F., Providence, R. I.—We are not sure that you are suffering from lumbago. We regret that we cannot diagnose your case without further detail. You might think we are dumb; but if you stop to think that backache might be due to many causes, you may decide that we have a right to be cautious. For instance, your pain in the back might be due to being underweight, because the lack of fat in the tissues and around the kidneys means that there is not sufficient padding for the internal organs. When the kidneys or intestines drop for lack of padding, you are liable to develop a pain in the back. The opposite might also happen. When there is too much fat in the tissues, the bones, ligaments and muscles of the back are put to a strain due to the excessive weight. Bad posture, faulty standing or sitting at a desk will cause muscular strain and backache. We know many women

who suffer from backache because they wear excessively high-heeled shoes. This throws the body out of balance and causes backache because of the strain on the muscles of the back. Backaches may also be due to what is known as focal infection in the tonsils, sinuses and abscessed teeth, where the toxins (poisons) manufactured in these diseased organs are absorbed in the distant part of the body which happens to be a point of least resistance and where pain develops. When the uterus (womb) is tilted too far backward, a person is liable to develop backache. We know cases where a chronic appendix caused backache for several years. This was treated as lumbago with various pills and powders; but the backache always returned. It disappeared after removal of the appendix.

From your letter (typewritten) we cannot tell whether you are a male or a female; but we have told you enough about backaches to make you realize that an ache in the back should not be treated as a disease. The *cause* must be found and removed before a complete cure can be achieved. Write us more fully; giving us as much detail as possible. Do not forget to have your urine analyzed because kidney trouble is also an etiological factor (cause) of backache.

LETTERS TO THE EDITOR:

If you are in pursuit of Happiness; longing for a Shining Hour in which to forget there ain't no Peace on Earth, ready to leave behind you the Wind and Rain of March and April, well, then, All the Kings Horses shouldn't keep you away from our May Party and Dance.

We've set the time—May 12, 1934, 8:30 P. M.

We've got the place—Hotel Ruxton, 50 West 72nd St., N. Y. C.
Come and bring your friends. Subscription 50 cents. Tickets obtainable from Mrs. J. Auslander, 520 W. 110th Street, New York City
Refreshments, games, and cards.

Telephone Clarkson 2-2616.

ALLIED PROFESSIONAL COMMITTEE TO AID
VICTIMS OF GERMAN FASCISM

438

Owing to lack of space, Answers to Questions and other material had to be left out for the June issue.—EDITOR