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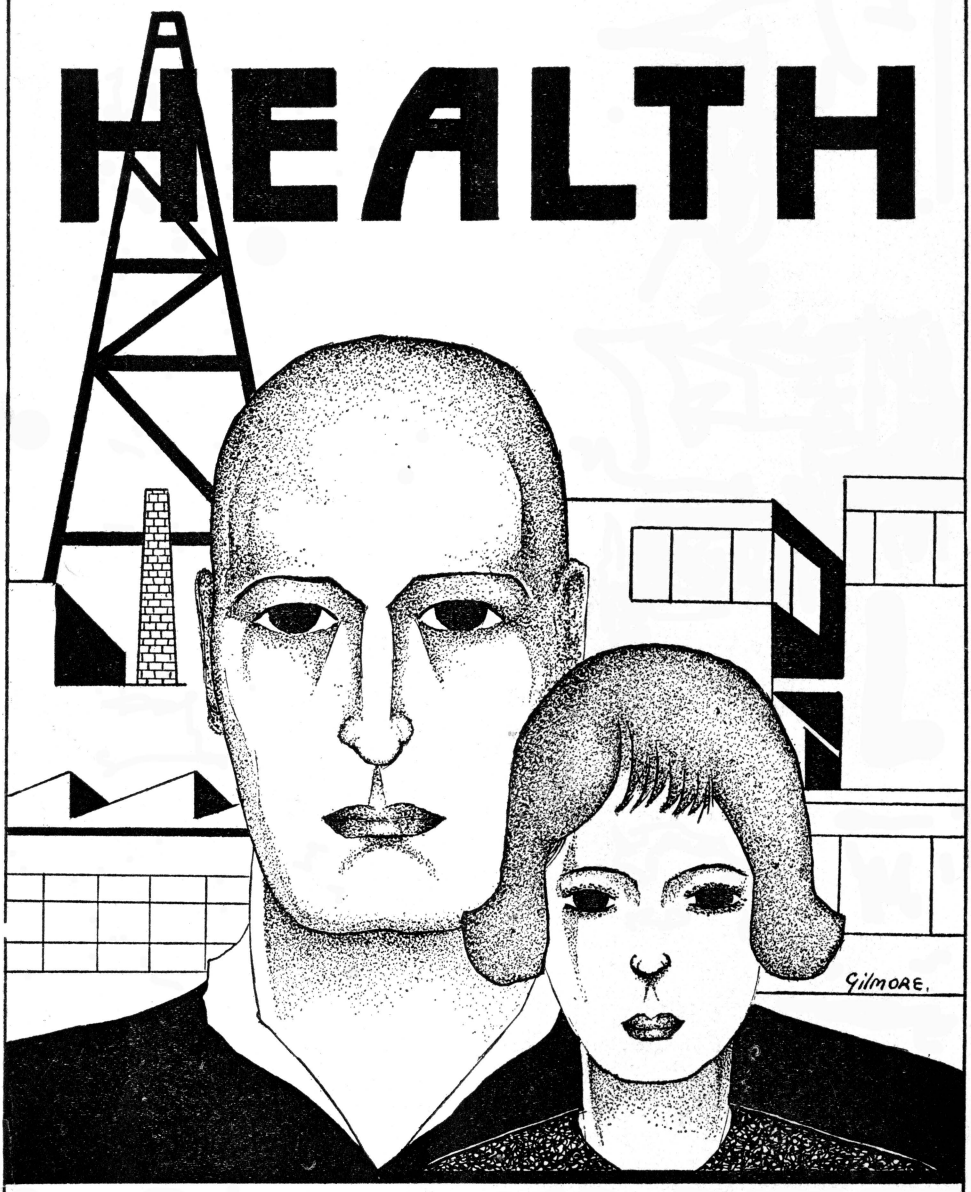

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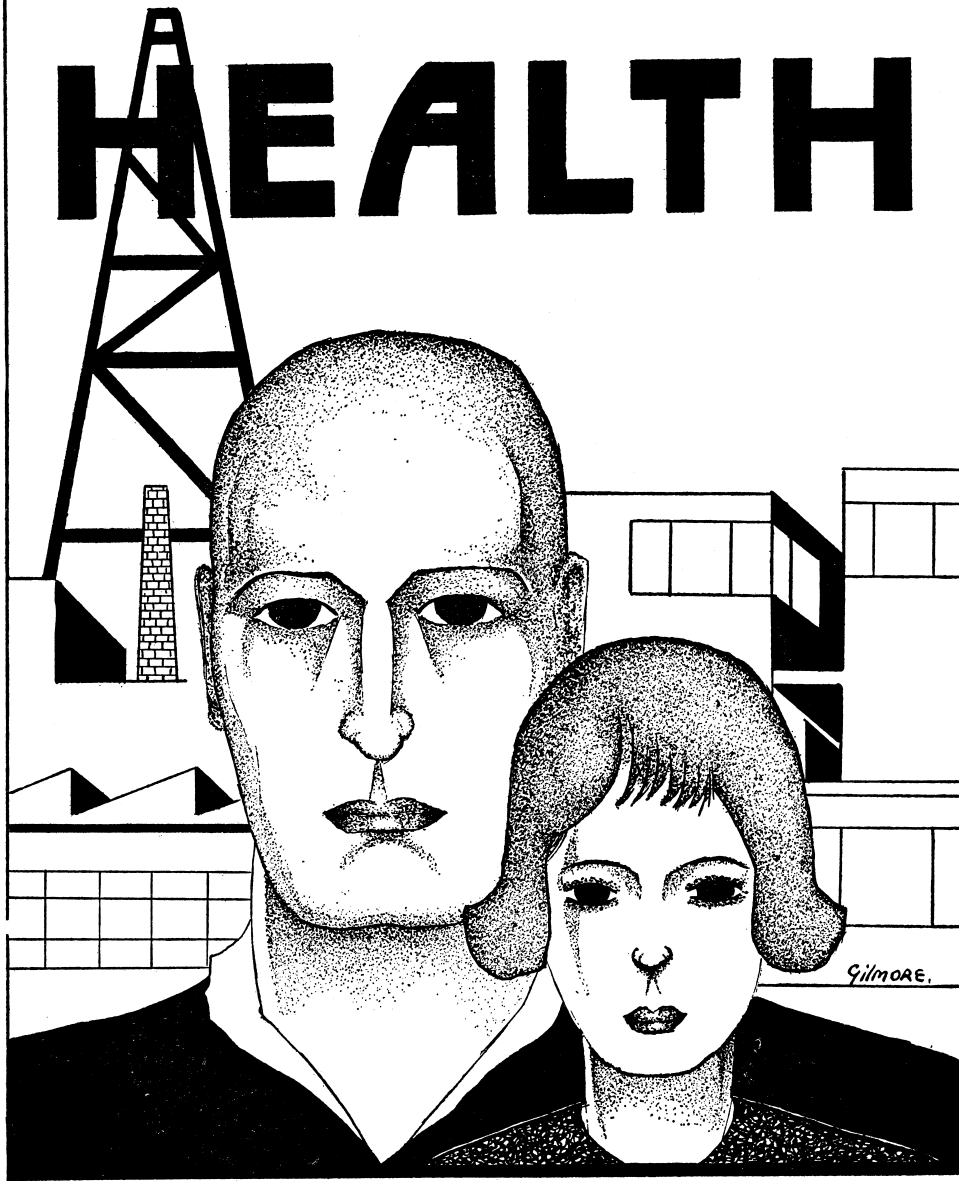

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A monthly periodical for the discussion of personal and social health questions and for the reorganization of the medical profession

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Editorial

THE ROSS-LOOS MEDICAL GROUP

IN 1929, Dr. Donald E. Ross, a Canadian, graduate of a British medical college and Dr. E. Clifford Loos, a brother of Anita Loos the author, and a graduate of Stanford University, established what is known as the Ross-Loos medical group, in Los Angeles, California. This group now occupies a large five-story building, elaborately equipped for clinical purposes, employing 55 physicians and 110 other medical workers; operates an ambulance service; maintains physicians in 20 suburban towns and have a number of subscribers which with their families and dependents reach the number of nearly 50,000 persons. Among the 50,000 members of the Ross-Loos group there are 2,250 employees of the Department of Water and Power, 2,900 public school teachers, 1,375 county employees, 1,075 firemen, 1,750 policemen and 1,200 Los Angeles city employees. Each subscriber to the Ross-Loos medical service pays two dollars a month, or 24 dollars a year, regardless of the size of the family.

While the private medical practitioners of Los Angeles and vicinity were steadily losing patients and income during the depression, the Ross-Loos group prospered exceedingly. The Wilbur Committee on the Costs of Medical Care in referring to the Ross-Loos Clinic re-

ported that "through a system of voluntary health insurance, employees in Los Angeles were able to purchase medical service for themselves and dependents for slightly over $2 per month. They received far more care than similar economic groups were able to purchase from private practitioners and it was equal or superior in quality."

Instead of organizing and supplying similar service to their patients, the physicians of Los Angeles first raised the cry of the "horrible" spectre of socialized medicine and when this did not improve matters and they began to feel the economic pinch, they summoned the two physicians before the County Medical Society and charged them with solicitation, advertising, fee-splitting and other unethical practices; particularly with violating a section of the medical code which declares that it is unprofessional for a physician to "dispose of his services under conditions which interfere with reasonable competition among the physicians of the community."

In due time Doctors Ross and Loos were expelled from the Los Angeles County Medical Society; but the two expelled members are appealing to the State Medical Society and are determined to bring it before the American Medical Association for a final decision. The whole case might eventually find its way into the courts and the medical profession in California are up in arms against what they call paternalism which, in their opinion, will lead to health insurance and state control of the practice of medicine and surgery. To prevent such a "terrible" state of affairs from happening, the Medical Society is ready to fight with all the resources at its command.

To those familiar with Marxian economics, this cry of unethical practices and paternalism is sheer hypocrisy. We know where the shoe pinches: The Ross-Loos group is treading on the economic corns of the private practitioners and if allowed to continue in its development, it threatens the outworn frame of the medieval medical organization and the very existence of the medical branch of the capitalistic scheme. That a clash between the old and the new methods of medical service was apt to occur, sooner or later, has been predicted by some of us for years. The only retort to our argument was the accusation that we were "Bolsheviks!" But invective is no argument and in spite of the cry of "ethics" and other shibboleths, the laws of

economics will continue to operate among physicians as it does among other professions and trades.

Incidentally, we are tempted to ask the question: If the Ross-Loos Clinic can furnish all medical service a family needs for the sum of 24 dollars a year, why cannot such clinics be established in every popular center in the United States? What was done in Los Angeles, can surely be done in Chicago and in New York! Are the intelligent members of the medical profession going to follow the example of their Los Angeles colleagues or are they going to serve their fellowmen in accordance with modern economic conditions? Will the younger generation of surgeons and physicians be scared away by worn-out catchwords and slogans—or will they follow the true task of medicine of protecting the well and healing their sick follow-workers? Will they stand on their "dignity" or will they serve? We have no doubt as to the final outcome: In the medical, as well as other fields, the laws of scientific economics must ultimately prevail!

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

PSYCHIATRY

PSYCHIATRY is a medical specialty, it is both an art and a science. It includes the study of all the physical and mental symptoms of mental disease and defect and also the treatment of mental disease, and the care of the insane.

There is a difference between a person who has a mental disease, and an insane person. Insanity is really a legal conception and not a medical one. A person whose mental disease or mental abnormality is so serious that he becomes a menace to the community or to himself, is serious enough to warrant commitment to an institution; looses his freedom and citizenship and is declared insane by law. A person may be mentally diseased without being insane.

There are at present about 300,000 insane persons in federal and state institutions, each one of them costing $4.50 a day—a total of about $1,250,000 a day or about a half a billion dollars a year. At the present rate of admission to these institutions, there is no doubt that the number of the insane will be reaching the half million mark by 1950; ultimately costing the people of the United States close to a billion dollars a year. But this is really a small amount compared to the vast cost of our people for other mental diseases. Crime, for instance—the mental disease of all mental diseases, costs our people about ten billions of dollars a year. Furthermore, we have hundreds of thousands of mentally sick who are not in institutions, but who nevertheless are incapacitated from lucrative employment, and who are a burden to society, costing us billions of dollars yearly. All in all it has been conservatively estimated that the mental diseases cost our people about fifteen billions of dollars yearly—almost enough to comfortably support our present 16,000,000 of unemployed.

Causes of Mental Diseases: You can readily realize the importance in knowing the causation of the mental diseases. Only a thorough understanding of the etiology (causation) of the mental diseases will help us in doing preventive work along this line. But here we meet with a very much disputed question. Are the mental diseases due to heredity or are they caused by environmental conditions. Of course it would be a blessing to the ruling class to be able to blame the mental diseases entirely on heredity, pass adequate laws, such as sterilization—the majority of the Marxists could be caught in this net—and in a couple of generations probably be entirely relieved from the burden of caring for the mentally sick.

However, it has not as yet been conclusively proven that the mental diseases are transmitted directly through the "germ plasm," that is, that they are strictly hereditary. To be sure a predisposition, that is a liability, to mental sickness is inherited, but even this predisposition, in my opinion, under ideal environmental conditions, will be healed by kind Mother Nature.

Now, then, we must lay more emphasis on the environmental factors of the mental diseases, and these causes are quite numerous.

1. Insecurity due to unemployment, providing worry (which is nothing but a constant fear) will ultimately exhaust the glands of

internal secretion, disturb the chemistry of the body and precipitate a mental sickness.

2. Syphilis, untreated, is responsible for about 25 per cent of the admissions to the hospitals for the insane.

3. Chronic alcoholism accounts for 20-25 per cent of the admissions.

4. Infectious diseases, such as tuberculosis, typhoid, predispose to mental diseases.

5. Inability to adjust oneself to the environment, due to either faulty general education, or distorted sex education, and sexual repressions will very often create a mental disease.

6. Toxins or poisons or poisonous gas, occupational poisons such as lead, carbon monoxide, arsenic, phosphorus.

7. Last, but not least, starvation.

By systematic elimination of the above preventable causes, Soviet Russia is well on her way in the liquidation of the mental diseases of her people. Will the capitalist countries follow suit, or can they?

Answers to Questions

Fear

N. S., Brooklyn—Your case is not as hopeless as you are inclined to believe. I do not think that you are, nor that you will become insane. As an unemployed party member you are welcome to a few free consultations at our office until we can set you right.

Bed Wetting

D. B., Brooklyn—This condition of your fifteen-year-old daughter should have been looked into at her third or fourth year. You should take her to a physician, and find out if there is a physical cause, such as worms, local irritation, or abnormality of sexual organs. If no physical cause can be found for her condition, then there must be some psychological cause, and the case should be treated psychologically.

Inability to Sleep

P. N., New York—At your age, without any organic disease, inability to sleep is almost invariably due to a faulty sex life. If you can afford the luxury of marriage, go to it with our blessings, but remember the complications of matrimony.

D. L.

Workers and the Turpentine Industry

By E. LIPPINCOTT and ROBERT LEHR

ONE morning several years ago a healthy insurance underwriter came into his sunny office in downtown Atlanta. He sat at a polished desk and opened the mail. Out of a long brown envelope marked "confidential," he yanked a little bulletin, and rapidly uncreased it. The insurance underwriter was a very busy man; he didn't intend to spend more than a minute studying this confidential bulletin —a report to insurance men and selected industrialists on the hazards of turpentine to workers in that industry, and in related industries.

The underwriter didn't like to read unpleasant literature, so he squinted a little in pain as he read a list of some symptoms and the effects of turpentine poisoning on workers. He read that the men who put tin troughs and clay pots on the slashed trees in Southern pine forests, to catch the dripping pitch, are "prone to a low grade dermatitis." That just means they were likely to get skin disease from their miserably paid work. Then he read that employees in turpentine distilleries and refineries were subject to *acute* dermatitis, severe irritation of bronchial tubes, throat and lungs, and severe renal (kidney) ailments.

The report on the hazards of turpentine then said something about the effect of the chemical on housepainters, enamellers, lithographers, textile workers and others.

As he sat there in his sunny office, this particular underwriter wasn't much interested in what turpentine, or benzol either, did to the skin or lungs of painters, enamellers, lithographers and textile workers. He *was* somewhat interested, however, in the effect of the volatile liquid on men who worked in the pine forests of South Carolina, Georgia, Florida. As an insurance underwriter he had to know just what risks those workers ran of getting sick or dying from exposure to the raw fumes of turpentine. If they got sick too often, or if too many of them died in any industry, the insurance companies would have to hoist the rates in order to keep up profits on the policies.

It was this desire to keep the rate of profit on industrial insurance policies at a high level, that caused some American insurance corpora-

tions some years ago to finance a laboratory out in Cincinnati. This laboratory is in charge of a skilled toxicologist, who has doctors, chemists and technicians at his command. The institution is called "The Industrial Health Conservancy Laboratories." In its offices a file clerk can look up a typwritten report, or dig into a cabinet, and tell you what percent of the workers in the National White Lead Company plant suffered from lead poisoning last year. A good looking secretary saunters up to a desk humming a dance tune and lays down a memorandum full of figures on the number of cement plant workers that probably died of silicosis or tuberculosis in 1930.

Don't get us wrong—this laboratory doesn't put out its valuable information to workers. The reports are for insurance companies and industrialists. They are a great aid to an underwriter trying to calculate how high a premium he should charge on an industrial policy. This report an Atlanta agent was scanning stated:

> "The manufacture of turpentine, because of racial restrictions in underwriting, provides a relatively small number of applicants to engage the attention of the underwriter."

Plainer, more downright English would read:

> "Negroes are the only people who work in the turpentine industry. We don't insure negroes who work in this game."

Why aren't negroes eligible for insurance if they work in the pinewoods gathering pitch, or in distilleries or refineries? The answer is that the health hazards of such work are too great to make the workers good risks.

In the Southern pine forests about twenty-five thousand workers produce turpentine. They attach troughs and pots to trees, collect the pine pitch, haul it to small-scale distilleries parked in the middle of the deep woods, heat the pitch in a cauldron. The volatile fumes rise to the top of the kettle and escape through a coil, emerging as gumspirits of turpentine.

Of these twenty-five thousand workers in the turpentine industry in the South, 89½ percent are Negroes. Any distillery foreman will tell the inquirer: "This isn't any work for a white man."

Skin disease, kidney trouble, bronchial coughs, are so common among these workers as a result of long exposure to the fumes, that they can't get insurance at any price.

"Oke," thought the underwriter as he finished reading the report. He chucked the bulletin into a tray with the thought, "Any fool knows we don't insure negroes who work in the turps camps."

But that's only part of the story of the workers in the turpentine industry: a Florida automobile tire salesman told us:

"The turpentine business has been hit so hard in the depression that the men who own distilleries have had to make nearly all their profit out of their commissaries, their company stores. You see, those camps strung out all through the woods have about forty or fifty workers apiece. Around ten of them work in the distillery, and the rest gather the gum from the trees and bring it into camp. During the off-season the manager of the camp advances them credit for grub and clothes. They live in company shacks, get their rent free. They're always in debt to the company, so they sort of *have* to trade at the store. Beside, they're stuck way off in the woods, a hell of a way from any town. So the manager is able to make a little extra money on the side."

An old story, and this time the scene is not a Pennsylvania or Kentucky mining town, but is in the deep pine woods of the far South.

In Jacksonville and Brunswick, Georgia, and other Southern cities, giant turpentine plants distil and refine the product by mass production methods. Some of the largest refineries are owned by the munition-making, millionaire Dupont family. In these plants the turpentine is not made by collecting drip gum and heating it until the vapors pass off and condense into a liquid. Instead, company tractors go into cut-over forest lands. The tractors drag pine stumps out of the soil. Trucks take the stumps to the large distillery, where huge machines shred and grind the wood. Turpentine is extracted from the pulp by a steam-distillation process.

This method of making turpentine has been gradually putting the small scale forest distilleries out of business. The small distillery can produce only turpentine and rosin. A Dupont factory can produce not only turpentine from pine stumps, but it also turns out formaldehyde, acetone, phenol, wood alcohol, acrolein (a war gas), formic acid and a half score of other chemicals. These by-products sometimes fetch the Dupont family more money than the turpentine itself.

For the negro and white workers in these giant plants, however,

there is a catch to this efficient mass-production of turpentine: The dangers to health are much greater in working with stump, steam-distilled turpentine plants, than in the more primitive plants producing gumspirits. For example, gumspirits of turpentine (made from the pitch collected from trees) was used in a plant painting department that employed 50 workers. The department averaged 3 cases of turpentine poisoning each year. In the interest of economy, the manager began buying steam-distilled turpentine, made from stumps. At the end of 2 months 35 of the 50 workers in the department were suffering from turpentine poisoning.

In a large distillery, as the turpentine goes through process after process, the toxicity of the liquid becomes greater. In the plants, workers have violent headaches, they suffer spells of dizziness and weakness. The senses become dulled, sometimes hemorrhages occur from the kidneys. Workers must urinate frequently. Rasping coughs can be heard all through the factory.

Does a Dupont worry about the health of negro workers in his turpentine refinery or distillery? Take a guess. The report of a toxicologist says:

> "Generally speaking, no particular provisions are made for the welfare of workers, although large plants have first-aid stations."

A factory worker with skin disease, a kidney ailment, or respiratory difficulty induced by turpentine must get great comfort out of knowing there's a first-aid in the place, in case he falls and breaks an arm.

Can anything be done to guard the health of workers in the turpentine industry? Much. But that would mean in one way or another that the Dupont Company and its competitors, large and small, would see a slice taken out of their profits. Workers in the industry by mass protest against dangerous occupational hazards and miserable living conditions could better their health. But only in a Workers Land, where industry is managed by workers, and not by foreman paid by millionaire refinery-owners, would intensive and efficient study be given to health hazards in the turpentine industry—and the results of the research used to protect the health of the workers—and not the profits of insurance underwriters, bankers and manufacturers.

Turpentine is widely used in a variety of industries. In the words of a toxicologist:

> "The product turpentine enters in numerous industries and its toxicity may be an important factor in some apparently unrelated processes."

Correct. For example, nobody knows how many painters have fallen off high scaffolds and killed themselves on the sidewalk below because of sudden dizziness, weakness, and lack of muscular coordination caused by breathing in turpentine. New York City's Commissioner of Health in 1918, Dr. Lewis Harris found after examining 402 housepainters:

That 142, or 34% of the men had recently experienced severe intoxication from turpentine.

That 70% of the 402 painters had had one or more attacks of some sort of poisoning attributable to turpentine or related substances, such as acetone or benzol.

Dr. Harris described some of the symptoms he found in the workers: Difficulty in breathing, irritation of the eyes, sudden weakness of the legs, vomiting, and dizziness—"resulting often in falls from scaffolds."

Recently an industrial health expert made a tour of 10 lithographing plants. In 4 out of the 10 plants he examined, there was serious danger of turpentine and benzol poisoning to workers in various departments.

The British Inspectorate of Factories has a compilation of dermatitis cases that have been *voluntarily reported.* (This means the list isn't a complete one.) For the years 1924, 1925 and 1926, 7.2 percent of all skin disease cases reported were due to exposure of workers to turpentine or turpentine substitutes. For the next 3 years about 8.1 percent of skin disease cases were reported as being due to this cause.

The British ruling class permits its government to keep at least a feeble, incomplete record of some of the major industrial hazards to health. In the United States the industrialists who hire workers and recklessly expose them to the fumes of toxic chemicals, without a thought as to means of abolishing dangers to the workers' health, do not even permit their false-face government to keep *any* records. They do not permit their government to make even a *slight* pretense at

safeguarding the health and lives of workers who toil in turpentine camps or distilleries, or pain America's skyscrapers and houses, or print calico or lithograph posters or spray metal furniture with enamel.

Because the profits of the turpentine industry must be raised enough to bring a smile to the Dupont face, must workers have kidney ailments, must they wear skins covered with spreading sores, and cough from raw throats and lungs?

The answer must come from the workers themselves!

The Romance of Modern Drugs

By WILLIAM C. DEMBLING, PHAR. D.

Introduction

The writer of this column is not an extremist in his attitude toward the use of drugs, in fact he fully realizes that their rightful place can only be established when abnormal conditions of the body warrant their use. It is with this view that he embarks on the journey into the history and science behind these invaluable aids to mankind.

BEFORE setting out into the discussion that follows, the use of certain terms throughout this material must be made clear. The term *drug* for the purposes of these articles will have the same meaning as the term *medicine* and therefore these will be used interchangeably. The terms drug and *narcotic* are not synonymous. The term narcotic applies to a certain group of drugs having a special action which will be included in future articles. The misuse of the term drug in its limited sense is often abused by present-day advertisers who wish to imply that drugs are narcotics, which is far from the truth. Just as all animals are not horses, so *all drugs are not narcotics;* in fact most of them are not narcotic. The meaning of one other term must be made clear, namely *"poison."* Most of our drugs when taken in excessive amounts become poisonous; so that whether or not a substance becomes injurious (or proves fatal) depends on how much is used or applied to the tissues. For our purposes, then, the term poison applies to drugs used in excess. This implies that in small amounts, when there is disease to be treated, drugs or medicines have their rightful place in the physician's armamentarium with which to combat such abnormal conditions.

A large number of the drugs prescribed are inert, which means that they either have no effect on the body whatsoever; or have no specific action on a given disease. But there are some of undoubted value and these I propose to describe briefly.

QUININE

In a recent survey amongst American physicians in which an attempt was made to determine which of the modern drugs were most useful or indispensable, Quinine was one of those most frequently selected.

The story behind this drug is replete with romance. Cinchona Bark (the source of Quinine) has been the means of conquering empires, has spelled the success or failure of many military programs, and has created great wealth. As one historian has put it "Cinchona did for medicine what gunpowder did for war." Most people do not know that the fall of the Roman Empire was due primarily to malarial fever. The conquest of the malarial parasite by the use of Quinine, made possible the completion of the Panama Canal.

The history of the discovery of the source of Quinine is full of controversies, but the most commonly accepted story attributes its discovery to the native Indians of Peru. Legend tells us that a native who suffered with a violent fever happened upon a small pool in which the broken branches of a "Quinine Tree" were immersed. The water in this pool was extremely bitter, and the natives had warned the one in question not to partake of it. However, his raging fever caused him to disregard their advice and he quenched his thirst with the bitter draughts. Much to the surprise of all who looked on, the fever passed off in a short time and he was cured of the then unknown Malaria. The natives passed on the knowledge of these qualities to the Jesuits who introduced it into European medicine after their return from South America, as "Jesuits' Bark." The Cinchona tree gets its name from the Countess of Chinchon, the wife of the governor of Peru, who in 1638 was cured of fever when the bark was administered to her. This bark was originally collected from some twenty species of Cinchona which grew in Venezuala, New Granada, Ecuador, Peru and Bolivia. This evergreen plant has been successfully introduced into Java, Ceylon and British India, with the result that today most of the world's supply comes from Java. Thus the original home of this most useful drug is no longer its source for commercial collection;

the ruthless stripping of the bark without provision for replanting being the cause.

Quinine, itself, was isolated by Pelletier and Caventou, two French Pharmacists, in 1820. It is one of many constituents present in the bark, others of importance being quinidine, cinchonidine, and cinchonine. The Quinine is mostly used in the form of Quinine Sulphate present in the familiar sugar-coated pills.

This drug is one of the few "specifics" recognized in Medicine. When one realizes that one-third of the world's population is affected by malarial fever, and that about two million annual deaths occur, the place of Quinine in the world as one of the leading drugs can hardly be questioned. Perhaps one can see better now why the survey showed that Quinine was the physicians' favorite. The drug acts by poisoning the malarial parasites, killing them and thus reducing the fever prominent in this ailment. Besides this it is used for reducing fever (in case of colds), as a bitter (to increase the appetite), as a tonic (to improve nutrition), to relieve neuralgic pains, to increase the germ-killing power of the blood in pneumonia, to kill the organisms which cause "amebic dysentery," and to lessen the general functions when the thyroid gland is overactive (hyperthyroidism). Explorers to tropical regions always include Quinine as a part of their equipment. It is well for everyone taking a trip into such parts to supply themselves with a vial of 5-grain pills. This really serves as the "ounce of prevention" which may save years of suffering. Some travelers that I know take a dose on reaching the South in case the Anopheles mosquito (which causes Malaria) should bite them. They continue this prophylactic measure until they again leave for the North.

Poisoning by Quinine is rare, since the average patient taking it will recognize the symptoms promptly if too much has been taken. The prominent *ringing in the ears,* and sometimes headache or marked interference with vision are warnings of excessive dosage. Fatal cases are rare, and occur as a result of the depression brought about when the Quinine affects the protoplasm of the body cells.

There are some people who claim they cannot take Quinine, but in most cases this is not the fact. If a skin eruption (urticaria) follows its use, this may be taken as a sign of non-tolerance to the drug and it should immediately be discontinued.

(The next article will deal with *Digitalis,* another "specific" used for the Heart.)

The Union for Pharmacists —

Its Aims, Its Purpose and Its Relation to the Public Health

By JAMES J. BURTON

THE grievance of the licensed pharmacist-employee, the person dubbed by the public, erroneously, the drug *"clerk,"* is not only the same general grievance of employees in other callings,—that of long hours and starvation wages. It is in addition to these, the grievance of men, who, having spent years in school and college to qualify for the practice of their calling, find themselves looking on helplessly, while that calling sinks daily deeper into the ruthless clutches of "big business"; while their employers, also pharmacists, do little to save it from extinction.

It is a peculiar yet actual circumstance that in pharmacy, as in no other vocation, it is the employee pharmacist, rather than the store-owner pharmacist, who feels most keenly the pride of his profession; who most often resents the commercialization of his art and who perceives most readily, with dismay and despair, its gradual degeneration and decline. This is due, in the first place, to the fact that a great many owners of drug-stores are not themselves pharmacists, at all; but are in the drug business merely as a speculation, with no particular sentiment for its ideals or ethics. Secondly, of those proprietors who *are* licensed pharmacists, a vast number have long since succumbed to the Creed of Big Business, which decrees that the ethics of the arts and sciences must bow before the Altar of Profit. The "clerk," the employee pharmacist, always resents being used as a cover for shady and unethical practices unbecoming his profession. On the other hand, the majority of drug-store owners, the employers, instead of organizing to fight the degenerating influences which slowly eat into their livelihood, and make the ethical practice of pharmacy almost an impossibility, choose rather to quarrel and squabble among themselves and to mimick the selfish chain-store interests in their ruthless cut-throat methods of competition, with disastrous results to themselves and their profession.

Pharmacy as a business and profession, is today the most chaotic and haphazard of pursuits in this country, when for the sake of the National health, since it is the source of supply of its medicinal necessities, it should at all times be the most stable and orderly. This condition is directly traceable to number of causes, the most important of which, we believe, is the lack, in this State at least, of proper and adequate means of supervising the practice of pharmacy and the neglect on the part of the New York State Board of Pharmacy to enforce the State Pharmacy Law, meager and inadequate though it is. The dangers to the Public, to the citizens whose taxes pay, ostensibly, for safeguarding their health, have increased so manifold in the last few years, due directly to this lack of supervision and enforcement, that we feel it should be of interest to the taxpayers to know more about what goes on behind the scenes.

In 1923 a law was passed in this State making it compulsory for the owner of a drug store to be a licensed pharmacist. This law was passed after years of labor on the part of those pharmacists who saw with alarm that Prohibition was causing an influx into the ranks of pharmacy of an army of undesirable characters, whose sole aim was to obtain a pharmacist's license for use as a camouflage for the illegal traffic in alcohol. With the help of an aroused public opinion similar laws were adopted in many other States. Despite the many loopholes in these various laws, the influx was somewhat reduced and incidentally the ever greedy chain-store corporations found it a little harder to exploit the drug field. When these Chain-Stores exhausted all means, legitimate and otherwise, of breaking this ownership law, they embarked upon a ten-year battle to have it declared unconstitutional and finally succeeded a few months ago in having it wiped off the books.

It is a strange phenomenon in our country, that whenever a law or ordinance is passed in the interest of the average citizen, if it interferes with the interests of "Big Business" in its systematic gouging of the public, "Big Business" always finds a way of having such law or ordinance declared "unconstitutional." A convenient scrap of paper that constitution of ours, but unfortunately,—for the wrong people. As a result of this voiding of the law, every Tom, Dick and Harry who pays a two-dollar fee and declares in his application that his "pharmacy" is equipped with an "adequate" scale, a copy of the United

States Pharmacopœia, a copy of the National Formulary, a graduate and a mortar and pestle, *must* be granted a certificate of Registration for his "Pharmacy" even if his education is limited to the signing of his name with his fingerprint. This is exactly the situation in this State today.

Until the voiding of the Pharmacy Ownership Law, there were in the State of New York a little over 7,000 drug stores. About 4,000 of these were located in Greater New York City. This number has almost doubled since then, due to the fact that every cut-throat cosmetic-shop owner who has thought it worth while to do so, has added the aforementioned "equipment" to his shop and demanded a certificate of registration as a pharmacy.

Now, to supervise, inspect, investigate and report upon the activities of these, approximately ten thousand drug-stores in the State, the New York State Board of Pharmacy in charge of enforcing the State Pharmacy Law, maintains the ridiculously insignificant number of six inspectors. If these drug stores were evenly distributed throughout the State, each inspector would have a territory of some 1,600 stores. But they are not. The great majority of them are located in New York City. The inspectors are appointed: two to Greater New York with its five thousand stores, and four to the rest of the State. This gives each New York City inspector a territory of about 2,500 stores, and thus we have the disgraceful condition of a city of six million population—a small nation in itself, dependent for the protection of its source of medicinal necessities upon the inadequate supervision of but two men.

The Board of Health of the City of New York maintains a far larger staff of inspectors, and yet the courts are always full with grocers, dairymen, butchers and other food-dealers who are constantly trying to "get away with it." Is it hard to imagine what measure of safety would remain to us in our food supply if this staff of inspectors were reduced to two for the entire city? And yet, the danger to the Public Health would not be quite as great as it is in the drug-field, because the housewife is to some extent a connoisseur of foodstuffs and can tell fairly well between good food and bad. But what chance does the layman stand in a specialized field like pharmacy, if he must rely regarding the quality of the drugs he purchases either upon his

own judgment, or upon the judgment and honesty of the man behind the counter, who by the laxity of those entrusted with the enforcement of the law is constantly tempted to violate that law, as a means of coping with the ruthless and unrestrained competition of the chain and cosmetic shop?—surely, very little.

The results of a decade, or more, of neglect on the part of the State Board of Pharmacy and indifference on the part of the public have reached a point where silence on the part of those who are loyal to the ideals of pharmacy, is nothing short of criminal.

There are drug stores in this city which have not been entered by an inspector of the State Board of Pharmacy even *once* in as long as two or three years. In the past twelve years, I have worked in drug stores in practically every section of the city and I have even owned my own store. I can honestly state that in all these years I have seen an inspection just once—and that in my own store, exactly eleven months after I had opened for business. During these eleven months, as far as the Board of Pharmacy knew, there may have been in place of my store an empty lot. As for the assurance of the Public regarding the merchandise they were buying from me, every bottle on my shelves could have been filled with colored water; every powder, drug and chemical could have been a little colored talcum or chalk. I could have sold deteriorated, sub-standard, misbranded merchandise, or other medicines in many ways as useless as some 90% of the widely advertised patent "medicines." For such shameful neglect of the public welfare the State, through the Board of Pharmacy, spends yearly thousands of dollars of the taxpayer's money.

A further condition resulting from this neglect, is the large percentage of drug stores which operate without the supervision of a licensed pharmacist for days at a time. The State Pharmacy Law requires that a pharmacy shall at all times be in charge of a licensed pharmacist. In addition, a ruling recently made by the State Board of Pharmacy requires that every pharmacy owned by a non-pharmacist must employ two licensed pharmacists, so that the establishment shall be under constant supervision of a qualified person from opening to closing. While this law and the more recent ruling are most desirable from every instance of safety, the value of it to the public is entirely lost because of the inability of the State Board to enforce their observ-

ance. With two inspectors in charge of some five thousand drug-stores and with no means of identifying the man behind the counter as a pharmacist beyond his own assertion that he is the man whose license is displayed in the store, the whole thing is a farce and mockery, an insult to the intelligence of the citizens of this city and a betrayal of their confidence in the authorities.

Since the chances of discovery and punishment are about one to two thousand or more, a great many drug stores are left in charge of apprentices for days at a time, especially during evenings, Sundays and holidays, when inspectors do not usually bother to operate. Where a drug store is owned by a partnership with one of the partners not a pharmacist, in many cases, in order to avoid the salary of a licensed man, the non-pharmacist partner operates the store during evenings and week-ends under a license borrowed, for a consideration, from a non-practicing pharmacist—usually an ex-bootlegger, out of business since repeal of Prohibition.

So much for the conditions directly affecting the public in a field of endeavor which, along with medicine, should stand guard over its health, ready at all times to serve, but which, alas, is in a condition of degeneration and chaos. A really complete picture and analysis of conditions in pharmacy would require a volume, and some day perhaps it may be written. As employees, however, we pharmacists are also interested in the economic side of the drug-business. When our welfare and our ability to practice our profession with some measure of security and assurance of our bread and butter is affected we feel that the public is indirectly concerned.

The same lack of supervision, the same neglect on the part of the New York State Board of Pharmacy is also responsible, to a great extent, for the fact that hundreds of licensed pharmacists walk the streets without jobs. The failure of the State Board to devise a plan whereby the opening of Pharmacies would be confined to the requirements of the population has encouraged young men to flock to pharmacy with the intention of opening a pharmacy at the first opportunity on the first available corner store. The failure of the State Board to restrict licensing examinations to the needs of the people has encouraged the colleges of pharmacy to turn their instructions into "mills," grinding out pharmacists by the thousand, year after year,

over a period of some fifteen years. This in addition to the waste of thousands of dollars of the taxpayer's money upon unnecessary examinations, has flooded the field with a surplus of half-baked pharmacists.

But the failure of the State Board of Pharmacy to properly supervise the Drug Stores of the City, its failure to heed the requests and the advice of those interested in the field who from time to time raised a voice of protest against this attitude of *laissez faire,* has resulted in a contemptuous disregard for the provisions of the State Pharmacy Law to an extent that hundreds of pharmacists are out of jobs; due to the fact, alone, that apprentices are taking the place of registered pharmacists. As a result of this, licensed pharmacists today will work for salaries which in other callings are scarcely offered to porters. The licensed employee, who greets you with a smile from behind the counter in your drug-store, who has spent years to train himself to answer those confidential questions you often ask, is compelled to dress presentably, and to support himself and often also a wife and child, on an average of eighteen dollars a week, and while people are discussing thirty and thirty-five hour work weeks, he still works under a pharmacy-law which permits his employer to exploit him *seventy* hours a week.

Fifteen years of unrestricted licensing of pharmacists by the thousand-lots yearly, together with the epidemic of bankruptcies in the drug field soon after the stock market crash of 1929, which threw many proprietors into the ranks of unemployed drug clerks, have produced a class of men in pharmacy who must reconcile themselves to the fact that they will never be proprietors of drug stores, for the very simple reason that there are not enough available stores for all of them in New York City. The old saying, "the clerk of today is the proprietor of tomorrow" is not true anymore. The field of pharmacy is saturated over and over again with drug stores; and not only the employees but the proprietors, too, must make up their minds, that there has arisen in the drug field a definite class of pharmacists—a permanent class of employees—a *working* class; and this class must be reckoned with in the same way as the employees, the workers, of other callings are being reckoned with. Their rights must be respected. Every pharmacist employee has a right to expect decent hours and a living wage

from his employer. To assure each man these rights, the employee pharmacists of New York, those whom suffering has awakened to a realization of conditions as they really are and as they can be made, have organized a body that will fight for the recognition of those rights.

The Pharmacists' Union of Greater New York, which has a membership of over 1200 was organized a little over a year ago. Its immediate purpose is to gain recognition of the employees in the drug field, and of their rights to decent working conditions; a work-week which will give each man sufficient spare time to enjoy his home life, improve his mind and usefulness through study, and permit him to enjoy the fruits of his labors to the same extent as employees of other callings who are inclined to do so; to raise his pay to a level commensurate with the extent of the preparation required of him and the standard of living to which his education entitles him. The more distant aims of the Pharmacists' Union of Greater New York is to raise the ethical standards of Pharmacy to its practice as a profession, instead of a sideline, or as an outlet for patent medicine manufacturers.

The program of the organization may seem ambitious, but with the help of our sister professions, medicine and dentistry, and an aroused public opinion, we hope to put it through. At a state convention of Drug Store employees held during the past summer in New York City, the assembly of nearly a thousand passed resolutions calling upon the State Board of Pharmacy to enact a number of reforms which would definitely put a stop to a number of the abuses of which I spoke above; but so far the Board of Pharmacy has been passing the buck. The Pharmacists' Union, however, is determined upon its program and we know that perserverance will finally win out.

To eliminate the abuse of operating drug stores without licensed pharmacists, the Pharmacists Union of Greater New York has called upon the State Board of Pharmacy to institute the requirement that every pharmacist's license shall bear the photograph of the licensee. By this means a layman or an inspector entering a drug store will not be in doubt as to the identity of the man he speaks to. By comparing the man with the picture on the license displayed in the store, both layman and inspector will be certain. In order to introduce some standard of humane treatment of drug store employees, the organization is

working to amend the State Pharmacy law to reduce the maximum of working hours for an employee to 48 instead of the 70, as now permitted. This would be one more measure of Safety for the benefit of the public health. For it is a well-known and accepted fact that people who are over-worked and underpaid, who constantly drudge and never play, can not be counted upon to be alert on their jobs, and in a calling such as pharmacy, where a mistake may easily result in a fatality or, at best, severe illness, such conditions should certainly not exist.

To this end, the Pharmacists Union of Greater New York which during the past year has done so much to bring to light the inhuman conditions under which the licensed pharmacists toil in this City, is doing its utmost now to squeeze from the N.R.A. administration some measure of relief for the exploited drug clerk. The administration at Washington is now busy "revising" the various industrial codes. There certainly is no Code in any industry which has given employees as raw a deal as has the Drug Code. We hope that the desperate plight of the drug clerk will be reckoned with in the new Code. We can not believe that the administration which, supposedly, is seeking to better the economic condition of the Working classes intentionally left the employee pharmacist out in the cold; we believe that the N.R.A. officials as well as the President, were ill advised by the "big shots" in pharmacy upon whom they relied for guidance in the intricacies of an unfamiliar field, but who betrayed their confidence shamefully.

The foregoing is but a glimpse of the chaotic conditions in pharmacy. There are many more abuses of as great interest to the public; I should like to discuss them individually from time to time. Meanwhile I believe I have shown that there are sufficient grounds for an intelligent public to understand the dangers which they incur in permitting so important a calling as pharmacy to carry on with a minimum of regulation and supervision. I hope that the public, the medical and dental professions will realize the necessity of bringing some reform into the present system of enforcing the State Pharmacy Law and support the Pharmacists' Union in its fight for an adequate number of inspectors—at least ten for the City of New York; a photograph on the license of every pharmacist and a shorter work-week. All these reforms must be brought about through new legislation and we hope that when we are ready to sponsor such legislation that the

public, the medical and dental professions will bring pressure to bear upon recalcitrant legislators who are usually blind to the public good.

[Neither the N.R.A. nor the Legislature will do anything for the exploited drug clerks. Their only salvation, like that of the rest of the working class, lies in organizing themselves into a body having enough strength and solidarity to impose its will upon the employers, by mass action—*Editor.*]

Medicine and Hygiene in Soviet Russia

By Paul Luttinger, M.D.

CHAPTER II

Principles of Soviet Public Health Contrasted with Medical Practice Under Capitalism

In order to fully understand the principles on which the Soviet public health system is based, one must keep in mind the following facts: The U.S.S.R. (Union of Soviet Socialist Republics) is a republic of workers. It is labor which gives civil and political rights to the peasant and to the factory worker. Three-quarters of the population of 168,000,000 are farmers; the rest are industrial workers and administrators. The number of industrial workers is rapidly increasing. In 1924-25 there were 8,560,000; in 1931 there were over 18,000,000; in 1933 there were over 22 million industrial workers in Russia.

The number of people who do not live by their work, either manual or mental, is practically negligible; nobody in Russia exploits the labor of others. By its successive Five-Year Plans, the Russian government is organizing its future in a logical and well-reasoned manner, conforming itself to a general plan the aim of which is to realize a final program: the program of the Communist Party.

Under the capitalistic scheme of economic and social anarchy, the private physician lives from hand to mouth, according to the hazards of sickness and epidemics. He is satisfied to repair the various accidents and damages resulting from the conflicts between man and his en-

vironment, without bothering himself with the health of the community at large, or with what the neighbor is doing. Private physicians, under capitalism, cannot have a unified or concerted plan. Each one tries to have more clients than his neighbor, which means that he is trying to have more patients than his professional competitor. And more patients represent more sickness!

Even the public health authorities, under the capitalistic scheme have no program. As a matter of fact they cannot have any definite plan, because the organization of public health depends intimately on the social structure and capitalism has no program, except the negative one of preserving itself against communism; the next step in social evolution. Capitalism lives from day to day and the public health in capitalistic countries must adapt itself to the possibilities and haphazard undertakings of the general scheme. In Soviet Russia, on the other hand, each year marks a new step in the realization of the program of socialism and each step means an extension of the protection of public health.

In the U.S.S.R., medicine is a collective function. The Russian government regards sickness of one of its members—and every worker is considered a member of the government—as a material loss to the individual, as well as to the community. It therefore tries to prevent illness with all the power at its command and to stamp out any diseases which are already in existence, regardless of cost. Thus we see a remarkable development of preventive medicine and of prophylactic measures in Russia that is still unknown in capitalistic countries. Modern Russian medicine has, therefore, the distinctive trait of the preponderance of preventive medical agencies over the mere curative branches. The final aim of the public health system in Russia being to have a healthy worker in a healthful environment.

In capitalistic countries, medicine is a merchandise which is bought and sold, like groceries. Those who have no money cannot buy the means of getting well. There is no question of preventing diseases among the workers. In the larger centers of population, public opinion has forced the introduction of so-called charitable institutions, where the proletariat can get "free" medical attention. We know that the treatment the poor workers get at the clinics is a snare and a delusion. Nobody cares whether Smith's cough will develop into tuberculosis,

if not attended to in time. No governmental agency is interested in preventing rickets to develop in Baby Jones. The workers engaged in hazardous occupations are allowed to work as long as they are strong enough to bring profits to their exploiters. When they become too sick to work, they are discharged; everyone for himself and the devil take the hindmost! That's the motto of the capitalistic scheme.

If the reader is in doubt as to the correctness of this exposition of capitalistic *laissez-faire* let him read the report of the Committee on the Cost of Medical Care which was published a few months ago, following a five-year study of health conditions in the United States of America. The report enumerates the following shortcomings in the health service provided in this country:

1. *Uneven distribution in the costs of medical care among families.* This has almost totally disappeared in Russia. The costs of medical care in Russia, for at least four-fifths of the population, are borne by the government. And even the so called "deprived classes" depend on the same official system of medical care as that given to the manual workers and peasants.

2. *Acute shortage of physicians in hospitals in certain rural areas of the United States.* This shortage is getting less and less in the U.S.S.R.; while the rural parts in this country are being deprived more and more of medical attention, owing to the fact that physicians living in the large cities refuse to practice in the small towns and villages, where there is no adequate (financial) return for their services.

3. *General shortage of convalescent facilities.* As far as the average worker is concerned, we may state without contradiction that there are no convalescent facilities whatsoever. In Russia, the Rest homes and sanitaria for workers are the admiration of all visitors. The entire Crimea, as well as the Caucasas, is fast becoming a paradise for workers who are convalescing from disease or who have been sent down there as a prophylactic measure against contracting any bodily or mental ailment.

4. *General shortage of dentists to meet the real need of the people.* In the U.S.S.R., as will be seen in subsequent chapters, the number of dentists, like that of physicians and other medical workers, is

growing rapidly; although owing to the vastness of the U.S.S.R., it will take some time before every hamlet in European and Asiatic Russia will have its physician and dentist.

5. *Inadequacy of personnel and financial support among official health agencies.* The official budget for health work received by various counties and cities in the United States is so much out of proportion to their real and urgent requirements for good work, that they are positively ridiculous! In a large number of communities all medical work is restricted; in many it is non-existant and in none of the American communities can we say that there is an adequate amount of public money set aside for the protection of the health of the workers and their families. In the U.S.S.R., especially in the rural districts, the sums expended on the health of the workers are stupendous, as will be seen from the figures in subsequent chapters. Every year the sums set aside by the Russian government for improvement in every branch of medicine is increasing. In no country in the world has the population become so health-conscious as in Russia. Every man, woman and child, is imbued with the conviction that the ill health of the individual is the most costly item in a well-regulated community.

6. *Inability of many patients to obtain nursing services because of cost; shortage of nurses trained in obstetrics and public health; a surplus of private duty nurses, considering present inability of people to employ them.* Although there is a numerical shortage in nursing facilities in the U.S.S.R., it is being rapidly overcome by the training of larger and larger numbers of nurses every year. Furthermore, as the treatment of disease in Russia is chiefly institutional, there is no surplus of private-duty nurses nor *acute* shortage of institutional nurses.

7. *Extensive use of inferior types of treatment and widespread self-medication.* This means that a large number of our population are being treated by charlatans, cultists, or by insufficiently trained physicians. The addiction of the average American to patent-medicines and all kinds of nostrums and quackeries has become a by-word among nations. In the U.S.S.R., there are no chiropractors, no cultists, no "yarb" doctors, no patent-medicines, no nostrums, no fake physicians and the number of drugs are being restricted to those who have been found to be useful by the great majority of physicians all over the world.

8. *Low net incomes of many physicians, dentists, and nurses. Before* the great depression of 1929, fifty percent of the private practitioners in America had an income of less than $3800 yearly. One-third of the practicing physicians in the United States had an income of less than $2500; eighteen percent of the doctors were earning less than $1500 a year. The income from medical practice, in 1934, is probably half of the above figures which means that the average physician in the United States does not earn enough to make a decent living for himself and his family. In the U.S.S.R., while the number of rubles a state-subsidized physician is getting may not be equivalent to more than $3,800, it is a well-known fact that the average physician in Russia is well fed, well dressed, has less working hours, and more leisure to enjoy life than the private practitioner in the United States. Furthermore, as will be seen in subsequent chapters, he is assured of a living after working a number of years; he is protected in his old age; he gets paid when he is sick; he gets a vacation; he is encouraged to take up post-graduate courses and his children are educated at the expense of the state.

9. *Insufficient utilization of preventive procedures.* The reader will be able to satisfy himself as to the colossal progress that is being made in Russia regarding preventive measures in every branch of medicine and hygiene. We must remember that the U.S.S.R. began preventive work much later than the capitalistic countries. Nevertheless, Sir Arthur Newsholme and John A. Kingsbury, the authors of "Red Medicine" state: "As to factory medical work and the work of the dispenseries and polyclinics, you are impressed by the extent to which each patient was regarded as a member of the community as well as an individual, by the extent to which this treatment was directed to the group of which he was a member."

10. *Inability of many people to differentiate accurately between good and poor medical service.* In the U.S.S.R., the patient does not have to be able to distinguish between good and poor medical care. The physician is not interested in protracting a case or in operating when it is not necessary. He has no concern with the cost of the treatment and therefore gives the best that he can give. Some visitors to the Soviet Union have bewailed the lack of "human touch" which they felt must be lacking in the relationship between the Russian

physician and his patient. This "shortcoming" is a purely imaginary one in the minds of those who are so solicitous of the welfare of the Russian people. I for one would rather choose to be diagnosed and treated in a well-equipped dispensary or hospital than by one of those sympathetic family doctors who have the right bedside manner but have neither the equipment, nor the scientific training, to make the right diagnosis or carry out modern procedures in the prevention and cure of disease; not counting the advantage of not having to pay a fee.

The antagonism between the private and the public practice of medicine which is so acute in capitalistic countries has disappeared in Soviet Russia. Nearly all physicians and dentists are state employees; the few who still have some private practice cater mostly to foreigners or visitors. The vast majority of medical workers being health officers, are interested in carrying out the decrees of the Commissariat of Health and the health program of the government, irrespective of cost.

Work being the basis of Soviet organization, it is only natural that medicine and hygiene in Soviet Russia should concern itself mainly with the health conditions of the workers and their surroundings. Hence, the stress laid upon the physiology and pathology of work and on methods for the protection of the worker. Industrial and mental hygiene, as well as the scientific rationalization of work, are the chief concern of Soviet Medicine. The surroundings of the worker are of prime importance and, therefore, continual research and planning is going on regarding the best methods of building future cities, houses, factories and mines.

Another principle of Soviet medicine is that of *free* medical service. Industrial workers in the cities and in the country receive this free medical service through a system of social insurance which will be discussed in a later chapter. Peasants receive this free medical service outright. Medical service is not limited to medical treatment alone: It includes the sending to climatic and watering stations, the use of houses of rest, free hospitalization and the furnishing of drugs and necessary appliances. What's more, thanks to the social insurance the worker receives his full salary while he is sick, just as his wife will get six weeks of maternity vacation with full pay. The peace of

mind thus furnished to the sick man or woman is one of the most potent factors in their speedy recovery. Under the capitalistic scheme, it is common knowledge amongst physicians of even little experience that the slightest ailment is aggravated by the fear of losing the job and the stoppage of the income.

One of the outstanding features of medical service in Soviet Russia is the development of a new trend of medicine which may be called in English Psychotechnic. This is a term applied to the relation between the cerebral activity or capacity of the individual and his tools or machine. The aim of Psychotechnic is to find for each individual, the trade or profession which will enable him to utilize the maximum of his natural abilities. Under the capitalistic scheme, human capacity is measured by the ability to adapt oneself to the machine: The machine is more important than the man! The production-manager of an industrial enterprise is chiefly concerned whether a certain individual will suit the particular machine used in the establishment. If he is unsuitable, he is promptly fired and nobody gives a tinker's dam whether the man or woman is suitable for any other kind of work.

Thus we see that Soviet Medicine is characterized by the stress laid on preventive measures and by a well directed program, based on the general economic plan for the physical and mental development of the workers. This plan is a part of the general program of the Communist Party which aims to change the old bourgeois society, which is economically and morally degenerated, into a collective social system in which every individual has the opportunity of developing to the maximum extent his physical and intellectual abilities. It is this well-reasoned and strictly-executed plan which explains the coordination of the medical and hygienic activities in Soviet Russia. All visitors have commented on the lack of gaps or overlapping between the various sections of the national medical service in Soviet Russia. As time goes on, this coordination will become more and more apparent, its efficiency will increase and spread until every corner of this vast empire of the workers (which occupies one-sixth of the habitable globe) will be provided with every means at the disposal of medical science to develop and maintain a race of physically healthy and mentally sane manual and intellectual workers.

Jilted by a Spore

By HAM SICKLE, M.D.

"TEN THOUSAND DOLLARS!"

My sleep-befuddled brain could not grasp the meaning of such fantastic words, despite the fact that they bounced over the telephone wires and clanged against my ears in excitement.

"What the devil are you talking about?" I asked, and before the words had reached their destination, my eardrums were nearly shattered by the hilarious reply.

"Ten thousand berries, simoleans, iron-men, or whatever you want to call them! Don't you understand, Ham? I'm a made man! It's the best break I've ever had in my life!"

When I had finally succeeded in gleaning a few coherent, sensible words across the telephone wires, I didn't blame Henry for being excited. It WAS the biggest thing that had ever happened to him, the chance he'd been waiting and hoping for, ever since Med School days.

Philip Thurman, Wall Street operator and financier, had just been brought into the hospital with acute appendicitis. The Chief was out of town and could not be reached in time, and Henry was doing the operation himself, at a fee of TEN THOUSAND DOLLARS!

"I'm operating in an hour," he went on, a bit calmer now, "I want you to give the anaesthesia, Ham, and I'll get Sybil to assist me."

With the word "Sybil," his voice trembled just a trifle, probably in anticipation of the pride he'd take in proving his ability before the owner of that name.

"Ham, now Sybil and I can get married," he added jubilantly. His elation was overwhelming . . . and, to me, somewhat pathetic.

The operation had been scheduled for two o'clock, and it was now one-fifteen. Much as I hated to leave my nice warm bed in the middle of the night, I promised to meet my friend in half an hour at the Hospital. Such is the life of a doctor!

So Henry was finally getting his break! Well, it certainly had been a long time coming. All through our student days, at Bellevue, Henry's ability had been lauded and praised, but that's as far as it went. "That boy will get somewhere one of these days" had been a

stock phrase among his classmates and teachers when alluding to him, and yet, to the surprise of everyone, including himself, he got nowhere.

Every appointment Henry hoped for was given to "someone who knew someone who know someone else"—you know how those things go—and he plugged along at the hospital long after I had been established in general practise.

And then, of course, there was a girl to complicate matters. This particular girl seemed to complicate matters wherever she went, and no wonder—for Sybil was a gorgeous creature. No severe nurse's uniform could hide the lovely lines of her long, willowy figure, and no unbecoming cap, set at an impossible angle, could diminish the beauty of her glorious Titian hair.

And yet, gorgeous though she was, there was something in Sybil's disarmingly beautiful violet eyes that disturbed me greatly—something cold, and hard, and calculating, difficult to define. At any rate, inasmuch as she was Henry's "lady friend" (It was long before the days —or nights—of *girl* friends), I did not attempt to solve the mystery that lay hidden there, much as I would have liked to. I left that entirely to him, and noticed that one look from those same eyes wound him round her little finger. That was the sort of person Sybil was, this girl whom Henry was going to marry.

The short walk to the hospital was refreshing, and I arrived there all pepped up and ready to get to work. Henry and Sybil were there before me, and, having already prepared the patient, were anxious to get started.

"Ten thousand dollars!" Henry whispered to me as the anaesthesia was taking effect. "Think what that means to me, boy!"

I knew what it meant to him, and was almost as glad as if I were getting it myself. Henry was a good fellow, and deserved a break.

His deft hands worked surely and quickly, and the operation proceeded along the usual course. The tip of the appendix was already gangrenous, and after excising it with a carbolized knife and carefully ligating and cauterizing the stump, he started closure in the usual manner. First the peritoneum, which he closed with No. 2 chromic catgut, and next the fascia.

"Suture, please," he demanded, and then glanced critically at the threaded needle Sybil handed to him.

"What kind of a suture is this?" he asked.

"Oh, there aren't any more of the kind you usually use, but this is just as good," the girl answered. "It's the same size, made by a different manufacturer."

"But I hate to use strange brands, Sybil," Henry complained. "How do I know this has been properly prepared?"

"Oh, don't be silly," she retorted. "They're all the same. What difference does a trade-mark make? Catgut is catgut."

But catgut isn't catgut, as Henry knew, and begged her to look in the supply room for the kind he was accustomed to using. You see, "catgut" is made from the intestines of sheep, and, if it is not properly sterilized, may contain some dangerous spores. Incidentally, as the term is used in this instance, spores are bacteria in an undeveloped, dormant state. The spore itself is harmless, but cannot be killed by heat, and germinates into an active vegetal organism when placed in a favorable environment. By a system of "fractional sterilization," under low pressure, these spores are developed into bacteria and then killed, this method being the one used in the manufacture of the catgut Henry generally worked with.

Sybil came back from the stockroom almost immediately, saying that there was none to be found. I didn't think she'd looked very thoroughly—but, after all, Henry was the surgeon, not I.

"Why, that doesn't seem possible," Henry was saying. "They always carry—"

"Oh, Henry," she interrupted, "don't be ridiculous. All these manufacturers sterilize their sutures thoroughly. Let's get finished."

"But I've never heard of this kind before," he insisted. The supercilious look in her violet eyes silenced him, though, and he meekly accepted the proferred suture and continued with the closure.

The patient was cheerful next morning when we made rounds, and Henry made the desired impression by having a retinue of internes in his wake. For three days the recovery promised to be an uneventful one.

At the end of the third day, however, the nurse on the case reported an unusual listlessness and lack of interest, and on the fourth morning we noted this ourselves. Mr. Thurman, generally quite talkative, merely mumbled a few words in answer to our questions, and said he

didn't know why, but he felt heavy and depressed. He found talking difficult.

Henry turned a worried countenance toward me when we reached into the corridor, and asked my opinion as to what was developing. I had to admit that I was just as baffled as he, and that the only thing to do was wait for more indicative symptoms. By morning we had our symptoms. Our patient was unable to open his mouth.

"Tetanus!" Henry moaned, after we had left the room. "My Lord, Ham, what are we going to do?"

"Inject antitoxin immediately, that's all we can do for the present, I guess," was my reply. "There's some in the supply room, isn't there?"

He procured a syringe immediately, and injected the required amount. Neither of us mentioned the source of the tetanus, but I imagine he knew just as well as I did that it must have come from the improperly sterilized catgut.

The next morning found our patient's condition no better, and Henry injected a fresh dose of antitoxin, with the hope that it might prove more potent than the stale ampule we had first used. He shook his head, though, and, pointing out the corridor window, he said, wistfully:

"Look, Ham, there goes my ten thousand dollar check, it's taken wings."

I felt awfully sorry for him, seeing all his hopes and plans ruthlessly shattered, and tried to cheer him by saying there still was hope. But there wasn't. On the tenth day Philip Thurman passed on. . . .

Several days later I was seated in my office when the door opened to admit Henry—a disconsolate, saddened Henry.

"Cheer up, old man! He wasn't the only patient in the world. You'll get a better break next time," I said, trying to console him.

"It's not that, Ham," was the reply. "It's Sybil—she's jilted me." I had expected it and remained silent.

"Ham," I finally said, taking him by the hand. "You weren't jilted by Sybil."

"What are you talking about," he exclaimed angrily. "I just spoke to her; Sybil jilted me—threw me over."

"No, Henry," I replied gently. "You were not jilted by Sybil. She only followed her natural bent: You were jilted by a spore!"

Our Feet

By THEODORE F. DAIELL, Pod. G.

TODAY, according to very conservative statistics, an average of over 75% of the people living in the cities of the United States have some form, or forms, of foot abnormalities.

A few years ago, the student-body at Newtown High School had their feet examined. These children ranged in age between thirteen and nineteen years and 78% were found to have foot defects. A majority of them came from workers' families. This amazing revelation certainly proves that there was exploitation somewhere; that neglect was amazingly in evidence and that ignorance played a large part in the defects.

And yet, it was not until the World War that people really became awakened to foot consciousness by the efforts of a group of Chiropodists and physicians connected with the First Institute of Podiatry and the Foot Clinics of New York where the principles of scientific medicine were applied to the practice of Podiatry (Chiropody). The Chiropodist of today, now being called Podiatrist, has at his command a general knowledge of medicine and a very thorough knowledge of the lower extremities, unlike his predecessor. He can well be compared as a specialist of feet to a dentist who is a specialist of the teeth. The Podiatrist (Chiropodist) of the near future will be considered as valuable an asset to a community, as a dentist is today.

Foot consciousness received its strongest impetus from the realization that an enormous number of men had been found to suffer from foot defects when they were examined for military service and had to be rejected. The facts and figures were staggering! What was the outcome of this realization? Surely, an imperialist nation cannot afford to have so great a number of men "flunk" physical examinations. Something must be done for the masses to prevent them from becoming a nation of foot cripples! As usual, the capitalists idea of relief was one that would open greater avenues of profit: the introduction of highly priced orthopedic or corrective shoes.

These were to be sold by high-pressure advertising, accompanied by cut-throat competition between different shoe companies, although many of the highly advertised features had been present in ordinary

shoes many years before. These shoes were designed to promote foot health and comfort; the main thought however, being to secure larger incomes from shoe sales. Well, when the capitalist does something for the masses, they must pay so that he can become wealthier and reap larger dividends. Orthopedic shoes were and are now from two to three times the price of ordinary shoes and in many cases even more. What chance has a worker, barely making enough to provide himself and family with the necessities of life, to buy Orthopedic shoes, unless he starves himself in order to get them?

HISTORICAL FACTS OF FOOTGEAR

Fads in shoe styles, many of them with religious connections, can be traced back for centuries to the time of foot binding of the Chinese baby girls and before; causing foot deformity and untold agony and discomfort. The first forms of footgear were created for foot protection against stony roads; improvement being due to military purposes, in order to have a soldier more useful for a longer period of time. Thereafter, the idea of decoration followed and was added to that of protection. It was not long after that decoration became all-important. For the civil population, especially for females, protection was a secondary consideration when footgear was concerned. Although the feet have undergone very slight hereditary changes within the last thousand years, the foot coverings have had a varied career. The variance, from time to time, is beyond the layman's wildest conception.

In recent years footgear of women had been less practical than that of men, but this has not always been the case. There have been periods when rampant fads held sway, wherein men were the sufferers, more so than women. As a result, most of the feet have remained pinched, cramped and abnormal in shape. We have suffered miserably and our feet continue to be abused—yet not wholly our fault. No commercial group could be expected to volunteer enlightenment but little snatches of knowledge, here and there, would reach the layman. It is against the profiteering capitalist ideology to let known the full truth—because when the masses learn more, they cease to be mislead and exploited.

SHOE SELLING SYSTEM

Allow me a few lines to criticize the vicious capitalistic system of shoe selling. Herein lies one of the main reasons for so many present-

day foot cripples. Can you recall, when buying shoes, that you seldom have to go to more than one store? The salesman is held under the sting of the boss's whip. The salesman MUST sell shoes to every prospective buyer who enters the store. The proper fitting of shoes is less important than the sale, regardless of consideration to the customer. If the salesman fails to make a sale he is "bawled out." Then the customer is turned over to a superior. If the occurrence is repeated, the salesman is fired. The boss insists on sales. Sales! — Sales! — Sales! — Sales! — is the keynote and Sales! — Sales! — Sales! is indelibly impressed on every saleman's mind. Injury to feet means little to bosses when profits are at stake! Rapidly changing styles, to stimulate business for the manufacturers is another cause of foot crippling. This creates a demand for certain types of shoes among shoe buyers, regardless of the individual shape of foot. Here again, shoes are sold that do not comply with forms of the feet.

I can recall an incident a few years back when I offered my services to a large retail chain-store company as a supervising shoe-fitter; at the same time volunteering to write a series of pamphlets giving advice on foot health and foot care for the customers. I was also willing, with their permission, to conduct classes for the salesmen, on anatomy and physiology of the foot. The vice-president answered, "We're interested in business only. *We don't give a good god damn for our —— customer's feet. We're out to make money!*" He also added that if they educated their customers, business would not be so good.

[TO BE CONTINUED]

Answers to Questions

By THE EDITOR

IRRITATING FACTORS IN COSMETICS

Rose T., Silver City, New Mexico—The substances which are most likely to cause dermatitis (inflammation of the skin) in cosmetics are orris root, which is made from the root of iris, rice, lead, and mercury. If you ask for the preparations made by Frost's, Memphis, Tenn., or the Marcelle Products manufactured by C. W. Beggs Sons and Co., 1741 Northwestern Avenue, Chicago, or Macauley Laboratories, P. O. Box 6, Flatbush Station, Brooklyn, N. Y., you can get cosmetics which are free from the above vegetal and mineral substances.

Book Reviews

"Socialized Medicine" in Russia. A review of "Red Medicine," by Sir Arthur Newsholme, K.C.B., M.D., and John Adams Kingsbury, L.L.D. *Garden City, New York. Doubleday, Doran and Co., Inc.* $2.50.

In judging "Red Medicine," I should like to consider the book from the viewpoint of an American physician who read it with the intention of learning how state medicine works in the only country in the world where it is given a nation-wide opportunity to be put into practice.

Dr. Kingsbury devotes fully 159 pages in a book of 312 to a general description of a trip of 9,000 miles through European Russia. He visited a sufficient number of important cities and villages to obtain a comprehensive impression of what is actually going on in the practice of medicine. While it seems superfluous in a book with the title "Red Medicine" to devote nearly one-half of its contents to such subjects as "Moscow and Leningrad," "The Background of Russian Life," "Government in the U.S.S.R.," "Religious and Civil Liberty and Law,"—it can conceivably be excused when one considers the vast ignorance of the majority of American physicians and laymen of what is going on today in Russia from an economico-sociological viewpoint. The first half of the book will, no doubt, be of great interest to one who has read little or none of the current literature about what is going on in the Soviets. It will be repetition of common knowledge to most informed people.

The Doctors have attempted to embrace a large subject and all in all have done well. Most physicians will be disappointed in that they did not go into sufficient details about the teaching and standards of education, about the physical equipment of hospitals, about the details of research and medical publications and about the advancement of physicians in their various specialties, or public health (in the American sense), obstetrics, gynetics, surgery and its sub-divisions, internal medicine, psychiatry, etc.

The most striking chapters are those on the care of maternity—the problem of abortion—the care of tuberculosis and the treatment

and prevention of venereal diseases. It was gratifying to learn that obstetrics is done wherever possible in institutions devoted exclusively for that purpose and that normal obstetrics was done with aseptic technique by trained midwives, under the direct supervision of specialists in obstetrics. It was interesting also to learn that abnormal obstetrics is done by specialists only wherever possible. Considering Soviet Russia's limitations, due to the sad heritage of Czarist rule, this is admirable and speaks highly of what is to be expected when the Soviet Union will have advanced economically and institutes conservative, aseptic and well supervised obstetrics on a nation-wide scale which undoubtedly is her ultimate aim. Not being obstructed by specialists who must "do something" to make an impression on patients, or due to "golf appointments," one does not hesitate to predict that there will be a minimum of operative and "abnormal" obstetrics, with a consequent lowering of maternal and fetal mortality. Prenatal and postnatal care, medical as well as economic, is apparently ideal.

Very refreshing also is the viewpoint on abortion. In our country it is common knowledge that thousands of illegal abortions are being done both by competent and incompetent physicians and also by laymen. Our mortality runs into the thousands yearly. Some unofficial sources give it as 15,000—it is probably more. In spite of the law, religion, etc., the practice continues. To those who are agitating to legalize abortion in America, this will prove interesting reading. According to Cuenot & Hamant: *"Etat Actuel de la Médécine Anticonceptionelle en U.S.S.R.* in Gynécologie and Obstètrique, Revue Mensuelle, Oct. 1932"—in 52,412 abortions, 50,283 were followed by no untoward effects. The entire chapter on this subject is excellent and the references to the scientific literature will interest most physicians.

One need only quote the first paragraph in the chapter on "Care of Tuberculosis—Sanatoria and Allied Institutions" to gain an impression of the vigorous ideology behind the Soviets' attempt to liquidate the problem of tuberculosis.

Highly commendable in the Soviet campaign against tuberculosis are the careful examinations of workers at factories to make early diagnoses and the sincere effort to give sanatorium care to all cases. The treatment of the patient does not end with his discharge from

the sanatorium, but continues on the job at home. "Arrested cases" are supervised, their work is limited, if necessary, and they are safeguarded economically.

The venereal problem is handled intelligently, chiefly because of the publicity given to it and the attitude of prevention and immediate and thorough free treatment by experts. It is worthy of note that the infection of one person by another, married or unmarried, is an offense punishable by imprisonment and that this law can be enforced.

Today in America the practice of medicine from the economic viewpoint is for many physicians in a chaotic state. Many doctors are bankrupt and idle, or are doing a large amount of work free of charge in clinics. By so doing, these physicians are relieving capitalism of paying back to labor and themselves part of the stolen surplus value, i.e., profit, which the cost of this care entails. In the profession, of course, are the monopolists who reach the "top of the pile" and are fighting to keep up the glorious old private practice of medicine. One of their favorite arguments is that under state medicine, physicians would practise indifferent medicine. I should like to quote Dr. Kingsbury's book on the Russian experience of 15 years in this respect: Page 224—"The doubt was raised . . . " scientific in character."

The book should be read by any layman interested in the U.S.S.R. It should certainly be read by every physician in the United States.

P. J. S., M.D.

Letters to the Editor

"Socialized" Medicine

Dear Dr. Luttinger:

In your magazine Health I read the article on Socialized Medicine Dr. Samuel A. Tannenbaum. I think the entire article is in direct contradiction with the communistic ideology.

Dr. Tannenbaum seems to be very anxious to put the U. S. Government in the practice of medicine—under the control or supervision of the physician. We know very well that when the government will pay for the medical care it will brook no interference from its employees, the physician,, just as it does not permit the teachers to supervise education—and no communist who keeps himself well informed need be reminded of the sorry mess the system of education is in. If medical care will be dosed out to us as education is, I for one, prefer the "rugged individual physician."

And what makes Dr. Tannenbaum so certain that the physician will receive an assured income—the teachers seem to be getting cut after cut in pay, and who knows maybe the government will decide to return to barbarism all together and close all public schools—there is a strong indication that this might happen.

Under axiom 9 of his article Dr. Tannenbaum takes it upon himself to say that the medical profession resents being exploited by the millions who are receiving medical care gratuitously. I think this is the wrong attitude on the part of the medical profession. Apparently all the physicians want is that the government should pay them for their work. But what the government pays for it wants to control—it will have the physicians under its thumb just as it has the teachers, and this will not be conducive to the proper relationship between the masses and the physicians—a relationship that should prevail in a classless Socialist society.

Comradely, David Bender

Why I Am a Meat-Eater?

Meat in my opinion is the most essential food for any one who works hard. A nice juicy steak digested after a hard day's work not

only tastes better than any vegetables, but also supplies my body quickly with energy. Anyone who doubts the value of meat can ask the German women why they were standing half a day in line in front of a butcher shop during the war in order to get a few bones.

If the sentimental vegetarian regards killing of animals as cruel, he may recall that the theory of evolution teaches us that all plants are living things. Hence he also is killing. Science has proven that it takes more time with a vegetarian diet to supply our body with the necessary vitamins than with a meat diet. A cow has plenty of time to digest grass but a worker has not. Consequently I shall leave the grass to the ox and I shall eat the ox.

M. KRAMER
Member, "Nature Friends," Chicago, Ill.

Analogy Between the Body and the Social Organism

"This unity emphasizes the community of function, or purpose, subserved by all the constituent members, and the host of adaptations between particular members, which so orderly a division of labor represents; each specialized function combines with all other specialized functions in rendering a single service to the organization as a whole. No one of them would have any utility, if isolated from the functions coordinated with them. It is as if each special participant were willing to forego any credit which might come of rendering, unaided, a complete service to the whole organization."

It sounds like reading a passage from Lenin's works, nevertheless these are quotations from a physiology text-book from which we continue quoting: "The mouth and the stomach, for example, are content to convert the food ingested into intermediate products, while to the intestines, a not very dignified organ in popular estimation, is reserved the honor of converting these into final products. . . . The structures involved in this system of activity are very specifically and precisely adapted to one another. . . . That, modification in one of the structures determining substantial changes must be accompanied by such changes in other structures as will preserve the balance and serviceability of the entire system, is too obvious to be emphasized. The temporary breakdown of the digestive system from which every one has suffered, and which can be traced to deviation from the normal

activities of particular structures in the system, is conclusive evidence that the various structures and their activities must be precisely adapted. . . . "

And elsewhere this book says: "Within a living organism there are myriads of cells working together to a common end, dividing the tasks between themselves, living each of itself at the same time for the others, preserving itself, feeding itself, reproducing itself, responding to the menace of danger by appropriate defensive reactions . . . all goes on as if the cell knew of the other cells, what concerns itself. . . . These common characterizations apply with qualifications not only to the cell but also to the tissue, the organ, the organ-system and to the organism as a whole."

But from a text-book of General Pathology we are confronted with this: "A tumor is a new formation of tissue, apparently arising and growing independently, having a typical structure, inserted uselessly into the organism, possessing no function of service to the body, and showing no typical termination to its growth. . . . Tumors may be classed as benign and malignant. As benign tumors are generally regarded these which grow slowly and by expansion and do not form metastases (colonies); as malignant these which show a complete emancipation from the normal laws of proliferation, grow quickly and by infiltration, easily undergo degenerative changes and form metastases, malignant tumors on the whole coincide with these tumor forms which are known as carcinoma and sarcoma (cancers)."

And from the same book we are admonished with this pithy prognosis: "If the tumor is extirpated there may result a cure when all of the growth has been removed or destroyed." So says science.

THEODORE N. NICHOLAS

[*The analogy between the animal body and our social system is more apparent than real. Our young correspondent (he is only sixteen) should be careful in drawing political conclusions from biological data. At times the parallel may seem to be striking enough to serve as a dialectic argument; but it might be interpreted opportunistically, hence the danger of mixing physiology with economics and pathology with politics.—The Editor.*]

Answers to Questions

By THE EDITOR

OUR VIEWS ON OSTEOPATHY

Gaylord Knowlton, Ashtabula, Ohio—We regret that we shall have to publish our magazine without your support and that of your osteopathic friends. We do not believe in the divine revelation of Andrew Still, the founder of osteopathy. It is true that the modern osteopath does not cling exclusively any more to the "spinal adjustment," with which the founder of osteopathy claimed to be able to cure all diseases. The majority of osteopaths are now using electrical, water, and massage treatments. They even use anesthesia and surgery. When the Harrison and the Volstead Acts were passed, the osteopaths made desperate efforts to secure the privileges of prescribing narcotics and liquor. This readiness of the osteopaths to admit that drugs, such as chloroform, morphine, alcohol and cocaine have an effect on the bodily functions shows that they are attempting to enter the practice of medicine by the back door, like their cousins, the chiropractors, and other cultists.

Modern medicine does not believe in any "systems." We, therefore, cannot endorse the main tenet of osteopathy that all diseases can be cured by manipulation of the spinal column. If we should endorse osteopathy, there is no reason why we should not endorse chiropractic and every one of the sixty-seven varieties of medical cultists that we have in America. In New York State, osteopathy is a dead issue. Now that the schools of osteopathy require entrance requirements, equivalent to a high school education; now that one must study osteopathy four years before being able to practice it, the great majority of students prefer to study scientific medicine. Any physician licensed to practice medicine in the United States, can practice any part of osteopathy or any cult that he may think will cure his patients. Nobody can prevent him from practicing either osteopathy or chiropractic or what-not; provided he does not make a "system" of it, ascribing all diseases to one cause and to one form of treatment. In many nervous diseases, most physicians even practice Christian Science!

It is not our intention to "wise-crack" about osteopathy. On the

contrary, it is our desire to be fair which prompted us to answer your letter. Be a physician first and an osteopath second, if you *must* practice osteopathy. It is because we consider osteopathy a fallacy, that we cannot accept, nor do we desire any help or assistance from osteopaths. The only reason for the existence of osteopathy as a separate "profession," is the one given by the brother of its founder who, in a letter quoted by Andrew Still, said, "Hallelujah, Drew, you are right; *there is money in it,* and I want to study osteopathy!"

Spermatorrhea

L.L.K., Old Hickory, Tenn.—We would advise you to stop going the round of doctors in your neighborhood. As long as you have no pain, we see no reason for you to worry. There is surely no indication for a surgical operation. The little drop of milky fluid which you noticed in the meatus, in the morning, is of no consequence. All your physicians have agreed that you have no gonorrhea and they were never able to find the gonococcus in either your urine, your milky secretion or in the prostatic fluid following massage of the prostate. Why don't you leave well enough alone and forget about it? We are sure that in time the condition will disappear.

Impotence, an Industrial Hazard

P. D.—X-ray workers do *not* become impotent. They may become *sterile,* if they are not careful. The great majority of X-ray workers, however, protect themselves against the roentgen rays with lead aprons and other devices. As to other workers becoming impotent from their work, there is no evidence that certain occupations cause impotence. The inhaling of poisons or the ingestion of toxic substances such as lead may ultimately cause impotence in the victim, the same as the taking of morphine, alcohol or other poisons.

We regret not being able to corroborate your impression regarding impotence as an occupational disease. A poet, however, is allowed a certain amount of license and there is no reason why you should not write a poem on this subject, even if we have no actual data. For all you know the action of the various industrial poisons might be so subtle that it has escaped the attention of, or has been purposely disregarded by physicians in the service of the large industries.

The only relation between impotence and occupation is the well-known fact that lawyers seem to suffer from impotence to a greater extent than any other social class. The cause for this is not exactly known, but it is attributed to the high nervous tension under which they work, whatever that may mean.

Male vs. Female Beauty

American Muscovite—It is futile to dispute as to whether man's body or woman's body is the more beautiful. The controversy is an old one and Konrad Lange in his book, "Das Wesen der Kunst" has exposed the subjective grounds on which it is based. The male and female bodies have certain specific functions to perform which gives rise to different anatomical and physiological developments, respectively. If the development is complete, then the body is beautiful. Perfect beauty can, therefore, be identified with perfect health. A manly man and a womanly woman, provided their secondary sexual characters are harmonious and not exaggerated, are equally beautiful. Masculine and feminine beauty, being different, cannot be compared any more than the beauty of a statue can be compared with the aesthetic pleasure derived from the contemplation of a gorgeous landscape; neither can there be a question regarding the superiority of one over the other.

Investments for Physicians

Dr. T. P.—Most of the "tips" given to physicians by their wealthy patients are without value. The circulars sent out by bucket-shops and other shady concerns are usually sent to physicians first. It has been found that they are the "easiest" part of the population. When physicians do not "bite," then the scheme is usually given up.

As to the circular you received from J. Alfred D'Onofrio a former practicing physician, we would advise you to be careful: first, because it is unusual to make 50 per cent profit on real estate investments nowadays; secondly, because if the investment is such a good one, there should be no necessity for circularizing the profession and trying to induce them to invest. You are old enough to know that it is not brotherly love but the desire for profits which actuates the promoters of business enterprises under the capitalistic scheme.

Change of Cover

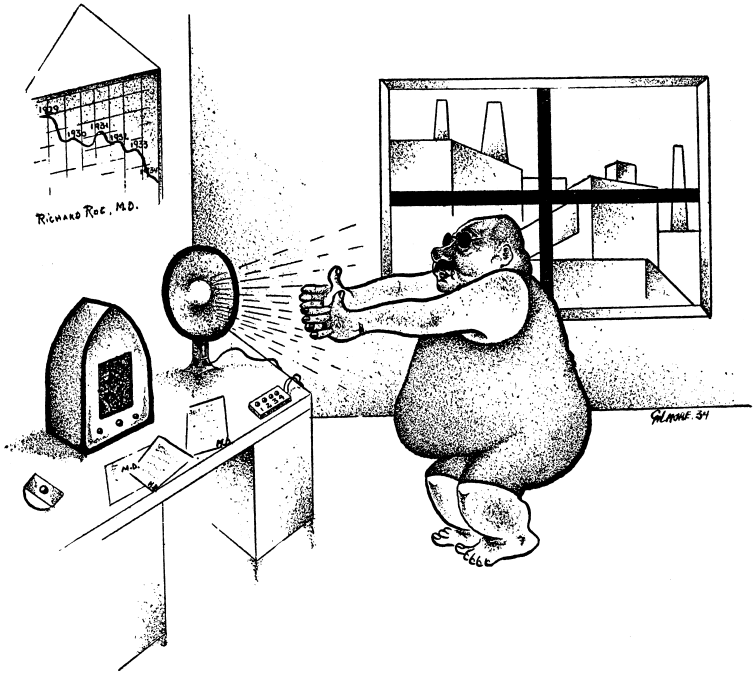
Your Sympathizer—We wish to thank you for your remarks about the cover for the May issue of HEALTH. Several other correspondents have written us and we have decided to change it. We trust that the cover of the present issue will be more satisfactory to our readers. We intend, however, to change it from time to time, according to circumstances.

Diphtheria Deaths in New York City

Chiropractic Skeptic—The deaths from diphtheria in New York City amounted to 2,000, twenty-five years ago. Five years later only 1,200 people died of diphtheria. Ten years ago, the number of deaths was 700 and in 1933, only 86 people died of diphtheria in New York City. Diphtheria can be wiped out by a systematic immunization. Your doubts about the matter are based on ignorance. Hygienic conditions are not sufficient to stamp out certain infectious diseases. There are many cities where hygienic conditions are as good as in New York but where the death rate from diphtheria is still lamentably high.

Rejuvenation

Mark G.—We do not recommend *any* method of rejuvenation. The great majority of those who practice the transplantation of monkey glands and other devices for the purpose of rejuvenating men and women, are charlatans. The clipping you sent us regarding Dr. Serge Voronoff is no proof of the efficacy of gland transplantation. The doctor in question has always had a keen eye for publicity. At his age (64) marrying a young girl of 20 only shows that there is no fool like an old fool. You will recall that our own Senator Walsh died last year during his honeymoon. There can be no doubt that his marriage at the age of 70 hastened, if not actually brought about his death.



Medical Opponent of Socialized Medicine in his Empty Office