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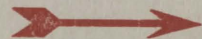
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JULY
1935

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From the Deep South

TO THE EDITOR: Permit me to thank you for sending me the April, May and June issues of HEALTH AND HYGIENE. I read the magazines from cover to cover and enjoyed every article. I do not believe that your magazine will meet the approval of the average M.D. in the South. I have in mind the doctor who has hopes of becoming president of his State Medical Association, and who runs a temperature when socialized medicine is mentioned. However the M.D.s who have graduated since the Spring of 1930 will see your magazine in a different light.

It should appeal to nurses because it will enable them more readily to distinguish between what is truth and what is hokum in the medical profession. The druggists should look upon the magazine as a god-send, because they will realize that it will enable the 52 per cent of our people who—according to the Committee on the Costs of Medical Care—practice self medication, to do so with a little more knowledge of what they are doing.

Being a dentist, I read very carefully your articles on dentistry. I think that any dentist who is interested in his profession, and in the people he serves, would do the same.

I am very much interested in socialized medicine and dentistry. I anticipate opening a co-operative dental office in this city some time this Summer, if my plans do not miscarry. I am also interested in the wonderful work being done along health lines in Russia. If it were possible for me to make enough to defray the expenses, I would go to Russia and spend some time studying their system with the object of getting our own country to adopt the best features about it.

—Postscript—

Being a practitioner in the deep South, it behooves me to be very careful about revealing myself. Please be certain not even to use the name of the city in which I live, lest I be exposed.

(More Letters on page 31)

HEALTH and HYGIENE

THE MAGAZINE OF
THE DAILY WORKER MEDICAL ADVISORY BOARD

Vol. I

JULY, 1935

No. 4

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Drawings by Burck, Redfield, Del, Mackey

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FRANK LEONARD, Editor. WALT FRANCIS, Business Manager

War, Fascism and Health

An Editorial

"Big Money" and Peace

AT COLUMBIA University, six medical students, two faculty members, and three technicians are dismissed for anti-war activities. Dean Willard C. Rappleye, of the Columbia School of Medicine, justifies his objections to anti-war demonstrators by declaring: "The trustees represent big money and they did not like our (sic!) activities."

Dr. Nicholas Murray Butler, president of Columbia, refuses to intervene, declaring he knows nothing about the matter. After thus dismissing the subject, Dr. Butler, Nobel Peace Prize winner, head of the Carnegie Foundation for International Peace, sails for Europe "on a peace mission."

The New York Journal of Medicine runs an article by a German, Gustav Hartz, warning America against repeating Germany's "mistake" of providing social insurance. Mr. Hartz is represented as a trade unionist. He turns out to be a propagandist for the Hitler fascist regime. He is sponsored in this country by "Big Money."

Some Jews Pro-Fascist

AT BETH MOSES Hospital in Brooklyn, 120 workers, including nurses and maintenance employees, technicians, social workers, orderlies and a pathologist, are locked out after they call a two-hour stoppage to protest dismissal of seven of their number for daring to organize a Workers' Council. This group had made such atrocious demands as payment of their miserable salaries (as low as \$30 a month) on the first of the month—instead of from fifteen to twenty days late.

Of still further significance in the Beth Moses Hospital affair is the fact that officials of this institution threatened one of their locked-out employees—the pathologist—with deportation to Germany. They proved by that threat that class lines are deeper than racial solidarity. Both

those who threatened, and the man in danger, are Jews; the men who made the threats knew what fate awaits a Jew deported to Germany into the hands of the friends of Gustav Hartz.

One Pattern, One Program

AT LEBANON HOSPITAL, in New York, twenty-six workers are locked out—for going on a two-hour stoppage in protest against refusal of the Federation with which the hospital is affiliated to recognize the Workers' Council.

These occurrences are not isolated instances of men's stupidity, professional betrayal, workers' insecurity, or Big Money agents' hypocrisy. These are the signs and portents that spell further distress ahead for the American workers unless they unite at the very earliest opportunity to fight the tendencies manifested in the discharge of medical school students and faculty members for anti-war activities, the virtual endorsement by Big Money doctors of Hitler's program, the efforts to break up the deepening solidarity between the rank and file professionals and their other fellow workers.

Support Your Own in Fight

HEALTH AND HYGIENE proposes to expose war and fascism insofar as these horrible Twins of the Apocalypse affect the health of the people in whom this magazine is interested and for whom it is published—the working people. Elsewhere in this issue, there is an announcement of the August number of HEALTH AND HYGIENE which will be specially devoted to a comprehensive discussion of "War and Health."

HEALTH AND HYGIENE asks its readers to protest Columbia's militarist stand, to support the locked-out employees of Beth Moses and Lebanon Hospitals, and to beware of "social security" talk by the leaders of the official medical associations. But the magazine plans to go still further. The August issue will set a new pace.

"T. B."— Workers' Plague

CONSUMPTION, the "White Plague." Pulmonary Tuberculosis it is called in more learned circles. But the workers know it as "T.B." They know what the disease does to them. They know its horrible dread and the toll it takes from their ranks. T.B. is *their* disease. A system whose chief concern is private wealth, rather than health, has created conditions which impose upon the working class the chief burden of most diseases. And, in doing so, this system has virtually conspired with the germs that cause T.B. In terms of economic oppression, in terms of bad housing, in terms of working conditions, in terms of food and lack of food, in terms of lack of facilities for curing the disease or checking it—in a hundred other ways, the system has said to the *tubercle bacillus*, the T.B. germ: "You are reserved for workers; they shall be your chief victims." And *tubercle bacillus* has observed this injunction because it could not help do otherwise.

Approximately 1,000,000 persons are suffering from pulmonary tuberculosis in the United States alone. Who are most of them? The *vast majority* of these sufferers are workers. No other disease is as selective as to the class of people it attacks as is consumption. One hundred thousand men, women and children die every year from the "White Plague." Who are these victims? Most of them are members of the working class. No wonder that, among physicians and other scientists who are willing to look at facts squarely, the term has been changed from the hypocritically sentimental name of "White Plague" to—"Workers' Plague."

HEALTH and HYGIENE

Sentimental "welfare" workers weep over the "White Plague." But they speak of its existence in "slums"—without identifying such sections with any particular class of the population. Where the workers are the chief concern of their own state, the situation is different—as this article shows.

IN THE past few months, articles have appeared in the press and in some health bulletins, boasting about the proportionate decrease of victims of tuberculosis since the beginning of this century. The writers are not naive enough to assume that this fall is due to improved economic conditions. They also know that falling standards of living can have a disastrous effect on the health of the people. They admit they are at a loss to explain the paradox. On the one hand they must admit that living standards are going down. On the other hand, they see a proportionate decrease in the number of T.B. victims.

The more realistic public health officials know, also, that credit for the proportionate decrease of tuberculosis cannot be given to such organizations as the Red Cross or the National Tuberculosis Association. The activities of these organizations are practically confined to two tasks. About all they do is raise money and carry on "educational" campaigns. These campaigns do accomplish one purpose: They spread the cheerful word that good food, rest, and sunshine, will promote health! As if those who have no food, those who work under terrific speed-up and stretch-out pressure, those who live in hovels and alleys, those who work in the factories and shops and mines where T.B. lurks constantly—as if these could use information of that kind. Practically nothing is said about how to obtain that food, how to obtain the conditions that would really reduce T.B. The "educational" campaigns peddle the obvious facts. But by so doing, the associations accomplish something else: They raise funds, to pay officers, to carry on campaigns to raise funds.

Well, if these associations do not do anything real about tuberculosis, how about the Public Health services of the Federal government and the various states. Certainly the government and the states have the money and the forces. Read the American press and the various health bulletins issued all over the country, and you are told that America has a magnificent Public Health service. The fact, is, however, that our Public Health service is a disgrace, and has become steadily worse in recent years.

Since 1930, local appropriations for public health have gone down on an average of 20 per cent. And this in a time when hunger and malnutrition are the lot of so many millions of workers, employed and unemployed. Once in a while, the very authorities in the government tell of conditions as they really are. Dr. J. N. Baker, State Director of Public Health in Alabama, made such an incriminating statement last August. Said Dr. Baker:

"The effects of insufficient food will not be mirrored in the mortality statistics of the next few years, but a decade hence. The incriminating finger of a faulty diet for the growing child may point the way to the true cause of many physical breakdowns in adult life, foremost among which is likely to be *tuberculosis*."

All over the country, where statistics are available at all, the figures show that malnutrition, particularly in children, has risen rapidly during the depression years. These children, as well as their fathers and mothers in the trades where working conditions are *directly* responsible for T.B.—these are the candidates for the fine work of *tubercle bacillus*.

The "Proud" South

NO COUNTRY can boast of its health system when it is true that there are only 528 full-time health services in 3,000 counties in the United States. Approximately one-sixth of the counties in the United States have such health services on a full-time basis. In the entire South, there are only two sanitariums recognized by the American Medical Association as fit for the training of a physician in the treatment of tuberculosis. How frightfully inadequate these two sanitariums are for the entire South is indicated by the fact that one small state like Connecticut has two sanitariums answering these requirements of the American Medical Association.

Public Health service in the South deserves a special damning. But it is enough to point out

now that there are very few diagnostic health stations in the South where workers can go for the X-ray and laboratory examinations which must be given for the diagnosis of pulmonary tuberculosis.

It is obvious, therefore, that our Public Health service is not responsible for the improvement in the incidence of tuberculosis. Nor can the skill of our physicians be given the credit. For that skill can be bought by fewer and fewer people today. Workers cannot report to physicians until the disease is well advanced, because they are unable to afford to pay the average fees, excepting for emergency.

Public Health experts, therefore, have fallen back on the assumption that something has happened to the germ that causes tuberculosis, to the *tubercle bacillus*. They feel that perhaps the germ has lost some of its virulence (or power), so that it causes disease in fewer people and in a less deadly fashion. There is some evidence in favor of this assumption. In the past fifty years, several epidemic diseases have been less severe and have had proportionately fewer victims. This may be due to a change in the character of the bacteria responsible for the diseases, and it is possible that the same thing has happened to the germ of tuberculosis.

The people of this country should not be lulled into a false sense of security, however. In the next few years, we may see not only a net increase in the number of tuberculosis sufferers, but also a proportionate increase. Already there are ominous signs. Dr. Baker's warning is one of those signs. Another danger signal was raised by the State Director of Health in Illinois, a year ago. He announced that, in his state, those counties which had the largest number of persons on relief also had the highest death rate from three major diseases: Tuberculosis, typhoid fever, and diphtheria.

Negro and White

EVEN NOW, the Negro people, and those white people who live in so-called "slum" areas—neighborhoods where poverty is rife—have a much higher death rate from tuberculosis than do people living under better conditions. At some of the younger ages, the death rates for Negro children are from five times to nine times as high as the death rates for white children.

In the Harlem section of New York City, where the vast majority of residents are Negroes, and where most of those residents are on relief,

the death rate from tuberculosis is about five times as great as the death rate for this disease in the city as a whole.

And to show that the white people who are poor are no better off than the Negroes who are poor, let us see what the death rate from tuberculosis is on the Lower West Side section of New York City. There, the Negroes are in the minority. But the whites living there have at least two things in common with the Harlem Negroes. Most of them are also on relief. Their death rate from tuberculosis is also nearly five times as high as the death rate average from this disease for the whole city.

The highest death rates from tuberculosis are found among those workers who are employed in the dusty trades. These include workers in ore mills and mines, in the building industries, among grinders and buffers, stone workers, pottery workers, employees of foundries or other metal industries, and workers in the clay and glass industries. Another group having a high death rate from tuberculosis includes longshoremen, freight handlers, bakers, furniture and wood workers, and textile workers. One occupation that has long been recognized as having a specially high incidence of tuberculosis is the trade of tobacco worker.

But is the lack of adequate health facilities alone responsible for the many deaths from tu-

berculosis? No, that is not true. On the other hand, are the unhealthful conditions of living and working alone responsible for the sacrifices of so many hundreds of thousands of workers to the "Workers' Plague"? No, that is also only part of the picture. The complete picture must include the altering of both these conditions. Both must be tackled by the workers.

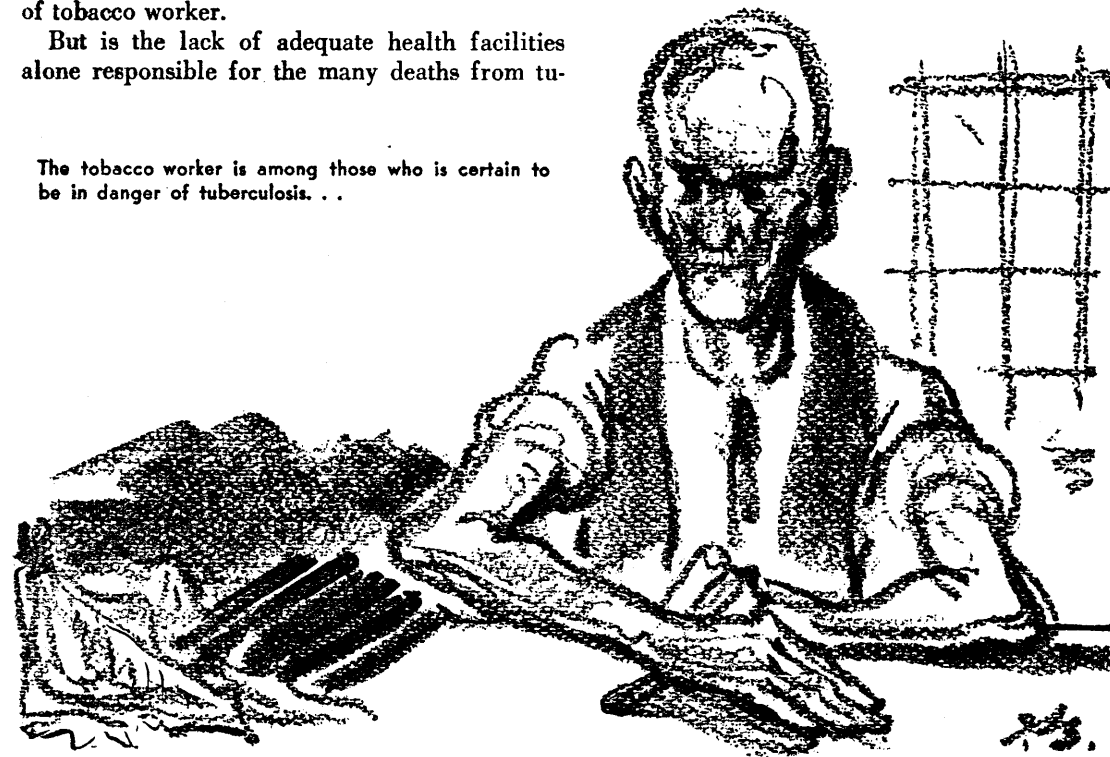
Josephine Roche, Assistant Secretary of the Treasury, in addressing a group of nurses and social workers recently, admitted that with adequate health facilities alone, without any change in the living and working conditions of the workers, the death rate from tuberculosis *could be reduced by half*.

In the magazine "Public Housing Progress" (for November 15, 1934), we read:

"One-third of our countrymen are living in scattered hovels, in clustered shacks, in the squalid flats of congested centers, with common toilets, with dark rooms on fetid shafts. We know from statistics that they are easy victims of chronic ailment and devastating disease."

This is "the richest country in the world." And yet, in 64 cities in the United States, there

The tobacco worker is among those who is certain to be in danger of tuberculosis. . .



By Jacob Burck

are 600,000 homes that have neither bathtub nor shower. There are nearly 450,000 homes in these cities that have no indoor water-closet.

Change in living conditions must go hand in hand with increase in facilities for health.

But, the worker will ask, what now? What shall I do meanwhile, before these conditions are altered through the organized efforts of the workers?

Meanwhile, the worker needs adequate and complete advice about this disease (as well as

about others). He needs to know exactly what this germ, the *tubercle bacillus*, is. He must know about the symptoms of pulmonary tuberculosis, so he can recognize them in as early a stage as possible. He needs to know about how to get proper, truthful and complete diagnosis of his case. And last, he needs to know what are the treatments possible, where he can get them, what are the quackeries that might be peddled to him under the guise of cure. Some of these points will be discussed in future issues of HEALTH AND HYGIENE.

But in the U. S. S. R. —

● The implications are clear: If tuberculosis is an economic disease, then it should be of lesser incidence where the economy is different. The next chapter discusses that phase of T.B.

TUBERCULOSIS is a disease of poverty." "Eliminate poverty and you eliminate tuberculosis." "A high standard of living for all and tuberculosis will disappear." These are statements that have been made at various times by leading authorities on T.B.

The Soviet Union is the only country in the world today that has eliminated poverty and is well on the road toward a high standard of living. The world is looking up toward the U.S.S.R. as to a leader who has found the solution to many problems in economics and sociology which harass the world today. In tuberculosis, too, the Soviet Union points the way and is solving satisfactorily this problem as well as other social diseases.

Because tuberculosis is a disease of poverty and low standard of living, Tsarist Russia headed the world list in deaths from T.B. and in the number of people suffering from tuberculosis. Imperialist Russia had no tuberculosis sanitariums. A patient who developed tuberculosis was considered doomed. The World War, the Civil War, the famine which followed, left Russia a complete ruin economically and industrially. But it left Russia at the same time free from tyranny and oppression.

In 1922, when the ruins were still smouldering and the echo of the last shot was still resounding in the Taiga and the vast plains of Siberia, the Moscow Research Institute in Tuberculosis was established.

Those were trying days. The doctors were few, and not all were willing to work for the Soviets. Medicaments were non-existent; the few hospitals that were inherited from the "Little Father" were overfilled with wounded. Only disease was plentiful—and tuberculosis was on the high throne. But the Institute labored persistently, grew stronger—like the industrial and economic life of the land.

Fourteen Institutes

TODAY there are 14 Research Institutes in tuberculosis in the U.S.S.R. Thirteen of these are Regional Institutes, each one covering a sector of the country, and the Central Tuberculosis Research Institute in Moscow is the parent organization. All the tuberculosis hospitals, sanitariums, night sanitariums, clinics are under the supervision of the regional Institute in that sector. From the center, a network spreads out which covers the entire country and reaches the remotest hamlet in the land.

The Central Institute is the main research center. It has an All-Union statistical department, and is a teaching institution for post-graduate students. The Institute sets the general tempo of the work in scientific investigation, prophylaxis, active therapy and organization. Outside of these general lines of activity outlined by the center, each Institute is an independent unit and shapes its program in a way best suited for the region in which the Institute is located.

The medical staff of the smaller units have frequent conferences and attend periodic conferences in the Regional Institute. An All-Union yearly congress is called by the Central Institute, where all Regional Institutes are represented in addition to thousands of physicians who come from the provinces. At this Congress, the work of the past year is reported upon—both from the center and from the local institutes; scientific papers are read; and the work for the ensuing year is outlined.

Visiting Doctors

LET US look into the method of operation of this network, and see how the workers in the factory and field are aided to fight tuberculosis. The visiting doctor from the diagnostic clinic arrives in a village on one of his periodic visits to examine all chest cases referred to him by the doctor from the general clinic. He classifies the cases he examines as observation, arrested disease, active disease, etc. The observation cases will return to the clinic on his next visit. The active case may need immediate attention and the patient is directed to the tuberculosis hospital in his district. All the contacts with the open case of tuberculosis are examined and x-rayed, to determine if any of them have

become infected with tuberculous disease. The contacts will now be followed in the clinic for several years.

The hospital to which the ill patient is sent acts as a diagnostic and clearing house. After a short stay in the hospital, a course of treatment is decided upon. The patient may remain in the hospital, may be sent to a sanitarium, to a resort, or to a night sanitarium.

During the patient's stay in the hospital, his general physical condition is investigated to determine whether he is suffering from any other ailments besides tuberculosis. Should some defect be found that needs immediate attention, or a condition that may interfere with the recovery from tuberculosis—measures are taken to correct it.

Cases that are of special interest, or diagnostic problems, are sent to the Regional Research Institute which is a teaching institution. These institutes are headed by the best men in the field of tuberculosis.

Upon recovery, the patient is returned from the sanitarium or resort to a commission at the tuberculosis hospital. This commission, upon studying the case, decides what type of work it is safe for the patient to do, and the number of hours he can begin with. From then on the patient is periodically examined in the chest clinic, and returns to his regional clinic in case treatment is to be continued after he leaves the sanitarium.

As in industry, housing, and a generally higher living standard—so in tuberculosis, too, the Soviet Union has made gigantic strides. Deaths from tuberculosis in the U.S.S.R. have decreased over 50 per cent for the five years between 1926 and 1931!



What is Hay-Fever?—

What are the Allergic Diseases?

Prevention and Treatment

DO YOU find yourself short of breath, at times, with your chest heaving and with noise coming from it as from a music box? Or are you one of those who at certain periods of the year find it difficult to breathe because of a running and clogged nose, with itching in the nose and eyes, and with terrific attacks of sneezing threatening to shake the head off your shoulders? Or are you subject to food rashes which cause intense itching that simply makes you tear into your skin in trying to get relief? If these are your afflictions, medicine explains your troubles through its studies in *allergy*.

Allergy means changed reaction to a normal substance or environment. For example, if at a banquet, five hundred guests eat strawberry shortcake and one guest shortly thereafter breaks out in an intensely itching rash, that individual is obviously *allergic* to strawberries. The word allergy comes from two Greek words meaning "other" and "work." On some people, certain things work in a different way.

For instance, why does one individual, although eating a common healthy food—healthy to everyone but himself—break out in a rash, or hives? Or why is it that one develops hay-fever from inhaling pollen, when all those about him do not—even though the same pollen is in every breath of the air that all take?

Medicine, in its studies of allergy, blames heredity. Statistics of those who suffer from asthma, hay-fever, and hives, show that all these diseases have a common origin, and usually occur in the same families. Thus, the doctor finds when he examines Johnny for hay-fever, that either Johnnie's mother or father, or an uncle or aunt had, or is having, the same

trouble; and that a sister or brother is subject to hives; while still another member of the family may be having asthma. The heredity is not quite apparent in all cases, but in the vast majority, on careful questioning, the family tendency is found. At times these diseases will skip a generation, only to reappear in the next. Nor is a particular allergic disease inherited directly. For example, if the father of a family has asthma, it does not follow that his children will have only asthma. They are just as apt to develop hay-fever or hives. If both mother and father have allergic histories, their children seldom escape.

The conclusion to be drawn from these studies in heredity is that one *inherits* the *tendency* to be subject to one or several of the allergic diseases—asthma, hay-fever, hives, etc.—and not the disease itself.

In addition, another important factor must be considered in the study of the causes of the diseases of allergy. This is the direct agent which, working on this hereditary tendency, actually brings on the disease. The tendency to suffer from pollen hay-fever exists all year. But symptoms will appear only during the pollen season; that is, on the appearance of the exciting agent.

We thus have an outside factor working on an internal, hereditary tendency. This combination is the cause of your asthma, hay-fever, or hives.

Hay-fever

IT IS ESTIMATED that about 1 per cent of the population of this country, or approximately 1,100,000 people, are sufferers from hay-

—Can the Worker Fight It?

Hay-fever attacks not only workers but also those who are of the employing class. But the treatment of hay-fever divides along class lines. The worker with perhaps one or two weeks' vacation cannot go to the White Mountains or for an ocean cruise for his cure. Preventives are possible—but economics operate against effecting them. Some cures are possible—but they are very costly. However, the allergist who wrote this article offers some helpful suggestions.

fever. What is this affliction? And what can be done for it?

Hay-fever is an irritation and congestion of the membrane lining of the nose, throat, and eyes. The chief symptoms are blocking and running of the nose, terrific attacks of sneezing, itching of the eyes and throat, and tearing. This malady is caused by breathing fine floating particles from the air which produce an irritation of the membranes in certain people who have an inherited tendency or weakness to this disease.

The malady appears most often between the ages of 20 to 40, regardless of sex, although cases are quite common in children and the old people. The duration of the symptoms is indefinite. A good number of cases go on for 25 years and more. Some are more fortunate and lose their symptoms in 10 to 15 years. Occasionally, after intensive treatment with injections, as described below, the symptoms may disappear in a year or two. But this is the rare exception rather than the rule. The symptoms do become less severe, however, in time; and often a spontaneous cure takes place.

The term hay-fever is really a wrong name, because the malady is not due to hay, nor is it associated with fever—as was originally thought.

Kinds and Types

THERE are two kinds of hay-fever, perennial and seasonal. Perennial hay-fever attacks at irregular periods, or may be continuous throughout the year. Here the offending particles in the air may be dander of the cat, dog, or rabbit; the feather of the chicken or canary; powders like insect powder, tooth powder, face powder, cornmeal, mustard, tobacco, etc.

The duration of the attack depends entirely

upon the presence of the offending substance. For example a person having perennial hay-fever which is due to the dander of a cat will have symptoms all year around if he has a cat at home. However, if there is no cat at home, no symptoms will appear unless he visits a home in which there is one.

Seasonal hay-fever appears regularly during specific seasons of the year, and lasts a limited time, leaving the patient free of symptoms between seasons. The offending particles are the pollens of three classes of vegetation—trees, grasses and weeds. All of these give off their pollen, by means of which they perpetuate themselves, at definite times of the year. That time of the year determines the time and duration of the specific hay-fever.

We have the following types of seasonal hay-fever in the eastern part of the United States:

The spring type (rose-cold) begins at the end of March, or early April, and extends to the middle of July. This type is caused by the pollens of trees such as oak, elm, maple, birch and hickory.

The summer type begins at the end of May, and extends to the middle of July. This is caused by the pollens of grasses, such as timothy, plantain, red top, June grass, orchard grass and sweet vernal.

The fall type is the next common type of hay-fever. This type begins in the middle of August, and lasts until the first frost. The pollens of the ragweeds are mainly responsible for this group—by far the largest group of hay-fever cases.

One may be sensitive to one or more, or all, of these pollens. We often find cases of hay-fever starting with the tree season in April, and ending only late in October.

Treatment by Prevention

THE BEST treatment for seasonal hay-fever is through avoiding contact with the pollen concerned, since the pollen is the specific cause. The rich who are afflicted with this malady escape from the pollen by taking ocean voyages or trips to localities free from the particular pollen. They go to the White Mountains, California, Florida, Europe. But the worker must remain at home and tolerate the terrible discomforts of this disease, often not being able to sleep, particularly if hay-fever is complicated by asthma.

One way to give relief to hundreds of thousands of sufferers would be to eradicate the rag-weeds, since it is the pollen of these plants that causes most of the cases of hay-fever. It should be the duty of a government that has the health of its people at heart to see that this is done. It is impossible, however, in this country because it would conflict with the interests of the big drug concerns who make tremendous profits year-in and year-out, because of this malady. The drug concerns collect pollen at no charge from nature, put these pollens into solution, and sell this to the doctors at such tremendous profits as to make the necessary treatment too expensive for the average worker. One gram of the natural pollen is sold on the market for about 50 cents. If properly put into solution this is enough for the treatment of about 50 people. Yet a drug firm sells a set of solutions for treatment of one person for \$10.

Physicians who know how to shop, however, can buy the pollen at much cheaper rates, and charge the patients much less. Some do so.

Injections

THE INJECTION method of treating seasonal hay-fever is the best treatment available today, and offers relief to about 80 per cent of the cases. It either eliminates or diminishes the symptoms, if enough injections are given. The solution injected is an extract of the pollen which is the cause of the hay-fever in question. Treatment is begun about three months before the onset of symptoms, and is usually given weekly in increasing dosage until the end of the season. These injections make the patient insensitive to the irritative action of the pollen.

To find out which pollen is to be used in the treatment, skin tests are performed. The doctor making these tests uses different pollens in different strengths. The skin tests must be very accurate and should be done before injections are started. Guesswork will not do.

The injections not only relieve the hay-fever but also the attacks of asthma which complicate this malady in about 30 per cent of the untreated cases. But hay-fever is not cured by this type of treatment. Each year the injections must be repeated.

Recently a new method of treatment has been started. Injections are given all year, once a month, using the highest dosage tolerated by the patient. This is done best by continuing with the maximum dose given at the end of the season. Some specialists claim cures from this type of treatment; but this is uncertain, as yet. For your perennial type of hay-fever, the treatment depends upon the cause, which may be determined by skin tests performed by an allergist (one who specializes in the treatment of

ment depends upon the cause, which may be determined by skin tests performed by an allergist (one who specializes in the treatment of



By Mackey

"The treatment . . . divides distinctly along class lines."

asthma and hay-fever), or in an allergy clinic, which all good hospitals have. Should the cause be the dander of the cat, dog or rabbit, or face powder or feather, it is enough to remove the cause. However, in a good number of cases the offending substance is house dust. Here the treatment consists of injections of extract of house dust—the same as in the pollen treatment.

Clinics and Drugs

WORKERS should be warned at this point of their exploitation in some clinics which make fortunes out of their treatment for hay-fever. These clinics make their own pollen extracts at almost no cost, and yet they charge their clinic patients as much as \$20 for a course of treatment. And the clinic patient is made

to feel that he is the beneficiary of a great favor. There are many doctors, however, who will give better care in their offices to these patients for a slightly higher charge.

Many patent medicines for the cure of hay-fever flood the market, at very fancy prices. These, however, should be avoided. For those who cannot avail themselves of the treatment by injections, we offer some relief by the use of the following:

Solution Ephedrine Sulphate (3%); five drops into each nostril will relieve the congestion; use as often as necessary; 10 to 15 drops in water, taken three times daily, by mouth, will also aid in relieving the symptoms.

Solution Nupercaine (1%); a few drops into the eyes and nose will relieve the intense itching.

EATING TO DIET

Most of the millions of profits made by "respectable" peddlers of quackeries come from the pockets of the workers. The workers do want sensible advice about dieting. A prominent doctor has prepared the following article for guidance.

AMERICAN advertising pages are full of medicines and devices which promise to help the users reduce their weight or increase it. In the April issue of HEALTH AND HYGIENE, several such quackeries were exposed. One of the firms threatened the magazine with suit—but of course did not go any further when HEALTH AND HYGIENE showed it was ready to stick by its guns. In the *New York Times*, of May 28, 1935, there was a brief report about another such advertised product. This one is called "Marmola." The Federal Trade Commission, in Washington, found that "Marmola" contains dessicated thyroid made from animal glands "liable to produce radical and harmful changes." The Commission also found that "Marmola" advertising falsely claimed that reputable physicians had endorsed the use of this product.

There are probably millions of people in America, especially women influenced by fads originating in Hollywood, who want to reduce weight. There are many others, both men and women, who would like to gain weight. Whether

your desire is to gain weight, or to lose weight, you must remember certain factors. There are some things which you simply *cannot* do because nature won't let you do them.

One of the factors beyond human control is the change of the hereditary pattern which to a large extent (other things being equal) determines the person's general shape, his stature, color of eyes, color of the natural hair, etc. If you were born broad-boned, there is no way in which you could acquire a sylph-like figure. If your body is of such a shape that you appear thin, you may never be able to fill out.

Another factor not within our immediate power to correct is our childhood environment. In childhood, we may have had or lacked good food, vitamins, fresh air and sunshine, healthful play and exercise. These things affect the bodily frame and size.

A third factor is the function of the endocrine or ductless glands. These have many various effects on growth, on the deposition of fat under the skin, and on the speed with which food is burned or metabolized. Thus, if the thyroid

gland is "sluggish," too little food will be burned up for energy—and, instead, a good deal of it will be deposited under the skin as fat.

A fourth important factor related to the above, because it is also under glandular control, is sex and age. As women grow older, and also at various periods in their sexual life, they tend to get stouter, with a special disposition toward putting on fat about the hips and thighs. The fat laid down in these regions is generally tougher and more difficult to remove than other fat.

These are some of the things that are in the main beyond our control at present. But within these limits there are still some measures for gaining or losing weight that can be taken. The center of these methods is diet. To lose or gain weight requires a certain amount of determination and discipline.

Be Examined First

BEFORE starting a diet it is essential that one be examined by a physician or clinic to determine whether the stoutness or thinness is caused by some glandular or general disease which itself demands treatment. Especially in

reducing cures, it is important to be sure that no disease of the heart, lungs or other organs is present which makes it inadvisable to diet. Furthermore, in all cases where the ductless glands are suspected to be at fault, or where thyroid gland may be used as medication, it is necessary to take a basal metabolism test to learn at exactly what speed the individual is using up his body tissues and his food.

The diet itself must be such that it will do no harm to the one who takes it. It must therefore contain an adequate amount of vitamins, minerals, proteins and bulk, if it is to be taken over a long period. It must not weaken the dieter. For this reason, fad diets are dangerous. They usually are inadequate if taken over a long time; often they cause too rapid reduction, and leave the dieter weak.

Assuming that there is no glandular abnormality, the healthy individual from 16 to 45 who leads an active life, who does not do sedentary work, or can play and exercise moderately after a day of sedentary work, can usually reduce his weight on a moderately restricted diet. Such a diet would be as follows:

To Reduce—Eat

Vegetables: Lettuce, cucumbers, spinach, asparagus, rhubarb, endive, sorrel, sauerkraut, beet green, celery, mushroom, tomato, Brussels sprouts, cauliflower, eggplant, cabbage, radish, leek, string bean, broccoli, artichoke. *In smaller quantities, eat:* Turnip, kohlrabi, squash, beet, carrot and onion.

Fruits: (Not stewed, unless stewed without sugar) grapefruit, orange, strawberry, lemon, cranberry, peach, pineapple, blackberry. *In smaller portions eat:* Raspberry, Currants, pear, cherry, peach and melon.

Meat and Fish: Lean meat, fowl, and fish, including shell fish.

Bread and cereals: Only one thin slice of bread, or two soda crackers, or four saltines with each meal.

Dairy Products: Buttermilk, one-half glass of milk occasionally, cottage cheese. Eggs, one every morning.

Drinks: Soups, clear broth only, or broth with vegetables mentioned above. Tea with lemon, coffee with milk (preferably without sugar, use saccharin if necessary).

To Reduce—Avoid

Vegetables: Potato, green pea, lima bean, corn, shell bean, parsnip, olive, Avocado.

Fruit: Plum, banana, nut, prune, raisin, fig, date, apricot, stewed fruit, canned fruit.

*Bread and cereals—*any at all, including cold cereals, cakes, cookies, pies, ice cream, macaroni, noodles, spaghetti and rice.

Meat and fish: Fatty meat and fish, including bacon, pork and delicatessen.

Dairy Products: Any cheese (except cottage cheese), milk, cream, sour cream, butter.

Drinks: Creamed soups, soda water, beer.

Miscellaneous: Mayonnaise, candy, oil, gelatin, puddings, custards, jam, jelly, marmalade, etc.

Type of Diet

DIETS may be varied in accordance with the customs of various national groups, or in accordance with the habitual customs of various geographical divisions. But, on the whole, the diet given below will serve as a sample for the person wishing to reduce.

Breakfast: A portion of fresh fruit without sugar; one egg (sometimes two); a thin slice of bread or toast, without butter; coffee or tea without milk or cream, preferably without sugar. If you have to sweeten the coffee or tea, use saccharin.

Noon meal: A large serving of lean meat, fish, or chicken; one portion of vegetable without butter or cream sauce; one green salad; coffee or tea without milk or cream; or buttermilk.

Evening meal: Broth; a quarter of a cup of cottage cheese, or lean meat, fish, or chicken; a portion of vegetable without butter or cream sauce; a portion of fresh fruit without sugar; coffee without milk or cream; or buttermilk.

Gaining and Tonics

THE SIMPLEST way to gain weight, is reversing a reducing diet. *Do eat.* Eat those foods which the reducing diet forbids you to eat, and do not eat foods that you take when you want to reduce.

However, a certain amount of green vegetables and fruits should be eaten for gaining as well as for reducing, because your body needs the benefit of the vitamins in the fresh food. Of

course, eggs and all meats and fish are allowed for gaining. An extra meal in the evening, about 10 o'clock, may help the person who wants to gain weight.

Whether you are trying to gain or to reduce, however, it is possible you may need a more specialized diet than the one given in the general directions. Only a physician or dietitian can plan your diet for you in those cases.

If the stout person does not lose weight by using the diet outlined here, it may be necessary to use thyroid glands as medicine. But such should not be used except under the observation of a physician. Do not fall into the habit of using such advertised "reducers" as those exposed in HEALTH AND HYGIENE. They may bring down your weight—but they may do more harm of other kinds to your system. None of the advertised drugs have as yet been proven safe enough for general use. Also beware of salves, massages, vibrating machines, rolling machines, and other mechanical aides of that kind. Most of them are absolutely worthless for reducing, and some are harmful.

For increasing the appetite, tonics are often prescribed. Sometimes, the patient taking a tonic for that purpose does apparently have a better appetite. But, usually, it is only because of the psychological effect. The tonic itself does not bring on the appetite—but the patient thinks so and, possibly, eats a little more.

There is no medicine, with possible exception of insulin (which is given to diabetics) which will increase the appetite.

the MYSTERY of X-ray



By Mackey

WILHELM KONRAD ROENTGEN
He looked for the invisible . . .
He found unexpected clarity . . .

Discovery of the use of X-ray broadened the possibilities of science in many directions. The X-ray apparatus one sees in a dentist's office may look simple and fool-proof enough. But X-ray work demands great competence. The specialist who wrote this article dispels some of the mystery about the possibilities of X-ray.

THERE IS a mystery about x-ray to most people who have had occasion to have x-ray pictures taken. Few understand what the x-ray picture is or why it is taken. Still fewer understand what the x-ray picture can show, and what it cannot show.

The x-ray was discovered by a German scientist, Wilhelm Konrad Roentgen, in 1895. Roentgen was experimenting with electrical apparatus, in search of invisible light rays. In order to use these rays, he was using tubes of glass from which nearly all of the air had been pumped—vacuum tubes. There were two wires through the glass. These wires were connected with the two poles of an electric generator. Roentgen found that the rays from the positive pole had the power to pass through solid matter in different degrees. He found that these rays could pass through wood or through water, but not through lead. He found that they passed slightly through other metals. Through this x-ray, photographs may be taken of bones or of metallic substances in the tissues of our body. The rays pass through living tissue, but are stopped by the bones.

An x-ray picture of any part of the body is a

shadow picture produced on a special photographic film by means of any modern x-ray machine built on Roentgen principles. X-ray diagnosis involves the reading or interpretation of the various shadows seen on a film.

X-rays will pass almost completely through the softest tissues and organs of the body, such as lungs, kidneys, muscles and ligaments. Consequently these will have a dark appearance on the plate. On the other hand, substances like bone offer resistance to x-rays. These rays will be stopped or absorbed by such dense matter, and will consequently be revealed on a film as a white shadow conforming in shape, position and detail to the bones they passed through.

The x-ray specialist utilizes these principles in interpreting the various diseases of the organs. Take for instance certain destructive diseases of bones. The diseased parts will have a dark appearance; that is, a lessened density as compared with the clear and white appearance of the normal part where the density of the bone is normal.

On the other hand, in certain diseases of bones, there is an excess growth of the bone or an excess calcium in the bone, and the x-ray picture of these bones will show a widening of the bones or a whiter area in the bones to correspond to these changes.

In certain diseases of the lungs, as early T.B., there will be seen on the x-ray picture a veiling or clouding of the upper part of the lung as compared with the healthy opposite organ. As the disease progresses, we may find a heavier clouding or mottling in the interspaces between the upper ribs as evidence of the increase in density of that diseased portion of the lung. And so, it is a question of shadows and the correct interpretation of these shadows on the film. That is the task of the x-ray specialist.

There are certain physical principles that are followed in x-ray diagnosis in order to get a correct picture. First: The part to be x-rayed must be in the center of the film. Second: The central beams of light from the x-ray tube must be at right angles to the film. Third: The organ or part that is nearer to the plate is more distinct and clearer in appearance than the part that is away from the film. This last physical principal is made use of in the diagnosing of differences between stones in the gall bladder and stones in the right kidney. Since both are in the same general area, we take a picture with the film lying against the front of the stomach wall (the region of the gall bladder) and another film at the same level but placed against the back (the kidney region). On comparing films, if the dense stones are clearer on the gall bladder plate, we surmise that they are in the gall bladder. If on the other hand they are clearer on the kidney plate, we diagnose it as kidney stones.

Things It Can't Show

LET US SEE some of the things an x-ray cannot show. For instance, the stomach. It is radiopaque, that is practically all the rays pass through it and no shadow is left on the film unless we give the patient barium sulphate in a suspension in buttermilk. Barium sulphate be-

ing radiopaque (that is, absorbing most of the x-rays) it outlines the shape of the stomach. Actually you do not see the stomach; you only visualize its form by means of the radiopaque substance. Then again, sprains and strains of the back, knee, ankle and shoulder or any other joints cannot be visualized on an x-ray film because the ligaments affected are too radiopaque. By special technique, however, some of the ligamentous injuries can at times be demonstrated.

Intra-abdominal tumors or tumors of the womb, ovaries and tubes are difficult to diagnose by means of x-rays, unless the particular mass in question is dense enough to reveal a definite shadow on the film. Displacement of the intestines, kidneys, or liver may lead us to suspect tumor masses in the abdomen.

The question arises, why take x-rays? Why cannot the physician in charge of a particular case treat it successfully without resorting to x-rays? It is true that many simple ailments can be treated satisfactorily without the aid of x-ray examination. However, some cases such as protracted simple colds and coughs need further study, and an x-ray of the chest is very imperative.

Time and again beginning T.B. has been discovered by taking an x-ray of the lungs advised by the family physician. The same holds true in diseases of the stomach. By taking serial x-ray examinations of the entire gastro-intestinal tract, early cases of gastric ulcers can be discovered and treated medically, thus avoiding surgical interference.

In fractures and dislocation of bones, repeated x-rays are imperative in order to determine the position of the broken parts and the method and nature of healing those parts. Better results are thus obtained at the present time than in years prior to the discovery of x-rays.

A Note on Advertisements

With expansion in view for HEALTH AND HYGIENE—thanks to the ever-increasing support from subscribers and readers—the Medical Advisory Board wants to call the attention of its readers to the advertising in the magazine.

The magazine wants advertising, and wants its readers to patronize its advertisers. However, the magazine does not accept advertising

from any one who offers it. For instance, the manufacturers of an article exposed in one of our earlier issues have offered HEALTH AND HYGIENE an advertisement. Obviously such an offer was in the nature of an attempted bribe. The magazine refused to accept the advertisement. HEALTH AND HYGIENE, however, asks its readers to use their own discretion as to the acceptance of

everything that advertisers offer. The M.A.B. also asks its readers to read advertising carefully so as to understand fully what advertisers offer.

A small advertisement offers electrolysis for removing superfluous hair. Electrolysis, competently done, does remove hair. But it does not prevent hair from growing again right next to the very root that has been removed.

BABY'S Summer Sickness

The preventives necessary to safeguard the baby in the summer are so simple, most of the time, that they may be overlooked—with serious consequences for the baby. Parents still feel the hot season is dangerous for their infants—and it is, when proper precautions are neglected.

SUMMER has always been regarded as the most healthful season of the year. The temperature remains more or less constant during the day so long that there need not be any marked changes in clothing. The sun is good and strong, and is loaded with ultra-violet rays which serve a double purpose—contributing to the health of the individual, and killing off harmful germs. Yet, summer has always been regarded with a good deal of suspicion and dread by parents, especially in relation to infants and young children.

This fear of summer as far as infants and young children are concerned is not without reason. Within the memory of most of us 30 years old or older, summer complaint or summer diarrhea means something very dreadful. Thousands and tens of thousands of babies used to die annually from this condition which has been called by many names. The latest and most scientific term is intestinal intoxication. By others it was called *cholera infantum* (cholera of children), and dysentery. The man in the street called it summer complaint.

The number of cases of this serious disorder has been greatly reduced within the last ten years by a process of education of both physicians and parents in the hygiene of infant feeding; the importance of the sterilization of bottles and nipples; the boiling of water; refrigeration of milk; and by the great improvement in the milk supply and the regulation of dairies.

In spite of all our progress, the death-rate among babies is greatest up to one year of age, and still higher before the first month of life. Disorders of the stomach and intestines, espe-

cially the intestines, play a leading part in causing death among so many infants before they reach the first year.

What can be done to prevent these stomach and intestinal upsets in infants during the summer months?

Summer or winter, fall or spring, avoid exposing the child to infection. Do not allow the infant to come into contact with anyone or anything infected—which means even you who are handling the baby all the time. If the mother comes down with a cold, no matter how slight, she should wear a gauze mask over her mouth and nose while she handles the child in any way. Infection or no infection, the person who handles the infant should always and invariably wash her or his hands before doing anything for or to the infant.

If the infant is being nursed, the mother's nipples should always be washed gently with a weak solution of boric acid before nursing.

If the infant is receiving a formula, the following precautions should be observed always: Sterilize the bottles, nipples, bottle stoppers, spoons, measuring vessels, etc., by boiling for at least five minutes; use boiled water only; use milk for a period of 24 hours only; keep the formula in the ice-box from the time of its preparation until it has to be used; handle the nipples as little as possible, and only after you have thoroughly washed your hands.

By using this careful, sterile technique, the stomach and intestinal disorders of infants occurring mainly in the summer can be reduced tremendously.

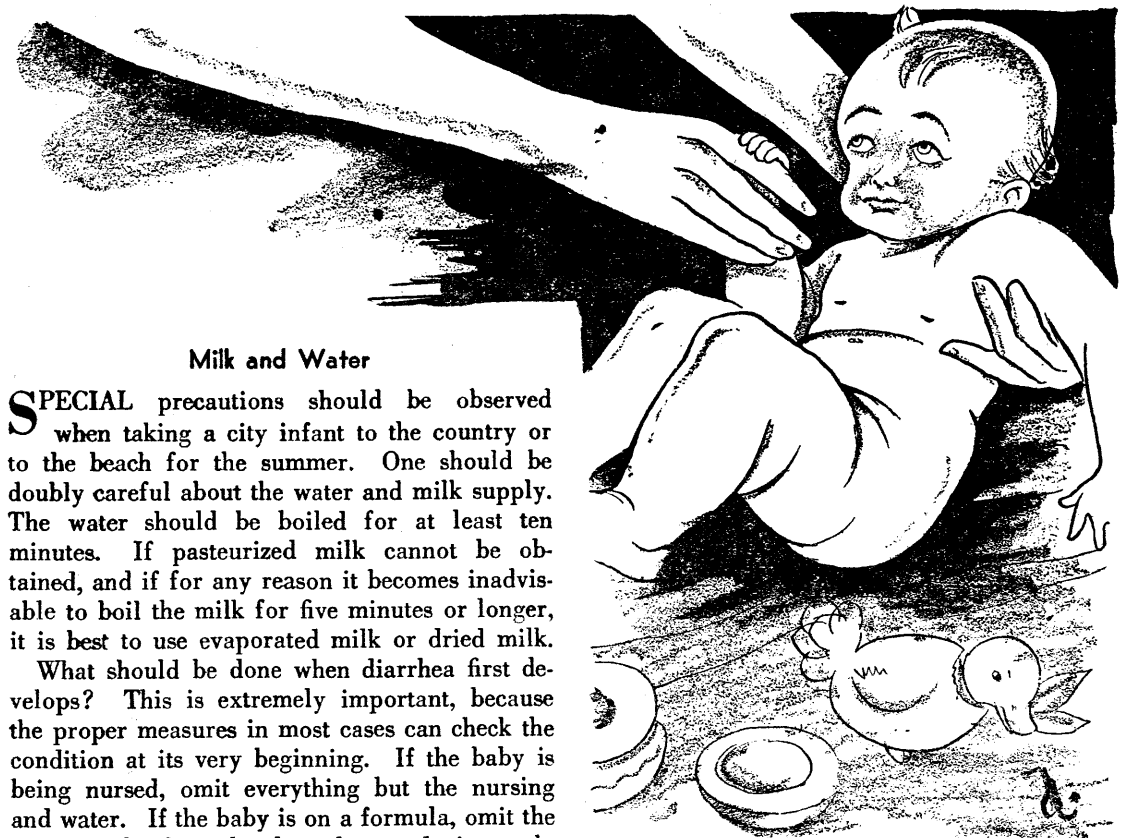
Milk and Water

SPECIAL precautions should be observed when taking a city infant to the country or to the beach for the summer. One should be doubly careful about the water and milk supply. The water should be boiled for at least ten minutes. If pasteurized milk cannot be obtained, and if for any reason it becomes inadvisable to boil the milk for five minutes or longer, it is best to use evaporated milk or dried milk.

What should be done when diarrhea first develops? This is extremely important, because the proper measures in most cases can check the condition at its very beginning. If the baby is being nursed, omit everything but the nursing and water. If the baby is on a formula, omit the sugar in the formula altogether, and give nothing else but water and orange juice. As soon as the stools become normal, put the other articles of the infant's diet in again; but do this gradually, from day to day, one thing at a time.

Most of the diseases of childhood, such as measles, chicken-pox, German measles, whooping cough, scarlet fever, and diphtheria, do not as a rule occur in the summer time—at least, they are not regarded as summer problems. Infantile paralysis is a summer condition. Fortunately, except during infrequent epidemics, it occurs only sporadically, that is a case here and there. The preventive method is still in the experimental stage. While it holds a great deal of promise it is not yet available, and its value has not been conclusively proven.

Many children and adults used to return from the country and camps with typhoid and paratyphoid fever. These conditions have become relatively rare through the betterment of water supply, sewage disposal, etc. However, in figuring on a vacation in the country, especially where the water supply has not been tested and is unknown, it is advisable to give the baby (or



By Del

adult) a course of typhoid and paratyphoid immunization injections at least three months before the vacation.

Sun Baths

IN GIVING infants and older babies sun baths in the summer, it is very important to observe certain precautions. If the baby is awake, turn the head away from the sun, as the direct rays of the sun on the eyes may cause an irritation of the eyes. If the baby is sleeping, the eyelids will protect the eyes against the rays of the sun, inasmuch as the sun's rays cannot penetrate the eyelids, and the baby's head need not be turned away from the sun. In any case, it is best to have the baby lie with his feet directed away from the sun.

When the weather is real warm, all the baby's clothes may be taken off except the diaper.

The sun bath should be given between 8 A.M. and 11 A.M., when the sun is not too hot; and then again after 3 P.M. A fair-skinned baby should not be exposed for over two minutes

front and back for the first time. After the first time, the exposure may be increased one minute every day, until the child is exposed for about fifteen minutes daily front and back. A dark-skinned baby, on the other hand, can be started with an exposure of four to five minutes front and back the first time, and may be increased by two minutes every day up to fifteen minutes front and back daily.

Before exposing the baby to the sun for the first week or so, or even before every exposure, it is advisable to apply either olive oil, or cold cream, or lanolin, to the parts to be exposed. This will protect against sunburn, and permit the baby to receive the valuable rays of the sun without hurt.

As for clothing during the sweltering summer days, a cotton sleeveless band (undershirt) and a diaper are all that are necessary. For the night, the addition of a cotton night-gown will be enough. A blanket or two are all that are necessary to cover the baby, unless it gets cooler during the night. It is important to bear in mind that, immediately next to the skin, cotton shirts are best in any season, summer or winter. Woolen underthings absorb the sweat, and act like a wet dressing. This is probably one of the chief reasons for all sorts of skin rashes in babies, the most important of them being prickly heat.

Chafing and Rash

EXPOSURE of the baby's skin for long periods to wet and soiled diapers causes a very annoying rash and chafing in the folds of the skin. Overdressing causes excessive sweating, with resulting prickly heat.

Sometimes there is a very marked odor of ammonia about a baby who is permitted to lie in a wet diaper for a period of time. The mother becomes worried and rushes to a doctor to inquire whether or not the child has something wrong with his kidneys. The so-called "ammoniacal diaper" is simply caused by the

action of harmless germs in the air acting upon the urea in the urine, which in turn produces a weak solution of actual ammonia. Rinsing the diapers in a strong solution of boric acid, about three tablespoonsful to every quart of water, will prevent the action of these germs—and so prevent the diaper rash.

The use of boric acid ointment once daily after the bath will keep the buttocks and adjoining parts in the pink of condition. For the prickly heat, it is well to use a dusting powder consisting of one part of boric acid powder in two parts of ordinary corn starch. When a baby becomes chafed, it is best not to apply any soap and water to the parts, but to cleanse freely with mineral oil and apply either lanolin or boric acid ointment. A dusting powder as just described will also be helpful.

Rickets in Summer

THERE is a mistaken notion that, in the summer, no measures against rickets are necessary, in view of the fact that the ultra-violet light content of the sun is very much increased in the summer. This is true in the open country and at the beach; but it is not true in the cities.

In the cities, especially in industrial areas, where the air is heavily laden with dust, the ultra-violet rays are actually filtered out of the sun's rays. The sun's rays are robbed of most of their beneficial ultra-violet light rays, which are so important in the prevention of rickets.

Of all the measures, the best is irradiated milk, both fresh and evaporated. The second best is plain cod-liver oil. The third is viosterol, which happens to be the most expensive.

So-called Vitamin D milk is now available in most large centers, and is excellent for the prevention of rickets. It is especially good, as nothing else but actual food is necessary. Where one wants to be doubly cautious, the addition of cod-liver oil is especially advised because it is a very high caloric, concentrated food.

"I investigated Soviet health"

By

Paul Otto Schallert

B. S., M. A., M. D.

The writer of this brief report on Health in the Soviet Union returned June 12 from Russia, where he had gone as one of twelve delegates sent by the Friends of the Soviet Union to investigate conditions in that country. He spent two months in the Soviet Union. Dr. Schallert is a resident of Winston-Salem, N.C. He is a member of the Winston-Salem City Committee of the Socialist Party, and of the North Carolina State Executive Committee of the Socialist Party.

AS A PHYSICIAN in active practice in this country since 1904, I believe I am qualified from my background to make certain professional judgments and comparisons. My impressions in Soviet Russia regarding the facilities for caring of the health of the population were gathered at first hand through visits to factory clinics in many large industrial centers, hospitals, medical schools, post-graduate medical institutions, ambulatoria, prophylactoria, venereal clinics, night sanitariums, rest homes, hospitals and sanitariums for children, babies' clinics and food stations, sanitariums for adults afflicted with tuberculosis, children's bone tuberculosis sanitariums and Pioneer camps for subnormal children.

From all these observations, I am in a position to give an American medical man's viewpoint regarding their medical buildings, equipment, drugs and medicines, methods of treatment, nurs-

ing service, the results they have obtained so far, and something about their plans for the future.

There are still buildings in Russia which are inadequate as to number, location, number of rooms, floor-space, and modern planning and architecture. It must be remembered, on the other hand, that the equipment they have is very complete, and sufficient in a general way.

Many of the buildings they still must use are remainders of the old regime. But I would say that, on the whole, most of our American hospitals in cities of less than 100,000 population are not the equal of the Russian hospitals, either in equipment or in the kind of professional service rendered. (The only hospitals in smaller cities in our country that equal the Russian institutions are those attached to Class "A" medical schools.) As a whole, the Russian equipment is complete, and there is enough of it.

I have learned that by the end of their next

five-year plan the vast majority of the older buildings will have been torn down. New buildings will be erected, planned with all modern advantages. Architects are planning these new hospital buildings to fit the patients and the medical service—instead of getting patients and staffs to fit the buildings as is done so often in this country.

Hospitals will be located in the best locations, so that patients will receive the maximum amount of fresh air and sunshine, and a quiet, restful atmosphere. Abundant food, properly prepared, will be provided for each patient. There will be no overcrowding in wards or rooms. All hospitals will be large enough for adequate service.

Large parks will be laid out in hospital districts. Radios and orchestras will be provided especially with a view of making the environment as restful and as conducive to quick and complete recovery as possible. Streets leading to such institutions will be paved with materials that will keep traffic smooth and noiseless.

But one wants to inquire, what are the methods of treatment at present?

Superior Professionals

PHYSICIANS and nurses are prompt, courteous, efficient and trained in the most modern techniques. I am certain that their professionals are far superior in their methods to any we have in the U.S.A. Here, on account of the depression, hospital and clinical personnel has been reduced to a minimum, and physicians find it impossible to leave their practices for further study.

Many of our patients in America do not have the funds to buy the medicines they require. Often they are compelled to resort to uncertain patent medicines and other concoctions. Often they are not sure of the nature of their ailments, their maladies are badly diagnosed, or not diagnosed at all.

Nowhere in our country is there given such generally efficient medical and nursing service, by such competent authorities with modern equipment, as in the Soviet Union. Only in the U.S.S.R. is that kind of service given to the workers. With us, those in the bread lines or on the charity doles receive only the simplest and cheapest medicines, and the most prefatory services.

Too often, in our large hospitals attached to

some medical school or center, medical service is rendered only for the purpose of developing and increasing the reputation of staff specialists who have pet theories. In the U.S.S.R., all service is rendered with one idea only—that of providing the best for the patient in the best possible manner.

In the Soviet Union, all workers receive medical and nursing service which is at least 95 per cent efficient. In our country, only about 1 per cent of the population receives service which is 98 per cent efficient. The middle classes in our country receive only partially efficient service, and most of the workers receive so little medical service that it is negligible.

Continuous Study

THE SOVIET professionals who render service for the relief of suffering humanity and for the prevention of sickness and accidents have the opportunity continuously to improve their knowledge. They are being trained continuously for better service. Every three years, a professional in the Soviet Union must re-enter a post-graduate medical institution or clinic to learn about the latest discoveries in his specialty. My personal hope is that, when I have the opportunity for further study in my chosen field, I might be allowed again to go to the U.S.S.R. to work and study under the many masters of world renown and reputation in that country.

Open toilets and lack of other sanitary provisions are among the remnants of an older day that the Soviet Union plans to abolish in the very near future. I have had opportunity to study their plans, and to find out that appropriations have been set aside for effecting these plans. Those plans call for immediate construction of sewer systems; closed, sanitary, well-ventilated, and regularly disinfected and cleaned toilets for public and workers' use in the country districts as well as in the cities; and other such improvements.

If our economic system in the United States is not changed radically from the present system, under which our civic and public funds and credits have been dissipated and our people exploited, I predict that the U.S.S.R.—with its honest and efficient and intelligent management, backed by an awakened population and ample resources—will be so far ahead of us that there will be no comparison possible by the end of their third five-year plan.



By Redfield

WHAT PRICE HALITOSIS?

Many are of the belief that even the word "Halitosis" is the property of advertisers. That is not true; it is a perfectly good word, meaning bad breath. But bad breath may be caused by any number of factors, and swishing with expensive mouth washes is not only a waste of money but may cause neglect of important treatment.

"HALITOSIS," or foul breath is as famous in dentrifice advertising material as "B.O." is in soap advertising. It can be stated categorically that both these words are used and exploited for the profit motive only. If there was sincerity of purpose on the part of the producers of the variety of mouth washes, if they really wanted to eliminate foul breath from those afflicted, they would be compelled to study and learn the reasons for the various unpleasant odors from the mouth. In discovering these causes, they would have to conclude that the manufacture and marketing of mouth washes and other dental cleansing products for the prevention and removal of halitosis should be discarded.

Let us examine some of the causes of foul breath and see if any of the mouth washes on the market today are adequate for its removal. Some of the common causes of bad breath have their origin within the oral cavity. These are *caries* (decay of the teeth), *pyorrhea* and *Vincent's infection*. Diseases of the jaw bones, such as *necrosis* (death of tissue), yield a sickening odor. Bad breath may develop due to diseased conditions of the nasal cavity, larynx, tonsils and pharynx. Offensive breath may be the result of systemic diseases, such as diabetes, diphtheria, syphilis and various forms of dyspepsia. These are a few of the causes of foul breath. There are other causes of even a more serious nature.

One does not need much imagination to real-

ize that no mouth wash will clear up any of the above causes of bad breath. Without curing these conditions, the odor will still remain in the mouth. In spite of this simple truth, we read and hear of claims such as the following: "To guard against halitosis—rinse mouth with Listerine"; or "Dr. Lyon's Mouth Wash—Swish Checks Bad Breath." There are many others. Although these statements do not promise cures, the implication is too vicious to be ignored. People are won over by these phrases. The result is that often the actual cause, which may be of a serious nature, is neglected.

The Only Way

THERE is only one means of eliminating foul breath. That is through the efforts of dentists and physicians to place the teeth, mouth and body in good, healthy condition. This sound and correct advice, however, is counteracted in two ways. First, by the constant bombardment of advertising through the press, by posters and radio, sponsored by those who manufacture the mouth washes, claiming that these "washes" serve the purpose of deodorants, of sweetening the breath, and of guarding against halitosis, etc. Second, by the fact that millions of people are unable to pay for medical and dental care.

John Doe, who is out of a job, uses a well advertised product, such as Pepsodent antiseptic, to clear up the unpleasant odor in his mouth—which for all he knows may be due to the decay

of his teeth, diseased condition of the nasal cavity or some other disease. He is compelled to resort to a mouth wash for his condition on account of his financial position.

He is also persuaded by the subtlety of the Pepsodent advertisers over the radio. They state that "Pepsodent antiseptic keeps the breath pure and wholesome two hours longer than any other antiseptic mouth wash." That may or may not be so. Rinses do to some extent disguise breath odors. But they can do no more than that. John Doe's breath, however, would become "pure and wholesome" if his body and mouth received treatment. In good health, the mouth has a tendency to have a sweet odor, or to be nearly odorless.

"Ads" Mislead

THE MOST that a mouth wash can do, in addition to disguising the mouth odor for a

"Impurity" in Woman

MODERN scientific research has helped to sweep aside the superstition and mysticism that for centuries grew up around the subject of menstruation. From time immemorial, menstruation was considered a cleansing process. It was believed that menstrual blood was "bad blood" and that menstruation was essential to good health and well-being. Even the medical profession today is not quite free from the influence of such superstition.

The disagreeable odor of menstrual blood is, in part, responsible for this belief. Among ancient peoples, it was thought that menstrual discharges were poisonous, that they withered flowers, soured wine, destroyed insects, caused fruit to fall from trees, tarnished mirrors and dulled razors.

Such beliefs were responsible for the horror that was held for menstruating women. The Bible frequently makes mention of menstruation, always in the sense of something unclean and obnoxious. Among Orthodox Jews, it is

very short time, is to act as a mechanical rinse. By that, the dental profession means that a mouth wash, whether you pay 59 cents for a four-ounce bottle or mix it yourself in a tumbler, can help you clean the mouth by washing out whatever loosened food there happens to be in your mouth at the time of the rinse.

Advertising which uses such terms as "germicide," "antiseptic," or "disinfectant" in connection with mouth washes is definitely misleading. There is nothing at all in the scientific literature on the subject to show that mouth washes do anything more than decrease temporarily the number of bacteria in your mouth.

Plain water and salt for the mechanical rinsing of the mouth is just as good as the fanciest, advertised mouth wash. If you add some borax and bicarbonate of soda, using an equal amount of each, you will have as efficient a mouth wash as you need.

still customary to consider the menstruating woman as being unclean for seven days after the cessation of menstrual flow.

In ancient Persia, the persons guilty of sexual relations during the menses were consigned to the fires of hell until the "Day of Judgment." Women of certain primitive tribes are obliged to wear a bandage about the head during the menstrual period. Among some of the American Indians, the squaws had to live in separate huts when they menstruated. The Illinois tribe punished by death any squaw who failed to give notice of being affected by the periodic discharge.

Even as late as the nineteenth century, one of the causes of menstruation prominently discussed among the medical profession was the theory that it was under the influence of the moon because the length of the menstrual cycle corresponds to one lunar month. This theory is absurd. If it were true, all women in a given locality would menstruate at the same time.

Menstruation Is Not Impure

● One of the most natural functions has been debased by hypocrisy which never permits natural discussion about a subject that many people think is abhorrent. Superstitions have grown up about the subject of the woman's periodic expulsion of blood. This article debunks those superstitions and discusses the subject very clearly.

One of the greatest services that a doctor can render to his patient is to impress upon her that, as far as her general health is concerned, the lack of menstruation is essentially harmless and its purpose is not to rid the body of harmful substances.

It is important to explain in the simplest fashion the real meaning of menstruation, its purpose and how it is brought about. This is not an easy thing to do, because menstruation is a very complex process.

Facts of Process

THE FACTS about the mechanics of menstruation have only recently been discovered. Our knowledge had been held back for nearly one hundred years because the scientists interested in the theories of menstruation, in reasoning by analogy, assumed that the bleeding that takes place periodically in women was the same as that which occurs in lower animals.

Now we know that this is not the case. The processes are not similar. Monkeys and women are the only animals that menstruate. The bleeding that takes place in all other animals is not menstruation.

The lower animals exhibit periodic intervals of a seasonal character commonly spoken of as the period of heat, desire or estrus. At this time, there is an increase in the activity of the sexual glands, accompanied by a slight bloody discharge, and eggs are shed by the ovary (ovulation). During this period only, will the female accept its mate and pregnancy take place.

Reasoning by analogy, the noted German physiologists Reichert and Hiss propounded the menstrual theory in the human, stating that menstruation occurs at the time of ovulation.

This theory was responsible for prevailing ideas that are widespread in the minds of the public—that the most favorable time for a woman to become pregnant is at, or close to, the menstrual period and that a woman, like a

lower animal, must be in heat (be passionate) in order to conceive.

Now we know that these concepts are incorrect. In the human being, ovulation and menstruation do not occur at the same time. Ovulation usually takes place midway between two periods, or fourteen to eighteen days after the beginning of menstrual bleeding.

The question then naturally arises: What is menstruation? What is its function?

Not "Impure"

ONE OF THE most important functions of the female is reproduction—bearing offspring. Once a month, beginning with puberty and ending with the menopause (change of life), the ovary gives off an egg, and the womb is prepared to receive this egg if conception takes place. In the preparation of the womb, the lining becomes thicker, its blood supply is increased—so that the fertilized egg can have a proper place where it can attach itself to the mother, obtain nourishment, and develop into a child. In other words, nature prepares a nest.

If no fertilization occurs, the egg dies and the nest is no longer necessary. The thickened lining of the womb degenerates and is thrown off. This throwing off of the lining is accompanied by an escape of blood—and is known as menstruation.

Thus we can readily see that the menstrual process has nothing to do with getting rid of poison, and that menstrual blood is not "impure blood."

Although this explanation is quite a simple one on the surface, the menstrual cycle is, nevertheless, very complicated and intricate, requiring the delicate interaction of at least two internal glands and the womb. The glands involved are the pituitary—located at the base of the brain; and the ovary—situated in the pelvis. Each of these glands gives off two distinct secre-

tions, called "hormones," which are responsible for the menstrual cycle.

The pituitary gland is the real power behind the throne. Its hormones dominate or stimulate the ovary, and produce ripening of the eggs. Then the ovary, activated by the pituitary, in turn produces hormones which control the nest-making in the womb. It is then understandable that, if the pituitary gland does not function properly, the ovary will be thrown out of gear.

If the pituitary gives off little or no hormone, menstrual bleeding will be scant or lacking. If the pituitary gives out too much hormone, menstruation will be too frequent or too profuse.

On the other hand, if the ovaries for some reason are unable to function or have been removed by operation, no menstruation can take place either—even though the pituitary gland is able to do its work normally.

And even if both the pituitary and the ovaries are capable of acting normally, no menstruation can occur if the womb is absent.

Wrong Ideas

NO DISCUSSION of the topic of menstruation would be complete without debunking many of the misconceptions and erroneous ideas usually associated with the "monthlies."

The average woman, on being questioned about the regularity of her periods, will declare with a great deal of assurance that she is "as regular as clockwork"—that she "comes around" on the dot every 28 days, sometimes even at the exact hour.

This, of course, is untrue. The only regular thing about menstruation is its irregularity. Those women who are so cocksure about the exactness of their menses have not been keeping written records. They have been depending on memory, and the memory is notorious for fickleness.

Accurate and dependable menstrual statistics of large groups of subjects have shown that most women are not regular. The cycle may vary anywhere from 25 to 35 days. The 28-day cycle is a rarity. Women should therefore not be concerned about slight irregularities. They are normal.

Another frequent question asked is: "Are marital relations harmful during the periods?" The answer is "no." The only reasons for denial are merely esthetic.

"Should physical exercise be curtailed dur-

ing the period?" No, unless one is incapacitated by pain or extreme discomfort. Only the strenuous kind of exercise, such as horse-back riding, should be avoided; tennis, golf, swimming, may be indulged in.

"Are baths dangerous?" One may take warm baths during the menses. As a matter of fact, we can go one step further and say: One should take warm baths at this time.

Is douching permissible? The answer is "yes"—if one so desires. As a matter of fact, for the treatment of certain inflammations of the vagina, douching during the menses is the prescribed treatment.

Most women are in the habit of calling any blood that comes from the generative tract "menstruation"—whether it is bleeding that occurs with a miscarriage, or following an abortion, or that caused by a tumor or inflammation. This is incorrect. It is not true menstruation, because the glands controlling the menstrual cycle are not involved in this sort of bleeding.

Are Extracts Valid?

DURING the past ten years, remarkable progress has been made in working out the physiology of menstruation through the discovery of the hormones responsible for this function.

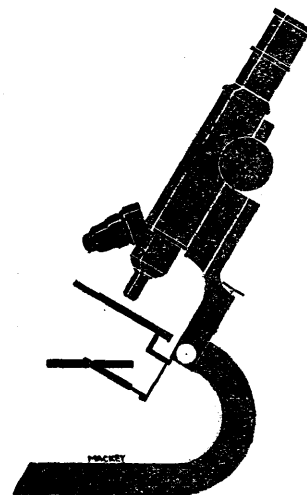
It is the consensus of opinion of the best medical authorities that hormone extracts are of very little value, but are administered for the want of anything better to offer.

Those taken by mouth contain little or no active hormone, with the further disadvantage that even this little is destroyed by the digestive juices of the stomach and intestine. Five times as much has to be given by mouth to have the same effect as that given by injection.

If bleeding does occur after treatment, it is due purely to a local effect on the womb. The glands which cause periodic bleeding are not stimulated by the medication. In other words, it is simply a substitution method and not true menstruation.

Scanty menstruation or its lack, associated with stoutness, may be due to an underactivity of the thyroid gland. A metabolism test will determine how the thyroid gland is functioning. By giving thyroid extract, the periods may return to normal. This is the only instance where a glandular extract can be considered to be of any value in the treatment of a menstrual disorder.

Explaining Anemia



Anemia is of such vast importance that, to explain it with only brevity in mind, would be to fail of proper explanation. The author of this article has, therefore, divided the subject and explains one phase of it in this month's issue. He will continue to discuss anemia in HEALTH and HYGIENE.

this part of the life of our body, since it is so vital to all parts of the body. Therefore we find the red blood cells behaving in a very definite manner. They must be of a size that does not vary greatly. If a valuable load is to be carried, the vehicle must be chosen with great care. After it has been chosen, it must prove itself efficient; and if it does, it becomes natural to use vehicles of the same successful type. And so once the fact was established, in the history of our bodies, that a red blood cell of a certain size and a certain number of them carried oxygen most efficiently, that plan has been followed most carefully in the plan of the building of a blood system.

When we examine blood under the microscope, we are immediately struck by one fact. The red cells seem to be of the same size. On the other hand, the white blood cells are not of the same size at all. Furthermore, if we count the red blood cells we find that the number changes very little under normal conditions. Blood specialists count the red blood cells on a special slide, with very carefully ruled lines. They know just how big the space is between the lines. They spread a very small amount of blood over the space, and then count the cells in the area. In this way, they learn that under normal conditions the number of red blood cells does not vary greatly.

However, when something serious happens to the body, the red blood cells may become affected. They become less numerous. Normally there are five million red blood cells to each cubic millimeter of blood. When the number drops below four and one-half million, it is a sign of anemia. At the same time that the number of red blood cells decreases the color changes too. The cells become paler, because there is less hemoglobin.

MOST PEOPLE have the idea that anemia is lack of blood. But when we read about blood, we find that blood is a complex combination of fluids and solids. When we speak of lack of blood, therefore, we are using a meaningless term unless we know what part of the blood is lacking.

In disease, different parts of the blood are affected in different ways. For instance, in rickets, that dread disease of babies, we find the blood does not have sufficient calcium. In diabetes, the blood has too much sugar, but too little alkali. In kidney disease, the blood contains too many waste products like urea or uric acid, and too little calcium and alkali. In other words, the different elements, which go to make up the complete blood, do not act together. They react differently in different situations. Therefore in one condition some elements of the blood may diminish, others may remain in normal amounts, and still others may actually increase. All of which goes to show the utter meaninglessness of the term "lack of blood."

When we speak of anemia, we are thinking of the red blood cells. Anemia means lack of red blood cells. The red blood cells carry oxygen, the life-giving chemical, throughout the body. It stands to reason that such an important job must be carried out under a very careful plan. There can be nothing left to chance in

Types of Anemia

HEMOGLOBIN is the important part of the red blood cell. It is a complex chemical substance made up of three parts: A protein called globin, a colored substance called hemo-
toporphyrin, and iron. The iron is the oxygen-carrying substance. The amount of iron necessary is very small, only a few milligrams a day. However, this amount of iron, small though it is, is vital.

The bone marrow is the "factory" where new red blood cells are made. Here is where iron, porphyrin and globin are put together in making the new red blood cells. Then the new red cells get out into the blood vessels of the rest of the body. They carry oxygen as long as they live. Their length of life, however, is very short—about one month. The dead bodies of the red cells are destroyed by the liver and spleen. There the cells are broken up into iron, porphyrin and protein. The iron and protein are used again, but the porphyrin is discharged from the body in the bile from the gall bladder. From this short resume one can easily appreciate the possible types of anemia.

First, there may not be enough iron or protein or porphyrin in the foods which we eat to provide the bone marrow, or red cell "factory," with enough material to make hemoglobin. The result is an inferior type of cell, lacking in hemoglobin—in other words they are anemic cells. This is called *nutritional anemia*, which means that the diet is the cause. The diet is lacking in protein, and iron. This is the explanation of the anemia of undernourished children. It also explains why babies who are fed only milk are often anemic, inasmuch as cow's milk and human milk do not contain the necessary amount of iron for the manufacture of good red blood cells. Put iron-containing medicine into the baby's milk and the anemia will disappear.

The second type of anemia occurs with disease of the "factory"—the bone marrow. The materials are there, but the "factory hands"

cannot do the work. They are sick. This form of anemia is called *myelopathic anemia*. If it becomes so severe that the bone marrow is utterly unable to produce red blood cells, we call it *aplastic anemia*.

Various substances can injure the bone marrow. Among them are: Radium, x-ray, benzol, pyramidon, arsenic, and neosalversan. (The latter is used in the treatment of syphilis.) These substances kill the cells of the bone marrow which act as "factory hands" in the manufacture of red blood cells.

The bone marrow cells or "factory hands" are very numerous, but after prolonged disease there comes a time when too many of them have been killed. The red cells are now being destroyed more quickly than the new ones can be manufactured. The number of red cells, therefore, is lessened, and the color of each cell becomes paler; anemia appears.

In these cases the most important phase of treatment is prevention. Be very careful in the use of the dangerous drugs and substances. Once the bone marrow becomes diseased enough to cause anemia, then you are in real trouble. Very little can be done except to treat the condition by means of transfusions. Diet and treatment of the condition by drugs containing iron are of little or no benefit. The difficulty is not a lack of these things, but an inability of the bone marrow to use the iron supplied by the diet. What is needed is not the raw materials, but a sufficient number of healthy "factory hands," with which to convert the raw material into red blood cells.

In this form of anemia, the "factory hands" are dead, and the only method of treatment is to supply fresh red blood cells to the patient from another body. If the bone marrow of the victim can recover after a rest, and undertake once again its job of making red cells, then some hope is to be entertained for the patient's ultimate recovery. If, however, the destruction of bone marrow has been so complete that the rest does not regenerate the cell-making agencies, then there is no hope.

Other types of anemia, and the best treatment for anemia, will be discussed in the August issue of HEALTH AND HYGIENE. If you missed the first article in this series, entitled "So This Is Blood!" which appeared in the June issue, write for a back copy.

"Acne Vulgaris"

WHEN SOMETHING is very widespread and familiar to us, we take it for granted and pay little attention to it. Such is the case with that very common skin disease known as *acne vulgaris*—blackheads and pimples. The disease usually begins after puberty (the ripening of the sexual function and coincidental change to the adult body form) and affects boys and girls in about equal numbers. We commonly recognize the disease as blackheads and pimples on the face, back and chest.

The basic trouble is the blackhead or comedone, which is merely an enlarged and plugged-up oil gland. The skin of the face, back and chest contains many large and active oil glands whose duty it is to keep the skin smooth and well lubricated. We imitate nature when we oil leather articles to keep them in good condition by preventing cracking and roughness. Under normal conditions these glands of the skin put out a liquid, oily substance which empties readily on the surface. Under the abnormal conditions present in acne, the mouths of the glands become plugged, and the oil inside dries and hardens so that it cannot be put out; instead, it remains imprisoned. This is the comedone or blackhead.

Germs are always present on the skin surface, and in the opening of the glands. They soon infect the blackheads to produce the pimples which sooner or later go on to the formation of pus. The pus-containing pimples are called pustules. Dandruff and oiliness of the skin very often accompany acne.

While many adolescents develop an acne eruption, in the majority of cases the disturbance is only temporary and disappears without treatment. The others continue to get more comedones and pimples. Some develop a severe form of the disease with the appearance of deep abscesses and cysts (a cyst is a sac-like swelling of a gland which fills up with a pussy cheesy material; empties and refills). In such severe cases, the skin becomes scarred, the worst scarring occurring in those who are allowed to go untreated for a long time.

What causes acne, we really do not know. It

● Pimples and similar skin infections are sometimes regarded as funny. They are serious matters to those who have them. A skin specialist tells what acne is—and what it is not.

has been claimed that the disease is caused by an infection due to a special germ called the *acne bacillus*. This has never been satisfactorily proved. Moreover, injections with vaccines made from these bacilli do not cure acne or even improve the condition to any noticeable degree.

Most probably the cause is a disturbance of the endocrine or ductless glands—glands which empty their chemical secretions directly into the blood stream, and exert a profound influence on the entire body. Puberty is brought about by increased activity of all the endocrine glands, the pituitary, adrenal, thyroid and sex glands. The total influence of these glands is so delicately balanced that slight changes may produce disturbances in various parts of the body. The oily (sebaceous) glands may undergo increased activity under the influence of the ductless glands, and function improperly. The result, as seen on the skin, is acne.

General Treatment

THERE ARE several factors which influence the course of acne. Any disease or condition which causes a general lowering of the body resistance may aggravate an already existing acne, or cause the appearance of a fresh crop of blackheads and pimples. Anemia, insufficient sleep, physical exhaustion and fatigue are such factors. It is therefore necessary to correct such conditions when they are present.

The relation of diet to acne is a much misunderstood and abused matter. It is a very usual thing for persons affected by acne to undergo all sorts of rigorous diets for long periods of time without the slightest improvement of the skin eruption. Such diets are advised without a proper understanding of the food requirements of the human body.

A certain amount of all the classes of foods are needed in order to maintain good health. Thus a diet limited only to vegetables and fruit overlooks the fact that meats are a very valuable food. Dairy products, too, should be included. The human intestinal tract is intermediate between those of the vegetable-eating animals and the meat-eating animals. It is therefore logical

and sensible to have a well balanced diet made up of proteins, carbohydrates, fats, minerals and vitamins. This means, in terms of actual food-stuffs: Meats, vegetables, cereals, fruits, dairy products and bread. Such a mixed diet should contain more meat and fats in the winter, and less in hot weather.

Starvation diets are harmful. Rapid reductions in weight may bring on an acne condition in persons who have never had it before, and certainly aggravate the disease if already present. This is especially true of women who are foolish enough to be led to carry out one of the rapid reducing diets such as the "eighteen-day" diet. Thin people with acne require actual building up of weight by highly nutritious foods, before their skin trouble will be helped by local treatment. The correct diet alone will not cure acne, but an incorrect diet may make it worse. For acne it is usually advised to cut down on sweets, and eliminate fried and highly seasoned foods.

Acne is not caused by constipation, but may be aggravated by it, in some cases. It is, therefore, essential to correct constipation and establish a normal bowel hygiene. (It might be added that this is necessary under all circumstances and not only in *acne vulgaris*.)

Some women and girls with acne suffer a definite aggravation of the pimples around their menses (monthly periods). This situation requires study and investigation of the menstrual cycle of changes and, if necessary, examination of the sexual organs to determine whether some condition is present which can be remedied by medical treatment. It is not always possible, however, to track down the source of the difficulty, although sometimes brilliant results are encountered.

Local Treatment

IN ADDITION to the factors already mentioned, local treatment is needed to cure a case of acne. The most efficient and reliable method of treatment at the present time is by means of x-rays. These act by virtue of their power of penetrating into the depths of the skin where the oil glands are situated. They are usually given in divided or fractional doses, at weekly intervals, and produce a gradual drying up of the oil glands until the pimples and blackheads disappear. Reddish or brown stains often follow the disappearance of the eruption. These should cause no alarm, since time and a little treatment will clear them up. Treatment with

x-rays should be carried out only by a dermatologist (skin specialist) trained and experienced in their use for acne. Some people develop recurrences for which a few more x-ray treatments given after a sufficient time interval may be necessary. Others will require other forms of treatment.

Alpine light or artificial sun-rays are often employed following the course of x-rays, and sometimes alone. They are of considerable value for some cases.

For very mild cases, the removal of blackheads with a simple metal instrument and the application of *lotio alba* are sometimes sufficient. The instrument and skin must first be cleansed with 70 per cent alcohol (rubbing alcohol will do), the comedones removed, the skin again cleansed, and finally the lotion patted on and allowed to remain over night. Such treatment is tedious, and must be continued for long periods of time. If the skin becomes red and irritated, stop and apply a soothing cold application such as boric acid solution (made by dissolving the powder in hot water in the proportion of one level teaspoonful to one glass of water, and allowing to cool).

Vaccines are of value only in exceptional cases where secondary infections play a large part.

Some Misconceptions

BLACKHEADS are not caused by dirt getting into the pores, so that scrubbing with a rough brush will not cure them. The little black dot which can be seen at the top of the comedone is due to its exposure, and is similar to the "rusting" of the cut surface of an apple after exposure to the air.

Sexual intercourse will not cure acne, nor will its absence cause the disease. This is an old and time-honored superstition, in which there is no truth. Acne can occur in married persons who have a normal sexual life; while many who do not exercise their sexual functions are absolutely devoid of any pimples. Masturbation does not cause acne or influence it in any way.

The use of x-rays or Alpine light does not cause the increased growth of visible hairs on the face.

Pit-marks are not caused by x-ray treatments, but are due to the destructive effect on the skin of the pus contained in the pimples. The worst scarring seen in acne occurs in cases left untreated.

Health Advice by the M. A. B.

—The Answer

Two Letters on Anemia

Chicago

TO THE MEDICAL ADVISORY BOARD:

A year ago I was examined by a medical service. They found everything O.K. except the blood and blood pressure. The blood pressure showed 100, and the blood color was 75. They told me I was anemic and gave me a special diet, saying no medicine was needed.

I neglected my diet because I was eating in restaurants most of the time. I often ate eggs, milk, and raw fruit. I got plenty of air, walked a lot, and danced.

In May I went to a health institute for another examination. These doctors said my blood pressure showed 85, and the color of the blood 65. They told me I needed eighteen iron injectitons.

I feel very tired and look pale.

—A. K.

New York

TO THE MEDICAL ADVISORY BOARD:

A doctor I visited advised me to take injections for anemia. My blood count shows less than 50 per cent. I cannot afford the fee, and would like to know whether any hospital or clinic in the city would give me the same treatment for a small fee, and whether such injections would be of any real value for my condition—since I have been anemic since childhood. I have an opportunity to spend the summer on a farm near the city with some relatives and could come into town for treatments if they would be of any value in conjunction with the sunlight and good diet I will be able to get.

I am 31 years old and, except for anemia (and low blood pressure), am in fairly good health.

—P. M.

Letters to the Editor

Keep Up the Good Fight

New York

TO THE EDITOR: Dr. Terry's article "Abortion by Pill?" in the June issue of HEALTH AND HYGIENE is enlightening. I am certain that all working class women who have heretofore resorted to the harmful, supposedly abortive measures will have gained much from Dr. Terry's scientific data.

Permit me, however, to point out a serious error in regard to the American Birth Control League. This organization is interested in the establishment of clinics, but has not concentrated on federal legislation. The organization now fighting the Higgins Bill, H.R. 5370 (Farley's brain child), and its sister bill in the Senate, the Hayden Bill, is the National Committee on Federal Legislation for Birth Control, Inc., headed by Mrs. Margaret Sanger.

This legislation does not only make the sender and recipient of a contraceptive or information pertaining to contraception liable to fine and imprisonment, but may warrant the sender for trial at point of

receipt. Such points may be Scottsboro, Gallup or perhaps Washington, D. C. More detailed information about this legislation and the work of those trying to amend it may be obtained from the New York City headquarters at 17 West 16th Street, or from the Washington, D. C. office, 1343 H Street, N. W. The American Birth Control League has lent its support to Mrs. Sanger's fight against the Farley legislation.

The fight against federal reactionary measures, such as the antiquated Comstock Law, has been carried on by the National Committee on Federal Legislation for Birth Control consistently since 1931. The opposition has been strongly united. Father Coughlin has come out against improved legislation. We know by now that anything Father Coughlin opposes is good for the masses.

We can readily see that until the masses of women take up the fight for their rights of motherhood there will be no legislation for us.

—C. C.

P.M. and A.K.—Iron injections are usually not necessary. Often it is only a racket of the medical profession. Iron can do just as much good when given by mouth. That way it costs much less, and it does not hurt you.

Our advice is to sleep eight hours a day, get as much sunshine and fresh air as you can, and eat a diet that includes meats and vegetables, especially figs, raisins, apples, spinach, cabbage, cauliflower. Eat milk, cream, eggs and meat every day. These will build up your bone-marrow—the "factory" where the blood cells you need are made in your body.

But you need a good examination at a competent clinic. There are a great many reasons for being anemic as you will learn in the article on anemia in this month's issue of HEALTH AND HYGIENE and in another article on anemia to be used in an early issue of the magazine.

—Sterilization Is a Fascist Weapon

Portland, Ore.

TO THE EDITOR: The lobby of the Y.M.C.A. here was recently turned into display quarters for an exhibit lauding the virtues of sterilization, sponsored locally by the Oregon Social Hygiene Society, with the cooperation of the Human Betterment Foundation of California.

The exhibit—a morbid display of pictures, charts, graphs and slogans.—is an obvious mask for Nazi propaganda, such captions as the following being prominent: "Germany was proud in the past of having the best lunatic asylums. She will be proud some day not to need lunatic asylums any more." "Chart showing increase of babies born alive since Adolph Hitler took charge of the chancellorship." "The honorary sponsorship of Berlin aims at furthering the creation of a posterity of high biological standards — a new "race nobility."

Excerpts from Nazi sterilization

(Continued on page 34)

Health and Hygiene BOOK SHELF

Counterfeit, by Arthur Kallett, Vanguard. \$1.50.

Skin Deep, by M. C. Phillips, Vanguard. \$2.

Reviewed By FRANK LEONARD

THERE IS value in debunking. Exposés are helpful, to a certain extent. But the true value of any "destructive" criticism lies not merely in the arrayal of a series of facts and figures which show up some product, claim or process as fraudulent. The greater service lies in drawing the logical conclusions from such exposure, pointing a way toward elimination of the fraudulent and its replacement by the genuine. Both books under review here are debunkers. But there the similarity ceases. Whereas Miss Phillips concludes with naive trust in the magic phrase "There Ought to be a Law"—Mr. Kallett has followed through logically beyond such prescription.

Some of the ground covered by these two books is similar. Both Miss Phillips and Mr. Kallett are on the staff of Consumers' Research, an organization that has done valuable work in the field of investigating products offered the American public by profiteering manufacturers and high-pressure advertising agents.

Miss Phillips addresses herself primarily to women. She investigates cold creams and face powders, lipsticks, rouge, talcum powder, lotions, nostrums that claim to prevent sunburn, weight "reducing" rackets, and similar quackeries. She has a chapter on diet. And she adds an excellent bit of service—she gives simple recipes to take the place of many widely advertised, expensive and on the whole useless products.

Mr. Kallett's shorter book also touches on some of these same products, and, in addition, discusses a number of others. Mr. Kallett's thesis is that the American consumer is constantly being bilked through counterfeit goods which make counterfeit claims. There are

gargles and soaps, beans and pineapples, dentifrices and ear oil, blankets sold as "part wool" that have one single thread of wool around the selvage, gasolines, laxatives, and maple syrup. There are "honest" counterfeiters of goods, and dishonest ones, and Mr. Kallett shows their differences and their similarities.

Both authors name names and point fingers honestly. For readers familiar with the work of Consumers' Research, many of the revelations are not entirely new. But most workers are unable to subscribe to such a service. For them, the reading of these two books would be instructive and, in the long run, of money-saving value.

As to the conclusions drawn by the two authors, Mr. Kallett, as it has been indicated above, has been cured of the "There-Ought-to-be-a-Law" theory which still gives hope to Miss Phillips. "Get some intelligent state legislator interested, and press for a state law," advises Miss Phillips in conclusion of her exposé. Her colleague, Mr. Kallett, clearly disagrees with her.

"The consumer must face the fact," he concludes, "that goods counterfeiting is a part of the structure of our economic system, and cannot be ended by wishes, laws, or books like this one."

Consumers Differ

He analyzes the various kinds of "consumer defenses" possible, and shows that many of them, like standardization services, grading of goods, and efforts of such organizations as the Home Economics Association are, at best, of no real value to the small consumer. He points out that big industry—railways, power companies, etc.—can guard itself against producers selling to it because "here the consumer is not the unorganized, technically ignorant easily exploited individual household buyer, but a closely organized, technically competent, and economically powerful group . . . which can

meet the producers on equal (and often superior) terms."

"Standardization does not work for the consumer in a profit economy," finally declares Mr. Kallett.

We agree with the author that "goods counterfeiting cannot be ended so long as it pays; that is, so long as industry is privately owned and profits are the motivating force behind production." And we want to assure Mr. Kallett that he will find goods counterfeiting treated in a manner unlike the American when he looks into "the pertinent question [which he poses] as to how completely goods counterfeiting has been eliminated along with private industry in Soviet Russia."

We hope that a competent authority on goods counterfeiting, like Mr. Kallett, would study that very question in the Soviet Union for the sake of the contrast that he would inevitably have to draw between the two economies in the U.S.A. and in the U.S.S.R. We remind Mr. Kallett that, upon the publication of "100,000,000 Guinea Pigs" (a book which he wrote in collaboration with F. J. Schlink), William Randolph Hearst issued orders to the editors of his newspapers, magazines, photographic and movie services, and news services, that the book must never be mentioned in any way—let alone reviewed favorably.

There is reason to suspect that "Counterfeiting" will be given similar treatment, not only by Mr. Hearst but also by the many others who profit from their dealings with the "honest" crooks who mulct the American public through the advertising and sale of bogus and frequently harmful products. In the Soviet Union, on the other hand, special publications are devoted to the specific purpose of exposing meretriciousness in consumer goods, and correctives are applied as promptly as the country's economy permits. There, instead of isolated consumers like the present authors, 165,000,000 consumers write their

own "exposés" constantly—and prescribe their own remedies for deficiencies that they may discover from time to time. "Self criticism" applies in Russia to consumer goods as it does to politics and literature.

However, do not let this final criticism keep you from reading both these books, and from benefiting by such reading. You will do better by organizing along other fronts, rather than by taking Miss Phillips' advice to get a state legislator "to pass a law." But you can still save yourself a good deal of money and trouble—and often health—by taking the advice of the two authors against the "honest," profit-motivated counterfeiters whom they expose.

About Vitamins

VITAMINS AND YOUR HEALTH, by MARGARET ELSTON GAUGER, Ph.D. McBride. \$1.25.

PUBLICATION of this book gives us a welcome opportunity to test the work of the Medical Advisory Board and its magazine, HEALTH AND HYGIENE. After a detailed comparison of this book's chapter on pellagra with our article "Eating to Die in the South" (in the May issue), we feel that, if there ever was any doubt as to the necessity of justification for our work, all such doubts are dispelled. The vitality and validity of our Board's approach to medicine stands out clearly in this comparison.

The story of pellagra as told by the author of this book is essen-

Health and Hygiene Book Shelf

tially as follows: In the beginning there was pellagra; the scientists appeared and discovered the cause and cure of this dread disease; the problem was solved; now all is well.

However, the article in HEALTH AND HYGIENE completes the picture, showing that despite the fact that scientists have shown how simple it is to prevent pellagra, the disease is not decreasing among the large sections of workers, farmers, and unemployed. Fresh foods containing vitamin G cannot be bought on starvation wages or relief allotments. We know that this kind of preventive medicine is not provided by clinics or boards of health. It can be obtained only through the determined militant struggle of workers for better conditions.

Scientists discover vitamin G—but pellagra remains with us. For effective public health work, it is at least as important for the physician to understand the nature of the class struggle as it is for him to understand the role of vitamin G. At present vitamins are "much too good" for the disinherited masses. Their health will be improved in the first place through the victory of scientific Socialism, and only later through the victories of scientific medicine. These facts about pellagra, and similar facts concerning serophthalmia, beri-beri, scurvy, rickets (diseases caused by lack of vitamins A, B, C and D, respectively), are hardly hinted at in the book here reviewed.

The introduction tells exaggerated sentimental stories about how all ailments afflicting human beings are to be prevented now by vitamins. It even repeats the Smith Brothers' cough-medicine tall-tale that vitamin A prevents infections—an early suggestion that has been fully proven untrue. The emphasis should rather have been placed on the fact that the discovery of the vitamins, finally leading to the discovery of the formula of the artificial synthesis of vitamin C, represents a glorious heroic chapter in the advance of mankind.

The book might also have been made more interesting by giving more space to the early popular discoveries of pre-vitamin days. For instance, the famous sailor of the Pacific, Captain Cook, was able to keep his crew entirely free of scurvy on a three-year cruise (1774-76) by adding sauerkraut, orange juice and other vegetables containing vitamin C to the sailors' diet. As a result of this and similar experiences of other sailors, the British Navy was soon freed of the curse of scurvy. This also aided infant British imperialism to hog the colonial world.

The material of the book is generally reliable. However, the statement that vitamin B has been synthesized is untrue. The presentation, as one can gather from the foregoing, is uninspired, and suggests that the author's work was perfunctory and made-to-order.

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(Continued from page 31)

laws are placarded prominently, and all the exploded theories of the hereditary nature of "criminal tendencies," disease, insanity, "social maladjustment" and even infections are "proved" by figures and gruesome pictures. Even hare-lip should be wiped out by sterilization, according to the vicious evidence, and proof of heredity as the prime factor in crime, insanity, etc., is found in the fact that blue-eyed parents are liable to have blue-eyed offsprings.

Perhaps it is an oversight on the part of those who formulated the exhibit, yet it is strikingly noticeable that pictures of the undesirable members of society who should not be permitted to produce their kind do not include the Du Ponts, Krupps, Thyssens, Mellons, et al — who create criminal wars for profit.

—S. C.

—From a Doctor—

Poughkeepsie, N. Y.

To THE EDITOR:—As a physician I am very much interested in your publication of HEALTH AND HYGIENE.

I hope your magazine will pay special attention to the social aspects of medicine and disease, aspects which are generally neglected or distorted in the medical press. I wish you success and rapid growth.
W. L.

—A Medical Student—

Philadelphia

To THE EDITOR: I want to let you know I have received both the May and June issues of HEALTH AND HYGIENE and wish to thank you. The magazine is becoming better and more interesting with each issue.

As a medical student I have been following the Medical Advisory Board's column in the *Daily Worker* with great interest. They are by far the best articles on health and specific health problems I have seen anywhere. Both in your column and magazine articles, I know I will find only the best of advice possible under the circumstances and no dietetic hysterias, "advertisements" for American fruit growers and patent food makers, or some sage words meaning nothing. More power to you!
I await further articles on social-

ized medicine. The doctor too must join the united front!

—A. B.

Toward Socialization!

HEALTH AND HYGIENE opened the campaign toward socialization of medicine in its June issue. Out of consideration for those members of the medical profession who have other plans to propose, HEALTH AND HYGIENE this month left the discussion open. Several professionals are preparing articles which differ from HEALTH AND HYGIENE's stand, and we are giving the opposition time to state its stand before reiterating ours.

Meanwhile we call the attention of our readers to the fact that, no matter what phase of the worker's life one touches upon, in a discussion of health matters, the conclusion must be reached logically that only genuine socialization will solve the problem of health for the mass of America's population—the makers of its wealth as distinct from those who control the riches.

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