

YOUR MONEY'S WORTH—

When the average person goes out to buy a hat, he usually considers three factors before paying the price asked: style, material and workmanship.

● IGNORANCE COSTS MONEY

However, when he is suffering from a sudden illness, a chronic ailment, or a psychological maladjustment, he often takes his pocketbook in one hand and his ignorance in the other and falls a victim to the first ballyhooed nostrum, or incompetent practitioner, that he comes across.

● AN INVESTMENT IN HEALTH

Nor can a magazine (even an honest one) cure disease, or give a practical diagnosis of its manifestations for a particular patient. It can, however, tell you the known facts about many ailments . . . it can give you certain fundamental rules for health and hygiene . . . it can answer many personal questions and advise about reliable sources and methods of treatment.

That is why more than 500 people took advantage of the special subscription offer to HEALTH and HYGIENE last month.

YEAR'S SUBSCRIPTION

\$1.00

This offer expires
January 1, 1936!

15 Cents a Copy

HEALTH and HYGIENE
50 East 13th Street
New York, N. Y.

Please enter my special subscription to HEALTH
and HYGIENE for one year. I enclose \$1.00.
Foreign and Canadian subscription, per year, \$1.50

Name _____

Address _____

City _____ State _____

HEALTH AND HYGIENE

NOVEMBER
1935



FIFTEEN
CENTS

OSTEOPATHY

Science or Cult?

Dr. FRANKWOOD E. WILLIAMS

on

FACTS and FALLACIES

about

MASTURBATION

The "COMMON COLD"

Fifty-two Doctors write for this magazine!

HEALTH and HYGIENE

THE MAGAZINE OF THE DAILY WORKER MEDICAL ADVISORY BOARD

VOLUME 2

NOVEMBER, 1935

NUMBER 2

A practical guide-book to sex and marriage

THIS book is written directly for men and women who are married or who contemplate marriage.

It is utterly different from other books in its field in that it consists exclusively of questions, and direct specific answers to these questions.

The authors, Dr. Hannah and Dr. Abraham Stone, have in the last fifteen years interviewed many thousands of men and women who have come to them for advice. Each of these men and women had individual problems of their own, and each was sanely advised about his problems.

But during the course of these consultations the authors discovered that there were hundreds of recurrent specific questions which needed answering. About this body of questions they have centered this new book. Most of these questions are of an extremely personal nature. In fact, many were not even directly asked because they were too intimate. All are answered in this book.

A book of this nature is of value to the public only insofar as it is scientifically beyond reproach as well as sincere.

The authors are not only husband and wife (and parents) but they have also been closely associated in their professional work. Dr. Hannah Stone has for the past ten years been associated with Margaret Sanger as Director of the Birth Control Clinic of New York. Dr. Abraham Stone was formerly an instructor in urology at the Post Graduate Medical School and Hospital and is now a staff physician and Adjunct Urologist with the Sydenham Hospital in New York. He has lectured on social and biological problems of sex and reproduction

before numerous medical and non-professional audiences.

Together they realized for a long time the need of more adequate and practical information on the subject of marital hygiene. They were responsible for opening the first Marriage Consultation Center in New York in 1930, and became its medical directors. In 1933, they established a similar center at The Community Church in New York.

The manual itself is a book of 334 pages (with illustrations) of questions and answers, sub-divided into single sections as follows:

1. *Fitness for Marriage.* 2. *The Biology of Marriage.* 3. *The Mechanism of Reproduction.* 4. *The Prevention of Conception.* 5. *The Problems of Reproduction.* 6. *The Art of Marriage.* 7. *Sexual Disharmonies.* 8. *Health in Marriage.*

The text (both questions and answers) is clearly and simply written. No question is evaded. It is written for normal adults who desire not sensationalism, but sincere and scientific answers to their questions.

This manual is offered as information to those who seek it. The manual will be sent to married men and women, or those contemplating marriage, with the understanding that it may be returned within ten days for a complete refund if it does not answer

fully the questions which prompt the desire to read, study and own it.

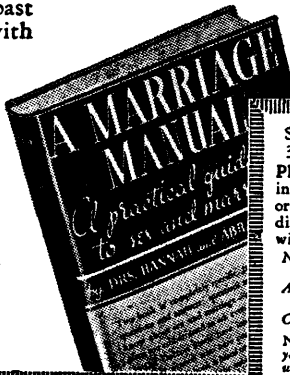
Some Authoritative Opinions of This Book

"I feel assured of its value and usefulness. At every point the attitude taken is reasonable and sound and up to date."—HAVELOCK ELLIS.

"A MARRIAGE MANUAL provides sound and authentic information for married people without puriency. It is the kind of a book that many doctors have wanted to use in informing their patients."—MORRIS FISHBEIN, M.D., Editor, *Journal of the American Medical Association.*

"I have examined A MARRIAGE MANUAL, and found it a work of the greatest interest as well as value. The field is covered completely and always with clarity, simplicity, and fine idealism. . . I prophesy that it will quickly win and long hold high place as a standard work in the literature of marriage."—REV. JOHN HAYNES HOLMES

"I consider A MARRIAGE MANUAL by far the most practical, the most scientific, the clearest and most sensible presentation of the subject that has been published in America. As one interested in dispelling ignorance on the subject of sex and marriage, I am deeply grateful for this book."—MARGARET SANGER, National Chairman, National Committee on Federal Legislation for Birth Control.



SIMON AND SCHUSTER, Inc.
386 Fourth Avenue, New York, N. Y.

Please send me a copy of A Marriage Manual as described in HEALTH and HYGIENE. Enclosed is a check (or money order) for \$2.50 in complete payment. If I am in any way dissatisfied, I will return this book for complete refund within ten days of receipt.

Name.....

Address.....

City..... State.....

Note Check here if you prefer to have A Marriage Manual sent to you collect. In this case, however, the carriage and collection charges will amount to 25 cents extra. (In either case the guarantee of satisfaction referred to in the paragraph above holds good.)

TABLE OF CONTENTS

We Attack and Expose 4 <i>An Editorial</i>	Do You Sleep or Count Sheep? 26 <i>A Discussion of Insomnia</i>
Osteopathy 5 <i>Science or Cult?</i>	HEALTH and HYGIENE Book Shelf 28
The "Common Cold" 8	Reviews of:
The U.S.S.R. Fights Syphilis 10	<i>A Marriage Manual,</i>
Anesthesia 13	by Drs. Hannah and Abraham Stone.
<i>Tragic Story of "Laughing Gas" and Ether</i>	<i>Swim—Teach Yourself to Swim,</i>
Why Babies Vomit 16	by Margaret Penton Hamilton.
<i>Colic and Acidosis</i>	<i>Modern Motherhood,</i>
Facts and Fallacies About Masturbation . 18	by Dr. Claude Edwin Heaton.
By DR. FRANKWOOD E. WILLIAMS	Editor's Statement 29
Venereal Disease Prevention 22	By FRANK LEONARD
<i>Simple Health Rules</i>	Toward Health Education 31
What Is High Blood Pressure? 23	<i>Important Lecture Series</i>
<i>What to Do About It</i>	Health Advice by the M.A.B. 32
	<i>Drawings in This Issue by Mackey and Rico</i>

NEXT MONTH—Dr. L. L. Schwartz, who has made a study of the British "Panel System," discusses that subject and its relationship to Health Insurance in America. Also many other features of a high order.

HEALTH and HYGIENE is published monthly by the H. & H. Publishing Co., Inc., 50 East 13th Street, New York, N. Y. Subscription price, \$1.50 a year, in advance; Canadian and other Foreign, \$2. Single copies, 15 cents. Entered as second-class matter March 27, 1935, at the Post Office at New York, New York, under the Act of March 3, 1879. Copyright, 1935, by the H. & H. Publishing Co., Inc.

FRANK LEONARD, Editor

When patronizing our advertisers, please mention HEALTH AND HYGIENE

WE ATTACK AND EXPOSE

An Editorial

Three Points In Dispute

SINCE the publication of our article on Chiropractic, and our announcement in the last issue of the article on Osteopathy, we have received a number of letters, telephone calls and visits from practitioners in these fields, and a few protests from followers of Chiropractic. Leaving out of consideration those communications whose chief interest is in vituperation and abuse, and desirous of clarifying our position once and for all instead of engaging in a permanent debate on these subjects, we find that three principal points have been raised. These are:

Is it not true that doctors in general, and the doctors of the Medical Advisory Board in particular, attack Chiropractic because it is an *economic competitor* which threatens to take their patients away? In other words, is this attack in the interests of the doctor or of the patient?

Is medicine in so perfect a state today that there is no room for other approaches to the problem of the prevention and cure of disease? Is there no scientific evidence at all in favor of Chiropractic?

Since HEALTH AND HYGIENE is fighting for all measures that will contribute to the health of the people, why should it discourage *possible allies* who might help in this fight?

"No Matter Who Sponsors"

HEALTH AND HYGIENE plans to expose all fakes and frauds in the field of health, no matter who sponsors them. We will expose not only Chiropractic and Osteopathy, but also all other fake systems of healing, like Christian Science, Naturopathy, Hex doctors, and various kinds of so-called "drugless healing." We will continue to denounce and expose fake and poisonous pa-

tent medicines, *naming the names* as we have done in the past.

We will expose all frauds *within* as well as outside the medical profession. We will denounce the worthless foot manipulation of Dr. Locke of Canada, the so-called "cataract cures" of Dr. Bonine, just as readily as the completely unscientific diet system of Dr. Hay. We will attack just as vigorously the false teaching of a distinguished surgeon like Dr. Alexis Carrel of the Rockefeller Institute, who has done good work in certain fields, but has aligned himself with the backward forces of mysticism. We have attacked the New York State Journal of Medicine for printing under false pretenses the vicious views on medical problems of a Nazi like Dr. Hartz. And we do not hesitate to attack the reactionary stand of the controlling officials of the American Medical Association on the question of health insurance for the masses.

One of the most important reasons for our existence is the need for exposure of all forces, great and small, that stand in the way of good health for the people of our country. Some of these forces, like Chiropractic, are comparatively puny and insignificant. Some, like the patent medicine manufacturers, maintain large legal staffs, and have sent us strong letters of protest and threats of legal action. We expect to continue to receive them.

Identical Interests

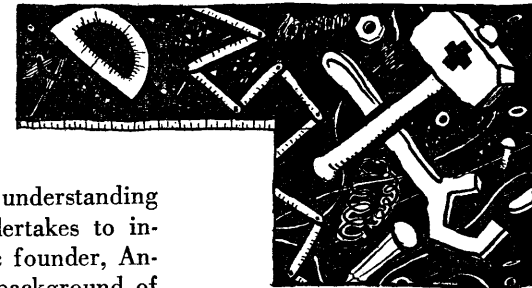
IT IS TRUE that it is to the economic interest of the doctor to attack Chiropractic and other cults. It is also to the health interest of the people that it should be done. There is no essential conflict between the true interest of the doctor and the interest of the patient. The same forces that make unemployed men walk the streets before idle factories that could feed and clothe them, cause doctors to sit idly in their offices while the sick go unattended. The doctor has an important social duty to perform in the

(Continued on page 29)

NOVEMBER, 1935

osteopathy—

Science or Cult?



THERE CAN BE no intelligent understanding of Osteopathy unless one undertakes to integrate the life of its spiritualistic founder, Andrew F. Still, with the economic background of the United States just after the Civil War. Here was an economy released from the remnants of feudalism. All fields were held free for exploitation. Into this stream was swept Andrew F. Still—leader, amateur philosopher, frontiersman and Civil War veteran.

Andrew Still was born in Virginia in 1825. Married at 21, he found farming too uncertain a livelihood, and so, with his father—who was a doctor, farmer, preacher and missionary by turn—the family moved to the Shawnee county in Kansas. In this region, though farming was still the family's means of subsistence, Andrew and his father practised free-lance doctoring among the Shawnee Indians. As Still stated: "I soon learned to speak their tongue, and gave them such drugs as white men used, cured most of the cases I met, and was well received by the Shawnees."

With the outbreak of the Civil War, Still organized a company of militia and served throughout the period of the war. Entering with the rank of captain, he emerged as a major. With demobilization, he learned—as many soldiers before him and after him have learned—that war records were of no aid in the struggle for

a livelihood. For ten years he tried his hand at farming, doctoring live Indians and dissecting dead ones, and even keeping pace with the fast-moving industrialization of the country by inventing mowing and churning machines. In this, too, came misfortune; he said that representatives of a large mowing machine company stole his ideas.

For some time now Still had been drawing further and further away from the poorly conceived and limited medical practice of his day. To the general ignorance surrounding the origin and nature of disease was added the personal tragedy of two children and one adopted child of Still dying of meningitis in 1864. The shock was a severe one, and it drove the father to spiritualistic questionings for the answers which medicine was unable to supply at the time.

By 1870, Still was using manipulation and bone-setting more and more in his efforts to cure disease. In this regard, he told in his autobiography how, one day, he noticed a child walking with its mother and leaving a bloody stream behind it as a result of dysentery, or "bloody flux." Seizing this child, he found that certain

parts of the child's body were cold, others warm, stiff and congested. Manipulating these latter areas, which were the spine, ribs and certain muscles, he set the blood coursing freely through the body. The next day the mother reported the child cured.

"Philosophy" of Osteopathy

WITH HIS religious and mechanical background, Still postulated that, if the body were given structural normality, it possessed sufficient curative powers, and that drugs were worthless. To put it in his own words:

"Osteopathy is simply this: The law of human life is absolute, and I believe that God has placed the remedy for every disease within the material house in which the spirit of life dwells. I believe that the Maker of Man has deposited in some part or throughout the whole system of the human body drugs in abundance to cure all infirmities, that all the remedies necessary to health are compounded within the human body. These can be administered by adjusting the body in such a manner that the remedies may naturally associate themselves together. And I have never failed to find all these remedies. At times some seemed to be out of reach, but by a close study I always found them. So I hold that man should study and use only the drugs that are found in his own drugstore—that is, his own body."

Since such a philosophy was dangerously close to Christian Science, Still hastened to add: "If, because I denounce drugs, you call me a Christian Scientist, go home and take half a glass of castor oil and purge yourself of such notions."

Thus, on June 22, 1874, Osteopathy was given to the world. Howled out of his own town of Macon, Kansas, Still moved to Kirksville, Missouri. This town, however, was used only as a base, for he kept on traveling as an itinerant doctor, giving exhibitions of bone setting and manipulations in the open, and generally creating the impression of a mystic and eccentric who somehow effected cures.

His first pupil was a young man who traveled through the country selling a magic salve for "piles." Osteopathy seemed more dignified and lucrative; and so, for a fee of \$100, Still proceeded to "pound his head with Osteopathy for twelve months."

Things began to prosper for Still. Requiring assistance, he inducted his four sons and daughter into Osteopathy. And in 1892, to answer the clamor of those who wanted to join his art, Still opened the American School of Osteopathy.

At that time the theory of Osteopathy was summarized somewhat in the following manner: The body is a machine, and disease occurs as a mechanical derangement. If there is a slight deviation of a spinal or other bone, joint, or muscle, pressure is produced upon the adjacent nerves. These in turn impair the circulation and disease results. The Osteopath then searched for the specific area or areas of displacement and adjusted them by manipulation.

Except for some minor surgery, Still, to his dying day, countenanced no other concept of disease and no other method of treatment.

A Narrow Theory

THIS NARROW, eclectic theory of disease soon came into conflict with medicine, which just about that time was receiving a well-grounded and scientific explanation for various human ailments. Still, however, held fast to his hypothesis. In objection to smallpox vaccine, he wrote that raising a blister the size of a silver dollar, three inches above the elbow, will provide immunity from smallpox. To counteract the germ theory of disease which had been worked out and elucidated in the beginning of this century, Still stated that he treated croup, diphtheria or scarlet fever by administering glycerine into the ear canal; this, he held, softened the ear-wax, and gave "encouraging" results in such cases.

Still's students, however, would not and could not be confined to Still's original teachings. Since 1900, wherever they have been able to do so, Osteopaths have taken up surgery, diet, serums, vaccines and drugs in the treatment of disease. This has caused and is causing discord in Osteopathy. In 1915, Still was compelled to write:

"Shall we permit the Osteopathic profession to be enslaved to the medical trust? As the father of Osteopathy, I am making an international call for simon-pure D.O.'s (Doctors of Osteopathy) who are willing to go on the fighting line without being drafted into service."

In 1892, the prescribed course in Osteopathy consisted of anatomy and Osteopathic theory and

practice. Today, all Osteopathic schools give a four-year course; with but one exception, they demand a previous four-year high school course. Some schools have even gone so far as to demand a one-year general college course previous to entrance for Osteopathy training.

The courses parallel many taught in medical schools. Thus, there are courses in anatomy, biology, embryology, histology, chemistry, pathology, physiology, neurology, diagnosis, therapeutics and even obstetrics and gynecology. For these subjects, medical textbooks are used.

Since the admission of materia medica, or drugs, as a course in Osteopathy would almost be the last straw, most of these schools skirt this question by teaching comparative therapeutics or various treatments in which drugs are included as a comparison. This led the dean of the Chicago College of Osteopathy to exclaim: "Why

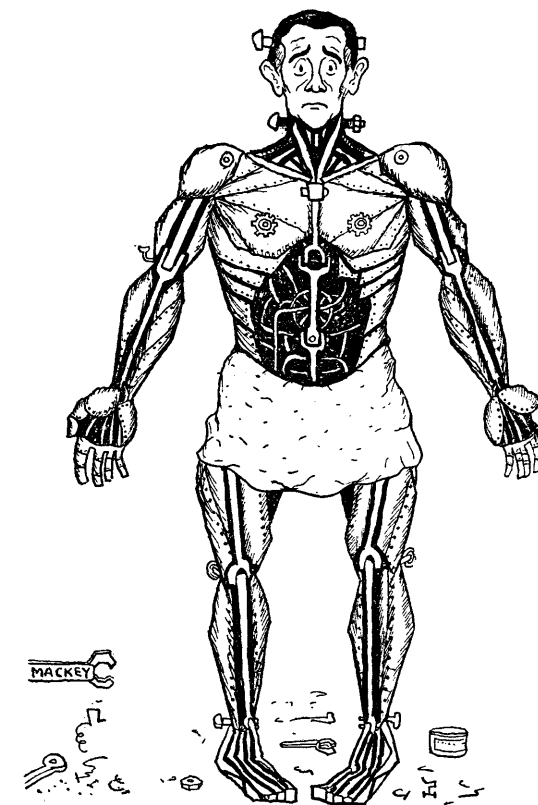
don't we come right out and say that we are teaching materia medica, as that is what we are really doing!"

Collapse of a Cult

THOUGH OSTEOPATHY has practically deserted the original teachings of Still, its influence is on the wane, and the number of schools and students is decreasing. For one explanation of its loss of influence, we may say that, try as it might to overcome this, Osteopathy as such is a cult, since it attempts to explain and treat all diseases from one unproven, ill-founded base. Second, Chiropractic has competed seriously with it in many localities. We must not forget that, in the beginning, most of Osteopathy concerned itself with adjustments of the spinal vertebrae. At least this part of an Osteopath's practice could be handled by a Chiropractor—even more if one were to believe Chiropractic in its entirety.

The most important cause for its waning influence can be found in the attempts that Osteopathy has made to clothe itself with the dignity of a profession. To do this, the requirements for admission have been raised, the course of study increased, and various barriers erected, until those who desired to make money in short order found themselves blocked as far as Osteopathy was concerned. Others, interested in the healing art, preferred by far to study medicine.

Today, Osteopathy is far from the teachings of Andrew F. Still. Despite its changes and attempts to throw off the tight, non-scientific shackles of its founder, Osteopathy as an explanation or treatment for human ailments is doomed. Future society will regard it as an understandable outcrop from the roots of an economy where profit could inspire a teaching that had no basis in science and reason.



. . . The body is a machine.
. . . Disease occurs as a
Mechanical Derangement. . .
The Osteopath adjusts
by manipulation. . .

Attention of the readers is called particularly to the editorial in this issue, in which the policy of this magazine is stated with regard to exposure and attack of all unhealthy and unnatural treatments, procedures or cults. In future issues, other cults or pseudo-scientific methods of healing will be discussed. Last month's article on Chiropractic attracted wide attention. Back copies are available at the regular price. New subscribers may date their subscription from the October issue, if they desire to have a complete file of the series of cult exposures.

THE "COMMON COLD"

• A timely article •

and its treatment

THERE ARE few people who have had the good fortune to be free from that most troublesome of minor disorders known as "the common cold." It is the most common disease afflicting the human race. Almost everyone suffers from one attack during the year, and frequently from three or more. Despite its frequency, however, we know very little about its cause and prevention.

At the outset it must be emphasized that "the common cold" is not a specific disease like tuberculosis or typhoid fever. The name is given to a condition in which there is an acute inflammation of the nose and throat, and frequently of the bronchi. It is characterized by congestion and nasal discharge. Sore throat and fever may or may not be present. The disorder itself is not serious but it causes a temporary lowering of resistance which may lead to more serious and protracted illness. It may, for example, lead to an attack of broncho-pneumonia or lobar pneumonia, or be the first stage of a severe attack of influenza. It should, therefore, be considered seriously and treated properly.

As the name suggests, the condition was at first thought to be related to atmospheric conditions. However, the only definite relation between the weather conditions and "colds" is that the latter are more frequent in fall and winter than during other seasons. Recently, attention has been centered upon specific germs as the possible cause of colds. The evidence so far favors the assumption that a "filterable virus" is responsible. The virus has been obtained from the secretions of individuals suffering from colds and, when introduced into the nose or throat of man or the chimpanzee, will reproduce the cold. Bacteria have also been found in the secretions, but they are probably only of secondary importance.

It seems likely that the common cold is an infectious disorder, that is: it is transmitted from one person to another. Even this is disputed. Many reliable investigators have been unable to transmit the disease. The opposing investigators, however, cite not only experimental evidence but also observations made among the Eskimos. These people are apparently the only ones free from the disorder; but when the white man mingles with them, the Eskimos become afflicted.

There is one special variety of "cold" that must be distinguished from the true "common cold." This variety occurs in people who have a tendency to asthma and hay fever, and is known as *allergic rhinitis*. The attacks may occur at certain seasons, or may last throughout the year. The attacks are caused by exposure of the "allergic" individual to certain substances in his environment to which he is sensitive. It is important to distinguish these colds from the true common cold, because the treatment is entirely different for each type. The distinction, of course, can only be made by the physician. Exposure to drafts and chilling of the body may cause congestion of the nose and lead to the development of a typical cold.

Try Avoidance

THIS SUMS UP about all that is known of the cause of the common cold. It is obvious that, with such meager knowledge, it is impossible to give specific advice as to the prevention of colds. What can be suggested is general information that may help people avoid getting colds too frequently, and that will inform them of some of the worthless patent medicines that are "guaranteed" to prevent and cure colds.

Since the common cold is probably an infectious condition, we could avoid colds if we avoided exposure to other people with colds. But this,

of course, is impossible. The degree of exposure can be diminished, however, by certain hygienic measures. These include shielding of nose and mouth from those who have colds, washing of hands before meals, and adequate heating and ventilating of living and work rooms. Children, especially, should not be taken into crowded street cars or stores, or into other crowds where it is impossible to avoid close contact with coughing or sneezing persons. Families must realize that exchange of handkerchiefs, and the use of the same towels when one member has a sore throat or cold, is inexcusable.

Some physicians recommend as a preventative, a hardening process consisting in the taking of cold baths and outdoor exercises. However, it has been found that this offers little or no protection.

Ultra-violet light and sun bath treatments are also recommended, but here, too, no clearcut benefits can be shown.

Vaccines, Vitamins

NUMEROUS "cold" vaccines are on the market and are frequently proposed by physicians as a preventative of colds. These vaccines may help a small percentage of people; but, for the great majority, vaccines have no definite value. It is possible that a reduction in the severity of colds may be obtained, but the number of attacks are only occasionally lessened.

It has been known for many years that an insufficient amount of Vitamin A in the diet will increase the susceptibility to infections of the nose, throat, bronchi, and lungs. For this reason a few investigators have recommended addition of substances containing Vitamin A to the diet as a "cold" preventative. Cod-liver oil, halibut-liver oil, and a substance known as carotene are the best sources of this vitamin. None of these materials, however, no matter in what dose they are given, will diminish in any way the susceptibility of an average healthy individual to colds. Such an individual obtains all of Vitamin A that he requires in his daily diet, so that addition of Vitamin A in the form of cod-liver oil or halibut-liver oil in order to prevent colds is entirely unnecessary. It is also obvious that cough drops, cereals and patent medicines which are supposed to contain Vitamin A are absolutely worthless as cold preventatives.

Alkali foods and drinks are also without any value whatsoever. One of the most advertised of these drinks is Alka-Seltzer. An identical effect

can be obtained by adding a level teaspoonful of bicarbonate of soda and a tablet of aspirin to a glass of seltzer water; and that effect as a preventative or as a treatment for colds is absolutely nil. Luden's Menthol Cough Drops now are sold with an "alkaline factor" added to relieve colds. Neither the menthol nor the alkaline factor, whatever that is, has the slightest value in the prevention or treatment of colds.

Gargles and mouth washes are also worthless. Nose drops or sprays, including the powerfully advertised Vicks Va-Tro-Nal, are likewise useless. In other words, none of the currently advertised nasal drops or jellies, gargles or sprays, alkaline drinks or patent medicines has any value in the prevention or treatment of colds.

Checking the Cold

THE "COLD" having begun, an attempt should be made to check it. The traditional method consists in taking a foot bath, drinking a glass or two of hot lemonade with or without a little whisky, followed by a good dose of aspirin. This procedure will lessen the severity of a cold in a small percentage of people. Inducing perspiration lessens the congestion of the nose and throat, and thus affords some slight relief. Its useful effect can be increased by taking a hot bath, going to bed, and using sufficient covers to protect against cooling of the body. Cathartics and laxatives have likewise been used at the beginning of a cold, but recent clinical studies prove their uselessness. The drinking of large amounts of water, or fruit juices has no effect whatsoever on the severity or duration of a cold.

Spraying with, or instilling into the nose, solutions of suprarenalin or ephedrine helps temporarily to relieve congestion, but is occasionally followed by more congestion. Vicks Va-Tro-Nal and Mistol depend largely upon ephedrine for their effect.

Aspirin is now more largely used by the public than almost any other drug to check and relieve colds. Careful studies, recently undertaken at a large university, where hundreds of students tried various remedies for the treatment of colds, show that aspirin is of little or no value for this purpose. The most it can do is to relieve the accompanying headache. It will induce perspiration only if fever is present. It does not relieve the congestion or diminish the discharge from the nose. Besides, its reckless use can lead to serious injury and even death.

"Cold" or rhinitis tablets are sold everywhere

to the public and are much used by physicians also. These tablets are generally combinations of morphine, atropine, strychnine and quinine. The effect of these tablets is principally due to the action of atropine, which helps dry up the secretions of the nose and throat. Accordingly, a small dose of atropine sulphate, one-five-hundredth of a grain every three hours, acts as well as one of these rhinitis combinations. The drug is most effective in the early stages, when there is a good deal of watery secretion.

Many physicians now prescribe a combination of two drugs known as codeine and papaverine. These drugs are derived from opium and, when properly administered, are more useful in check-

ing and relieving a cold than any other drugs.

To sum up: the cause of colds is unknown, and the prevention is difficult or impossible. Treatment is advised as follows: with the beginning of a cold, take a hot bath, drink one or two glasses of hot tea or lemonade, go to bed, and keep well covered. A doctor's prescription will enable you to get the combination of papaverine and codeine which you should take as directed. If you cannot get the prescription, go to sleep without taking any drugs. When a good deal of secretion appears, take atropine as directed above. If you have fever, or a severe sore throat, stay in bed until the fever subsides and the sore throat is relieved.

The U.S.S.R. Fights Syphilis

We declared in our last issue that syphilis can be controlled. It is a task, however, that the doctor alone cannot perform. How a government does this job is explained in the article below.

ONE OF THE most spectacular achievements of the health program in the Soviet Union is the attainment of a sharp reduction in the number of cases of syphilis. The tsarist regime left a terrible heritage of widespread venereal disease. Statistics of that period have proven unreliable, since only those patients who applied for treatment were registered. There were so few medical institutions for the treatment of venereal disease that they could not possibly accommodate the large number of cases. Investigations occasionally carried out in tsarist Russia revealed a tremendous amount of venereal disease, both in the cities and in the rural districts.

A peculiarity of syphilis in the rural districts was its innocent or extra-sexual character—that is, syphilis acquired through non-sexual contact. That fact is explained by many social and economic factors in the relatively primitive village life of tsarist Russia. For instance, peasants usually ate out of one large common bowl. Any one member of the family could easily infect

the entire household. Shepherds were customarily paid off for their services by being allowed to be the guests at the table of every villager in turn. Such a custom made it possible for one syphilitic shepherd to infect all the villagers. It is, therefore, not surprising to find that such conditions resulted in wholesale infection of entire districts. Many villages of tsarist Russia came to be known as "Kurnosovka" (snub-nose), alluding to the saddle-like appearance of the nose in hereditary syphilis—syphilis acquired from the mother by the child while still in the womb. Syphilis of the "innocent" or non-sexual type accounted for as much as 80 per cent of cases in some localities.

Further evidence of the miserable state of health of the people during this period was the large number of syphilitics who reached the third and most advanced stage of the disease, revealing the complete lack of treatment or, at best, inadequate treatment.

Modern Decline

WITH THE improvement of the economic and cultural conditions of the population under the Soviet government, a great drop in the number of venereal cases was effected, particularly in the non-sexual form of contagion. Comparison of statistics published during tsarist times and

NOVEMBER, 1935

those following 1917 demonstrate the tremendous strides made in combating this social scourge in the Soviet Union.

The number of cases of syphilis per 10,000 inhabitants, according to statistics cited by Professor N. A. Semashko, editor-in-chief of the Soviet Medical Encyclopedia (see his book, "Health Protection in the U.S.S.R.," Putnam, 1935), were as follows:

1913—77 cases in 10,000 inhabitants.
1914—75 cases in 10,000 inhabitants.
1928—43 cases in 10,000 inhabitants.
1929—32 cases in 10,000 inhabitants.
1930—30 cases in 10,000 inhabitants.
1931—25 cases in 10,000 inhabitants.

This table shows that syphilis in the Soviet Union has dropped to about one-third of its former frequency.

Another table, quoted in "Red Medicine," by Sir Arthur Newsholme and John A. Kingsbury, both noted public health experts, reports the registered cases of syphilis per 10,000 inhabitants of Moscow and surrounding districts as follows:

1927—58 cases in 10,000 inhabitants.
1928—46 cases in 10,000 inhabitants.
1929—44 cases in 10,000 inhabitants.
1930—38 cases in 10,000 inhabitants.
1931—31 cases in 10,000 inhabitants.

Here we see again a reduction of cases to approximately one-half in the short span of five years.

This success was achieved through the complete reorganization of the bankrupt health service inherited from tsarist times. Medical aid was no longer left to the whims of philanthropists or to private enterprise. Health protection for the people of the Soviet Union became a basic duty of the State. A unified health service, taking in the most distant hamlets as well as the cities, towns, and collective farms, was established. Workers are now encouraged to cooperate with the medical authorities through the formation of "health nuclei" which act as a public force for raising the health standards of the people. Lectures under the auspices of the health nuclei and government health bureaus are held on the farms and in the factories, explaining the causes, prevention and treatment of the social diseases. Pamphlets, plays, films, and radio talks help spread scientific health information to all.

HEALTH and HYGIENE

"Prevention" Principle

THE BASIC principle of the health program is the *prevention* of disease. An attack is directed against all those unfavorable conditions which tend to undermine the health of the people. Every unit of the Soviet health service is organized with a view not only toward cure of disease but also toward abolishment of its specific causes. Studying of the working and living conditions of every patient helps such a program.

Obviously, mere curative measures, no matter how intensive, cannot alone succeed in arresting the spread of venereal disease. By improving the working and living conditions through such methods as healthful housing, communal feeding, universal availability of public utilities, and through the enactment of a vast scheme of social and hygienic legislation such as the five-day week, the short working day, compulsory holidays, sickness and disability insurance, maternity vacations with pay, etc., the government has taken important steps in removing the causes of the social diseases.

Hundreds of venereal clinics have been established throughout the Soviet Union, and their number is steadily increasing. These clinics not only dispense adequate treatment, but also search out all sources of infection and eradicate them. When a case of syphilis is discovered, the home is visited, and the entire family is examined and treated if necessary. All treatment and examinations are entirely free. Newsholme and Kingsbury state that treatment "is always gratuitous and unrestricted, whatever the social position of the patient. Much educational work is done to ensure continued treatment, including home visits when needed. It has never been necessary to enforce continued treatment."

Open and frank discussion of the syphilis problem is fostered. The hypocrisy and secrecy usually associated with venereal disease is brushed aside. Venereal disease is regarded as a misfortune, not as a cause for shame. Syphilis is combated with openness and intelligence, and the fight against it differs in no way from the fight against tuberculosis, typhoid fever, or any other health menace.

Aiding as a check against the spread of syphilis are also the laws that have been embodied in the criminal code. One act provides a penalty of six months' imprisonment for knowingly placing a person in danger of venereal infection, regardless of whether infection actually

takes place. Another act empowers health agencies to make compulsory examinations of all persons suspected of spreading venereal disease, and to give compulsory medical treatment to such persons. People about to marry are encouraged to exchange health certificates.

Eradication of Prostitution

THE RAPID DECLINE of syphilis in the Soviet Union can be attributed in a great measure to the almost complete eradication of prostitution. The approach to the problem is divided into two categories: the broad social approach, which aims at removing the social causes of this evil; and the specific approach, which consists of measures aimed at making the individuals involved socially useful again. This approach differs radically from the occasional vice raids conducted in other countries. Vice raids hound and victimize the individual prostitute, but leave untouched the owners and financial supporters of the houses of prostitution who always have the backing of the police authorities with whom the profits are shared. Such a narrow approach is as irrational as attempting to wipe out malaria by pursuing the individual mosquitoes which spread it, while leaving the swamps which breed them undrained.

The decline in prostitution in the U.S.S.R. followed the abolition of unemployment, social and economic emancipation of women, and the raising of the economic and cultural level of the population.

Pre-revolutionary Moscow alone had from 25,000 to 30,000 registered prostitutes. In January, 1928, a thorough investigation of the streets of Moscow revealed approximately 3,000 prostitutes. At that time, there were more than 80,000 unemployed women registered at the Labor Exchange. In January, 1931, after the abolishment of unemployment, a similar investigation was made. This time only 800 prostitutes were discovered. Today, this number has shrunk almost to the vanishing point.

Curative Institutions

TO REMOVE the last traces of the evil of prostitution, curative institutions called prophylactoria were established.

These prophylactoria aim to educate and treat prostitutes in an effort to make them socially useful individuals. Women entering the institutions do so of their own free will, and are free to leave. Here the women are taught trades and receive a general education. The women are paid for all their work even while learning, their salary being equal to the wages they would receive if employed in industry outside. They have their clubs, where they pursue cultural activities such as music, literature, etc. There is no feeling of charity in the institution. Living and working conditions are so favorable that it is rare for any one to leave before the expiration of the set period. This period varies from one and a half to two years, after which employment is obtained for them in the field in which they have received training.

The disappearance of prostitution has all but eliminated the need for these prophylactoria. Of the five institutions in Moscow in 1930, four have been closed for lack of patients.

Recently, Eugen Wertheimer, a member of the secretariat of the League of Nations, who under instructions from the League is making a study of social problems in many countries, asserted:

"Other countries can learn much from the U.S.S.R. about re-educating prostitutes into useful citizens. . . . There is nothing of the depressing atmosphere which one might have expected in such an institution [prophylactorium], and which is, indeed, sometimes found in similar attempts of re-education in other countries. The cheerfulness of the whole place is what impresses one most."

The League representative comments further upon the wide opportunities open in every walk of life to former prostitutes in the Soviet Union.

In our last issue we pointed out that four factors are necessary for the control of syphilis. These four factors have been employed on a socialized scale in the Soviet Union, with the result that a genuine decrease in the incidence of this dread disease has been achieved in that country.

a n e s t h e s i a

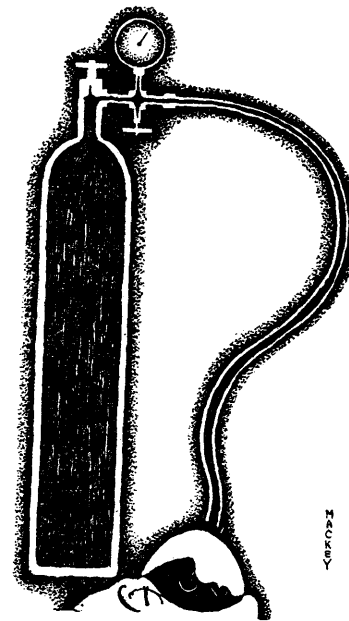
the tragic story of "Laughing Gas" and Ether

OUR STORY begins in the 'Forties of the last century, the action occurring almost simultaneously in two different sections of the country, the North and the South. Crawford W. Long was a young physician who began the practice of medicine in a small town in Georgia in the year 1841. At that time a new fad was sweeping the country similar to the wave of popularity accorded in our generation to crossword puzzles, anagrams, mah jong and bridge. The new game was called "laughing gas frolic." No party was complete without it. The fun consisted in inhaling a few breaths of "laughing gas," chemically known as nitrous oxide, and watching for the queer antics and noises such inhalations would produce.

Friends of Doctor Long came to him and asked if he had some "laughing gas" which they wanted for a party. Long did not have the apparatus for manufacturing the gas, but suggested that they try instead a liquid called ether, the fumes of which might produce a similar effect. They tried it, and it worked. Soon every party in town ended with an "ether frolic." Long attended many of these parties and often participated in the "frolic."

One morning, following one such party, he observed several bruises on his legs which he could not remember having received. It occurred to him that, possibly, while under the influence of ether, one might be insensible to pain received from an injury. He inquired among his friends, and learned that they too often found welts and bruises on their bodies with no recollection of the injuries causing these.

HEALTH and HYGIENE



Long decided to try the ether in his practice. Soon, a young student named Venable came in for the removal of a small tumor on the neck. The stage was set for the first operation performed under general anesthesia in all human history. The year was 1842, the place a small country doctor's office buried away in a small town in the South. Four years later, far away in the North, another man, Dr. Morton, was to repeat this experiment, but on a much more dramatic scale, before the entire staff of the Massachusetts General Hospital in Boston. That episode, however, comes later in our story.

On a hot summer day, Long administered the ether to Venable and, while the patient was under its influence, he removed the tumor.

When Venable awoke, he informed Long that he had felt no pain!

For some inexplicable reason, Long apparently failed completely to grasp the significance of what he had done. His records show that, during ensuing years, he administered ether for minor surgical procedures some eight to ten times. Nevertheless he did not report his work with ether to the Georgia Medical Society until 1852, ten years after his original experiment. By that time men in the North like Wells, Morton and Jackson had spread the news of the new discovery to all corners of the civilized world.

When we recall that, prior to Long's use of ether in 1842, all operations were performed while the patient was conscious and horribly aware of every movement of the knife and the cautery, it seems strange that Long could have failed to grasp the importance of what he had stumbled upon.

A New Era

LET US TURN now to the North, where the discovery of the anesthetic properties of nitrous oxide and ether were to lead three men to fame, frustration and finally tragedy. Horace Wells was a dentist practising in Connecticut. One day in December, 1844, he attended a traveling sideshow. At this show, the performer administered "laughing gas" to a subject who, under the stimulation of the gas, cavorted and danced about to the vast amusement of the audience.

We must digress for a moment at this point to explain this phenomenon. Nitrous oxide was discovered by an English chemist by the name of Priestley in 1776. Its chemical and physical properties were well known, but little was known of its effect on the human body. It had been observed that breathing the gas induced a temporary exhilaration and lightheadedness, which frequently terminated in violent laughter; hence its nickname "laughing gas." We know today that this state is the primary stage of anesthesia.

Wells noticed that, while the subject was dancing madly about on the stage, his leg struck forcibly against the side of a bench. The man neither cried out in pain nor winced from the blow. After the performance, Wells went backstage and interviewed the subject. Despite the fact that the leg was now quite painful and swollen, the man could not recall receiving the blow nor feeling any pain at the time. Wells asked Colton, the man who had administered the gas, to come to his office the following day, and place him under the influence of the gas, while a colleague extracted a tooth. Colton consented. The next day, Colton gave Wells gas; while Wells was under its influence, Riggs, a friend of Wells, extracted an aching molar. Wells awoke crying, "A new era in tooth-pulling." He had felt no pain. His enthusiasm was boundless. Today, almost one hundred years later, despite all modern advances, it is still true that nitrous oxide and oxygen is one of the best anesthetics for the extraction of teeth.

Frustration

WELLS learned all he could from Colton regarding the gas, how it was manufactured, how administered, etc. With this knowledge, he began to experiment with the gas in his office. His success exceeded his fondest expectations. That year, he used the gas on many occasions for the extraction of sensitive, painful teeth. Each time, the patient reported a complete absence of sensation. Perhaps if Wells had been more cautious, and had experimented longer until he was more familiar with the action of the gas, he would not have come to grief.

Unfortunately, he permitted his enthusiasm to carry him off. He hastened to arrange a demonstration of his painless extractions before the Cambridge College of Surgery in Boston. One need hardly be told with what skepticism that august body of conservative physicians viewed the new-fangled idea of this young upstart from Hartford. Not to be denied, Wells insisted on demonstrating his new method before the class in surgery. Consent was finally granted.

On the fateful day, Wells appeared before the surgery class with his patient, a young lad in his teens. Wells administered the gas. Removing the mask from the patient, he applied his forceps to the offending tooth. As the tooth was extracted, the patient let out a piercing shriek as if in great pain.

Instantly the class was in an uproar. Laughter and abuse were heaped on Wells' head as the poor man left the room, disgraced and heartbroken. We know today that many patients while under the influence of nitrous oxide will cry out as if in pain. This cry, however, is merely a reflex action. The patient, when he awakes, will not recall having made the sound nor having felt any pain. Wells, because of insufficient experimentation, was made to appear like a fool and a charlatan. After his failure in Boston, Wells returned to Connecticut. During the course of the next year, he continued to use nitrous oxide for the extraction of teeth until, following an overdose of the gas, one of his patients died under the anesthetic. This completely discouraged Wells and he discontinued the use of the gas entirely. Shortly thereafter he left for a trip to Europe.

Another Discoverer

WILLIAM MORTON is the man generally credited with being the discoverer of anesthesia. This is not strictly true. While it must

be admitted that Morton was completely unaware of the work being done by Long in Georgia, priority must be given to the latter.

Morton was the son of a blacksmith. He had a sharp and inquiring mind. Unlike Long, he was keenly alive to the tremendous importance of what he was doing—while he differed from Wells in understanding the value of careful, painstaking preparation before risking a demonstration.

Morton had been a dentist and indeed had, at one time, been a partner of Horace Wells. Giving up a lucrative dental practice, he decided to study medicine. It is ironic that the demonstration which was to bring disgrace to Wells was to bring inspiration to his former partner, Morton.

Morton was one of the medical students who attended Wells' unsuccessful demonstration. He neither laughed nor hooted when Wells failed. Instead, he pondered.

With his mind bursting with ideas, Morton consulted Professor Charles T. Jackson, the man at the head of the chemistry department. Carefully hiding his eagerness, he inquired casually about drugs that might induce unconsciousness. Jackson suggested that he try ether. Without giving Jackson an inkling of his plans, Morton returned to his home, where he built himself a laboratory. He began to experiment on animals.

Working and experimenting with ether during every spare moment, Morton soon learned that, if the administration of the drug was continued beyond the first stage of exhilaration, the subject fell into a profound sleep during which surgical procedures could be performed without the subject reacting to pain. During this period, Morton was in constant communication with Jackson, getting all the information that might possibly aid him in his experiments. At the same time, he continued to conceal from Jackson all knowledge of what he was doing.

Following his experiments on animals, Morton began to apply his work to human beings. He administered ether for the removal of teeth. He took it himself. His results were uniformly successful, none of his patients suffering either discomfort or pain. After months of careful experimentation, Morton felt ready for a public demonstration.

No Humbug

AFTER SEVERAL interviews with the head of the surgery department, Morton finally was given consent to try his drug at the hospital.

HEALTH and HYGIENE

On the historic morning of October 16, 1846, the entire staff of the Massachusetts General Hospital, including some of the leading surgeons of the country, assembled to witness the experiment. Everything was set. A patient was wheeled in while Dr. J. C. Warren, a surgeon, took his place alongside the operating table. With all eyes in the room fixed on him, Morton began to administer the ether. After five minutes, he signaled to Dr. Warren to begin operating. The operation was on the throat, a difficult case. Dr. Warren finished the operation in short time, the patient lying perfectly relaxed during the entire procedure. When the patient awoke, he informed the doctor that he had felt nothing. Turning to the others in the room, Dr. Warren exclaimed, "Gentlemen, this is no humbug."

Condemned by Church

NEWS OF THE event created a sensation comparable to the excitement which today would greet the announcement of a cure for advanced cases of cancer or some such epoch-making discovery. The story of painless surgery was discussed all over. True to its reactionary traditions, the church condemned the new procedure as indecent, immoral and contrary to the will of God. The use of anesthesia to minimize the agony of women in childbirth was particularly attacked. The state of anesthesia was compared to the stupor of drunkenness. No God-fearing, self-respecting woman under such circumstances could place herself under its influence, declared the theologians.

Other arguments used were that it was sinful to avoid bodily torture which God had willed or, again, that it was contrary to the original curse pronounced on woman in the Bible. An English physician, a Dr. Simpson, with the support of millions of mothers behind him, succeeded in routing these reactionaries in a series of public debates in which he thoroughly annihilated all opposing arguments with logical clarity.

Morton gave another and equally successful demonstration at the hospital. Up to this time, he had not divulged the name of the drug he used. When the hospital refused to admit him for further demonstrations unless he would announce the name of the drug, Morton finally told them it was ether.

Discoverer Unknown

DR. JACKSON immediately stepped forward and claimed credit for the discovery. He announced that he had suggested the drug to Morton, and that in independent experiments he had discovered its anesthetic properties. A bitter feud developed between the two men, continued for the rest of their lives, and was carried on by their friends for many years after their deaths. Despite all the intense hatred and wrangling, the actual discoverer has never been determined with finality.

At that time, Wells returned from Europe and promptly advanced his claims as the original discoverer of anesthesia. Both Morton and Jackson denounced him, insisting that nitrous oxide was not an anesthetic. As a result, nitrous oxide was forgotten for many years. It was not until a long time later that the use of nitrous oxide was revived. Used in combination with oxygen and ether, its popularity increased steadily until today it has to a considerable extent displaced all other anesthetics. Its very low mortality rate

accounts largely for its wide use. Poor Wells, however, was never to know how correct he was. Arrested in 1848 on a charge of disturbing the peace, he was found the next morning hanging in his cell, a suicide.

No Patent on Ether

MORTON AND Jackson, attempting to capitalize on their discovery, patented ether under the name "letheon." Fortunately, the hospital authorities, who knew that the drug was ether, let the fact become publicly known. Soon, everyone was using ether without any regard for patent rights. Morton tried to bring suit but failed in court. Eventually the patent was declared void. Morton never received one penny in royalties.

During the long controversy, Morton had given up his dental practice and finally was forced into bankruptcy. In 1868, he died a broken-hearted and bitter man. Jackson, shortly after Morton's death, went insane, and in 1880 died in a lunatic asylum, his life also warped and embittered.

Why Babies Vomit

ANYONE WHO has ever taken care of a child knows that vomiting is a very frequent occurrence and that most of the time it is of not much importance. Often, however, vomiting must be considered seriously not only for itself but also because it may be an indication of other underlying conditions. The acute infectious diseases, particularly scarlet fever and the diseases which involve the nervous system—for instance, meningitis or brain tumor—usually have vomiting as an important early symptom. In most cases, other signs such as headaches or rash show that a serious illness is at hand and medical aid should be sought.

Diseases which involve the intestinal tract primarily are prone to be accompanied by persistent vomiting. In appendicitis, for example, vomiting is usually prominent; and, in a child who does not talk, this may be the only sign of disease. The appendicitis picture in children

is very variable, although tenderness and pain in the abdomen—not necessarily on the right side—are almost always present. Children under a year are also susceptible to a disease called *intussusception*, in which one part of the intestine telescopes into another. This produces a block which causes forceful vomiting and prostration. Immediate operation is required in the great majority of such cases.

Some babies are born with an enlargement of the muscle which closes the exit from the stomach. This is called *pyloric stenosis*. About the end of the second week of life, these babies begin to vomit often, and with great force. If not treated early, the baby may become so malnourished that death occurs. Diagnosis is not very difficult, although it may take some time to be sure. Once the diagnosis has been established, however, operation is almost always necessary and a complete cure is the usual out-

NOVEMBER, 1935

come, if the infant has not become malnourished.

Dysentery, of which the chief symptom is severe diarrhea, is often accompanied by vomiting. This disease is caused by germs which infect the intestine, producing irritation and excess movement; the stools contain blood and mucus. Improper sanitation, contaminated food, and life in overcrowded tenements contribute to the frequency of this infection. Since these conditions prevail among the working class in our society, we find that most of the children who contract dysentery are the sons and daughters of workers.

Spoiled Food

SO-CALLED green apple colic is a much more serious affair than one would gather from reading the comic strips. This is a form of food poisoning; the vomiting and abdominal pain may be very marked. Most often, it is not connected with green apples but rather with spoiled or dirty food.

It is a well-known fact that a good deal of the food handed out to families on relief has suffered either deterioration or infection. This probably explains the large number of cases of sudden vomiting among the children of the unemployed. Hungry children will put almost anything that looks like food into the mouth. Obviously, a government which allows the growing child to become malnourished and half-starved must take the responsibility for diseases which are an outgrowth of such a state of affairs.

Improper feeding is a frequent cause of vomiting in young infants. The small baby's stomach cannot be stretched out the way an adult's can. If too large a volume of food is introduced, the baby's stomach will contract and some or all of the contents will be vomited. Mothers who are too poor even to think of having a doctor's care for an apparently well baby, may put too much water in the formula and thus favor the production of vomiting.

Many child specialists are now giving formulas without any water at all, even to new-born infants, and have observed no ill effects. The old idea—that milk had to be mixed with water, because pure milk was too strong for the baby—is apparently all wrong. Evaporated milk, which is an economical and excellent food for the infant, must of course be diluted with water until it is like whole milk. In order to avoid difficulties due to improper feeding, mothers should attend "well-baby conferences" if avail-

able, for medical supervision can be secured there without expense.

Young mothers often have trouble with infants vomiting, because the baby is not helped to rid himself of gas. Every person swallows some air as he eats, but the infant swallows a proportionately greater amount. At the end of the feeding, the child should be put over the shoulder and patted until he belches up the air he has taken in. In some cases, particularly in over-hungry infants, it is necessary to stop in the middle of the feeding to pat the baby.

Acidosis and Treatment

IF VOMITING is repeated for a long period of time, no matter what the cause, the condition of acidosis appears as a complication. This occurs because of the failure to absorb food, and because of the loss of salt contained in the vomitus. Acidosis is characterized in increased speed and depth of breathing. Severe cases need hospital care, but mild ones may be treated successfully at home.

The treatment of this condition follows the lines that should be used for any case of vomiting. In the first place *nothing* should be offered by mouth until all vomiting has stopped. The length of time may vary; but, in most cases, it will be a matter of several hours. It is illogical to expect any medicines to help, because they will be vomited as soon as given and serve only to irritate the stomach further.

When the stomach has been rested, water should be offered in small amounts. If this is retained, fluids containing sugar in some form may be given. The sugar is used to provide food in the most readily available form, thus counteracting the acidosis. Carbonated beverages are better tolerated, and ginger ale is ideal at this stage. Of course, most working class families cannot afford anything so expensive, but lemonade is fairly cheap and may be used. Orange juice provokes nausea in some children, and it is probably best not to give it for a time.

As improvement appears, more fluids should be given, and then solids should be started gradually. Some doctors believe that it is wise to follow the opposite course—that is, to start right in with a big meal. This, sometimes, works well with adults; but it is not advisable in children.

One should remember that if a child suffers from severe or repeated vomiting it is wise to seek medical help.

Facts and Fallacies about masturbation

By Frankwood E. Williams, M. D.

TO MANY young men, masturbation is a source of a great deal of unhappiness. It need not be, if rightly understood.

The events that lead up to the unhappiness and worry are usually something like this: there is sexual stimulation and the desire to masturbate; there is a determination not to give in to the desire as it is thought to be wrong and unhealthy; there follows considerable physical discomfort, distraction from work, inability to keep the mind off sexual matters, a running debate with himself as to whether he will or will not give in. Eventually he does give in, and masturbates. He is humiliated, and determined that this will be the last time.

But it isn't the last time. It happens again. His disgust with himself increases. He tries all sorts of ways of overcoming his desires—diet, cold baths, exercise, early rising, etc. He may desist for a week, ten days, two weeks. But just as he is beginning to regain some of his self-confidence, it happens again. He believes that his inability to stop masturbating shows that he has a weak character. He fears that the masturbation is undermining his health, that it is robbing him of energy he should be putting into other activities. This makes him thoroughly miserable. He feels not only a weakling, but like a traitor or deserter to his greater interests.

All this worry and anxiety, self-deprecation and loss of self-confidence, is unnecessary. No worker, young or old, should put himself or herself through any such conflict. Masturbation simply isn't worth it. It is giving altogether too much importance to a matter of relative unimportance. Such a conflict (not the masturbation—we shall speak of this later), takes altogether too much energy and attention from work that really is important.

Vicious Teachings

CONFLICTS of the individual in regard to sex in general, and masturbation in particular, grow largely out of the moral teachings built up and fostered by the church and by present society. These teachings are based upon such physiological and psychological knowledge as was available to early Christians, hundreds of years ago—which is to say upon no knowledge at all, because no accurate knowledge of the physiology and psychology of sex existed at that time.

Such scientific knowledge as we have, on the physiology and psychology of sex, has been developed in comparatively recent times. It is as absurd to attempt to build moral principles out of the knowledge of the physiology and psychology of sex in the early Christian era, as it would be to try to build an automobile out of their knowledge of physics. Nevertheless, this is the situation in which we are at the present time.

Not only is this situation absurd. It is also vicious, since the individual conflicts that arise from the false teachings distract the attention of the individual from social and economic conditions where such attention belongs—to himself, where it does not belong to any such extent. Conflicts over these false issues rob the individual of his self-respect and self-confidence, and fill him with anxiety and worry quite unnecessarily. These unnecessary conflicts cause him to become nervously ill in many instances; and, in most, if not in all instances, they lower his social and intellectual effectiveness because of his inability to apply himself to more important affairs.

The church has always held, of course, that it was doing the individual a service when it

THE AUTHOR
Renowned psychiatrist, author of "Adolescence: Studies in Mental Hygiene," "Russia, Youth and the Present-Day World," etc., and famous lecturer, none is so well qualified as Dr. Williams to discuss this very important phase of the sexual adjustment of youth.

filled him with a sense of his guilt, weakness and unworthiness. Rational people know now that this is not only a disservice, but it is also absurd and vicious. It is not masturbation that is harmful, but the worry in regard to it.

Physiological Factors

THE PHYSIOLOGICAL facts that lie back of the desire to masturbate are simple. As sperm

Holding up a picture of non-existent horror, the "Physical Culture" quack, Mrs. Grundy and the Cleric selling superstition for a living, have frightened and harmed youth with their warnings about "self-abuse." Dr. Williams shows that there is harm in believing the hypocrites.

Drawing by Rico



cells (semen) mature in the testicles, they migrate through tubes to the seminal vesicles lying internally, at the root of the penis, ready to be discharged when the occasion arises. As the seminal vesicles fill—and perhaps become overfull—pressure is exerted, sexual sensations arise, and the individual becomes sexually restless and uncomfortable. These sensations, while sexual, are similar to the sensations which arise when the bladder is overfull. Whether from the bladder or the seminal vesicles, the sensations are a physiological signal that the container is overfull and needs to be emptied.

As the seminal vesicles are normally and physiologically emptied through sexual intercourse, the physical and the mental stimulation will be towards intercourse. This is as it should be; if sexual thoughts and feelings did not arise at such time, something would be wrong with

the individual. Such thoughts and feelings are healthy and right and as should be.

As, in our society, sexual intercourse is often not possible because of the delay in marriage and general moral disapproval of sexual relations before marriage, the desire that will most commonly arise in the adolescent or unmarried adult will be to masturbate, which is the means he has learned for relieving the sexual tensions that are making him uncomfortable. There is nothing surprising about this, and there is nothing unhealthy about it. There is no other sort of relief available at the moment; and, unless we are to accept the religious view that one adds to his character through suffering, there is no reason why the individual should continue to suffer and thus be unable to apply himself to important activities.

Another Untruth

SEMEN STORED in the seminal vesicles has no value other than for impregnation. If it is not used for this purpose, it may as well be discharged. The old view that semen, if left in the seminal vesicles, is absorbed and added to the physical strength of the individual, *is not true*. It is true that there is an internal secretion from the testicles which adds to the strength of the individual; but the absorption of this goes on automatically, quite without the knowledge of the individual, and has nothing to do with the ripened semen in the seminal vesicles. The semen at this point is an excretion, and has no more value to the individual than any excretion. If it is not to be used for the purpose for which it was designed, there is no reason why it should not be gotten rid of—if its pressure causes discomfort.

It is true that, if semen is not discharged through sexual intercourse or masturbation, it will slowly or at intervals be eliminated by a process of nature itself. Some of it will pass out with the urine, while larger amounts will be discharged at intervals through "wet dreams" (nocturnal emissions).

However, nature is laggard in this matter. The machinery is better designed for an earlier period, when there was less personal responsibility than today. An individual's time today is crowded with important things to do. The amount of semen that passes out through the urine is so negligible as to give little relief. In the interval of a week, ten days, or two weeks

Masturbation interests women as well as men. The general mental attitude of women on this subject should be the same as that of men.

between nocturnal emissions, the individual may be so uncomfortable because of sexual tension that he may find it difficult to apply himself to the work he needs to do. Few people therefore can keep themselves sufficiently free of uncomfortable sexual tensions to do work most efficiently by relying upon these methods. Sexual intercourse, or when this is not possible, masturbation, is utilized therefore for relief.

Sexual "Cycle"

SEXUAL stimulation, of course, can arise from other sources than overfilled seminal vesicles. The usual cycle begins with stimulation from the vesicles, followed by sexual thoughts or fantasies, and increased sensitivity to stimulation from sexual objects present in the environment—or objects not in themselves sexual but which have come to have a sexual significance for the individual. This is perfectly healthy, and as it should be, and should cause concern to no one. In adolescence this is probably the usual cycle.

As the individual grows older, sexual fantasies and thoughts may come from sexual objects in the environment, or from other objects that have become associated with sex. This, too, is healthy and as it should be. Again, this should disturb no one in the sense of a moral conflict over his unworthy and "bad" thoughts. There is nothing unworthy or bad about these thoughts, or anything unnatural. They are the most natural thing in the world.

These thoughts, fantasies and desires of the individual are likely to cause him difficulty. But he should not misjudge the nature of the difficulty. The difficulty is a *social* one, not a physical one. The conflict that arises should not be over whether he should have such thoughts and feelings—for, of course, he should—but rather over what can be done about them.

In our unnecessarily complicated society, it may not be possible for him to do anything about them directly. He may, therefore, have to take care of them indirectly through masturbation. If so, there should be no conflict about it. Masturbation, in such instance, is merely a tem-

Above all, don't try to fight against any healthy biologic process, says Dr. Williams. In such a contest, you are too likely to be the loser.

porary substitution of one act for another—an act not altogether satisfying, but sufficient for the immediate purpose.

The one thing that should not be done is to feel guilty, or to attempt to deny the presence of sexual feeling or desire, or to put out of the mind any sexual thoughts or fantasies. This does not mean, of course, that at any given moment of the day—when a sexual thought arises—one may not for the moment dismiss it, and continue to apply one's self to one's work. It means merely that one should not attempt to do this days or weeks on end. Such a course only ends in increasing the need, so that the individual finds himself fighting sexual thoughts and fantasies most of his waking hours—and is so distracted by these that he can not do anything else. There is no end to this, and it is foolish.

While dismissing a sexual thought at any given moment when it is inopportune, one should on the whole recognize frankly that he has thoughts and desires; be glad that he has them, because they represent healthfulness on his part; do about them whatever at the moment is practicable—and then return to his work with renewed interest and energy.

Masturbating, under these circumstances, does not represent a "weak will," and is not a sign of "degeneracy" or "abnormality." There need be no fear of consequences. One's mind is *not* injured by masturbation; one does *not* become feeble-minded or insane; energy is *not* lost in a permanent sense; will-power is *not* weakened; the memory is *not* injured.

The "Will"

IT IS NOT possible to enter here into an elaborate discussion of the so-called "will" that figures so much in moralistic discussions of masturbation—as, for example, that one's "will" is weakened when one gives in to a desire to masturbate, and strengthened when one refuses.

Briefly, it may be said that to attempt to pit one's will against any healthy biologic process—with the idea of completely suppressing that process—is not only engaging in a contest unfair to the individual, but foolish as well. One

would not think of trying to strengthen one's will by refusing to eat, to drink or to urinate. The absurdity of such a contest is obvious. One may use one's "will" not to eat or to drink *too much*; but, in the first place, what is too much is entirely an individual matter; and, in the second place, the effort is not to deny entirely the desire to eat or drink.

The same holds true in the matter of sex or masturbation. One may rightly use one's will not to engage in sexual activity too much, or to masturbate too frequently. But, again, what is too much or too frequent is an individual matter, for which no general limit can be set.

In general, it may be said that individuals who are not worried about masturbation to begin with, and whose attention and energies in the main are occupied with the struggle for better conditions in general, need have no concern as to the frequency of masturbation. If one wishes to exercise one's "will," it can be exercised much better by exerting thought and determination in the carrying out of some social project—rather than exerting it against an important personal biologic process.

Avoid Over-Emphasis

IN A DEGENERATE society, or in a degenerate class of a society, where the life of the individual has become highly personal—so that his feelings and whims and sensations are almost the only interest he has in life—sexual sensations of one kind or another may be his greatest interest. The individual becomes preoccupied with matters of sex.

Conscientious and otherwise healthy individuals—who do not belong to such a society or class—may themselves, however, also become preoccupied with sex. This happens when individuals, as indicated above, attempt to deny sexual feelings, to feel guilty about them and to try to control them too rigorously.

As individuals interested in a new social order, we should not be caught in any such trap. We should not have our attention distracted from important social responsibilities.

In a new social order, we must be as realistic about sex as a y other matter. To be realistic about sex, means to welcome one's sexual feelings and desires as evidence of one's normal and healthy equipment for life. One will not fuss and sweat over the problems created by one's sexual desires, but will settle these problems in

as direct and practicable a way as possible at the time—and then go on about the more important tasks that he has to do.

For most people, the sexual desires will lead eventually to sexual relations with the opposite sex. If masturbation is the only outlet until this is achieved, very well. Indeed, masturbation may be entered into even after marriage as, for example, when the wife is absent or ill, or intercourse for any reason is at the time impossible.

The only caution that needs to be stressed in regard to masturbation—and this need not be taken too seriously—is that, in an occasional individual, masturbation may become a permanent substitute for normal sexual intercourse. Where this occurs, however, it is not alone or even primarily because of masturbation—but is due to a variety of psychological factors that

have entered into the sexual life of the individual.

Where a mature person believes that he may be masturbating in order to avoid intercourse, he may continue to do so if he likes, or he may seek advice. If he seeks advice, however, it will not be about the masturbation—but about such other factors as may have interfered with his making the usual adult sexual adjustment.

Throughout this article, we have used a young man as an example. This has been a matter of convenience because the physical sexual mechanism in man is simpler and easier to explain. In woman, the physiological mechanism of sexual tension is more complicated. But the psychological situation is the same. Here again it is not the masturbation which is harmful, but the worry it produces.

Venereal Disease Prevention

GONORRHEA or any other venereal disease is definitely preventable. The World War provided an excellent test of prophylaxis (prevention) against syphilis and gonorrhea. A study of 242,000 prophylactic treatments given in the American army in France showed the percentage of failure to be 1.3 per cent. Briefly, to prevent adequately the occurrence of venereal disease, the following should be observed:

1. The sexual act should not be unduly prolonged.
2. Immediately after completion of the act, the male should urinate.
3. The foreskin should be pulled back and the head and shaft of the penis should be washed thoroughly with soap and water.
4. The scrotum and the hairy region should also be washed thoroughly with soap and water at the same time.
5. Within one hour, the male should inject, with an eye dropper, into the canal of the penis 20 drops of a 2 per cent solution of protargol (obtainable at any drug store) and

hold this in for at least five minutes.

6. Following this, the patient should thoroughly rub the external parts, especially the head of the penis, with 33 per cent calomel ointment; retain for 12 hours.

This routine should effectively prevent any venereal disease. If venereal disease does occur, treatment should be started at once. The sooner treatment is commenced, the sooner will the condition be cleared up. Gonorrhea is curable if proper treatment is instituted. Unfortunately, many patients get into the hands of quacks who take their money and make them worse instead of curing them. But if the patient will go to a competent and honest physician at the first sign of the disease, he should be completely cured in six to ten weeks.

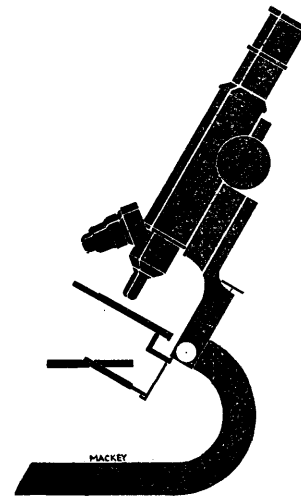
The symptoms of acute gonorrhea are as follows: About two to seven days following a suspicious intercourse, the victim notices a burning sensation when he urinates. This may be very severe. Associated with this is a more or less yellow discharge of yellowish pus from the

opening of the canal. There may or may not be pain present. In addition there may be a slight fever, although this is usually absent. There may be a generalized weakness and loss of appetite.

With syphilis, the only sign may be a small ulcer or sore on the genital organ—no pain, no discharge, no generalized symptoms in the early stages.

There is no effective prophylactic treatment for women. Their protection lies in a suitable medical and social program. Every case of syphilis and gonorrhea should be reported, and adequate treatment made compulsory. The expense of the treatment should be borne by the State. Only by effective treatment of all existing cases of venereal disease and by extensive health education can these diseases be prevented from being carried to women and also to men.

Information concerning venereal diseases may be secured from United States Public Health Service in Washington, D. C., or the New York City Board of Health.



What is High Blood Pressure?

and what to do about it

HIGH BLOOD pressure means an excess of pressure exerted by the blood on the blood-vessels in which it flows. The pressure in the blood in the human body is maintained at certain levels by variations in the heart beat, the tension and caliber of the blood vessels, and other factors, often complicated and obscure in nature. Disturbances of any one or more of these factors may produce a high blood pressure, or hypertension as it is termed medically.

Many types of high blood pressure exist. This is a fact of great importance, and one which is not generally realized. Some types of high pressure, even though quite high, are apparently harmless. The patient may have such high blood pressure through many years of active, useful life. Others depend on factors of more serious nature, and grow progressively worse. Some types show great variations of pressure from day to day and hour to hour, while other kinds remain at steady levels. Therefore, determination of the type of hypertension that a patient has is more important than the height of the pressure.

The height of the blood pressure is merely a technical matter, as one great physician has said, and should not concern the patient. Much more important in the proper evaluation of the seriousness of the case is the study of the nature and extent of the underlying conditions and their proper classification. Each case is an in-

dividual one, and should be treated individually by trained, competent physicians. It is only in this way—by repeated and prolonged observations in each individual case—that proper diagnosis can be made and appropriate treatment given.

Why It Occurs?

WHY DO only certain individuals get high blood pressure and others escape? The answer to this question is still obscure, but there appear to be certain causes which seem to play a role in the occurrence of hypertension. Heredity plays only a secondary role. It is now generally believed that high blood pressure is not inherited; but, only at times, a certain constitutional tendency toward it is inherited.

Age is an important factor, since the greatest number of cases occurs between the ages of 40 and 60—although all ages are susceptible. Men are possibly more frequently affected than women. Some races, for instance the Yellow race, suffer relatively less frequently from high blood pressure.

One usually conceives the person with high blood pressure to be a stout, thickset, red-faced

person; but one very frequently finds persons of the opposite type to have high pressures. Diet plays some role, since heavy eating, especially of carbohydrates and fats, seem to make one prone to high blood pressure.

Infections of various kinds also appear in the records of the past history in the cases of high blood pressure. But it is difficult to estimate with any degree of accuracy the influence of these conditions upon hypertension. As a rule, syphilis is not a factor in these records. Various intoxications, and auto-intoxications, have been credited as causes of high blood pressure. However, these are now known to be not very important as factors.

The hurry and bustle, the physical exertion, the mental strains and worries, the irregular hours and habits, the indulgences and inhibitions of our present economic circumstances play, no doubt, a very great role in the production of hypertension. The average blood pressure readings of the masses of the people, which are incorrectly called normal pressures, are much higher than they should be. The healthiest pressure is about 20 to 30 millimeters lower than the average "normal" pressures. That "normal" pressure varies according to age and other factors. (For instance, the average age at 40 should be about 134 millimeters.) Therefore, most of us, except for a few fortunate individuals who think they have "low" blood pressure, are suffering under some degree of hypertension. Millions of hearts and millions of kidneys throughout the world are thus working constantly under excess strain.

Heart and Kidneys

WHAT HAPPENS with high blood pressure? The answer is that, frequently, nothing happens. One need not fear ordinarily that a vessel will burst; that is a very infrequent occurrence. One should not have the idea that, when the pressure rises beyond a certain point, the blood-vessels will rupture. Blood-vessels after death have been subjected experimentally to pressure many times higher than can exist during life, yet they did not burst.

Apoplexy, or rupture of a blood-vessel, is due, as is generally believed now, to a localized disease of the vessel wall at the point of rupture—rather than to the pressure. More often, the strain of the high blood pressure is felt on the heart and the kidneys.

The heart, working under the strain of increased pressure, compensates at first for the added load by enlarging, sometimes to great extent. Often this is quite adequate for long periods of time. Unfortunately, the strain is sometimes too great, and the heart begins to show signs of failure. These signs, however, are usually easily recognized by physicians, and proper treatment can strengthen the heart and relieve it to some extent of its burden.

The delicate structure of the kidneys are also frequently damaged by the high blood pressure, and their functions may become seriously impaired. It is well for people with high blood pressure to make frequent examinations of their urine, and also to subject themselves regularly to relatively simple tests of kidney functions.

The occurrence of kidney diseases following high blood pressure is often complicated by the fact that these diseases may also cause high blood pressure. It is often a difficult matter for the physician to decide which came first, the kidney disease or the high blood pressure. However, the matter is usually an academic one, and the treatment is the same in both instances.

There are no such things as characteristic sensations or symptoms of high blood pressure itself. Very often, individuals with even very high tensions have no symptoms and feel perfectly well. Therefore, a person should not think that if he (or she) develops a headache, or ringing in the ears, or dizziness, or other sensations, that his pressure is necessarily shooting up—because this patient may be told by the doctor that the blood pressure went down instead. Those various symptoms which people believe are due to high blood pressure are really not due to the high pressure itself. They are due to changes in certain organs of the body, which may or may not be due to the effects on these organs of the prolonged high pressure.

About Treatment

THOUGH high blood pressure cannot be removed by dealing with underlying causes, it may be—by appropriate treatment—regulated to a certain extent, or at least its effects on people reduced to a minimum. Treatment rarely does anything more than reduce the burden of disease. The following paragraphs contain some general advice on the treatment of high blood pressure. It must be kept in mind, however, that the treatment of the high blood pressure itself is

discussed here, and not the treatment of heart or kidney disease or other conditions that are often associated with hypertension; otherwise, great confusion will exist.

Rest, mental and physical, is very essential. Mental ease, of course, is a most difficult problem under the present economic circumstances. Sleep, however, is most important—since sleep lowers the blood pressure, often to normal levels; and the pressure usually remains lowered for some time after waking. Therefore, "early to bed" must be a rule for hypertensives. Naps should be taken frequently, during lunch hour or after working hours, or during week-ends.

The purpose of the diet in high blood pressure should be only to keep up a good physical condition, and prevent overweight. It is now well established that proteins in any amount and of any sort, including red meat, will not bring up the blood pressure. This fact is of the utmost importance, especially since the restriction of meat or other proteins in high blood pressure, which is as yet so widespread, can do positive harm to the body.

First of all, restriction of protein frequently produces an anemia; and severe degrees of anemia may occur which seriously affect the high blood pressure. Secondly, by avoiding meats a person consumes more of the other types of foodstuffs, namely: fats and carbohydrates. Now, it is well known that an excess of these foods tends to produce degenerative conditions in the blood vessels (hardening of the arteries), in persons with high blood pressure. This hardening of the arteries, of course, aggravates the blood pressure. People with high pressure should, therefore, eat meats and other proteins freely.

Salt restriction to bring the high blood pressure down has been practised frequently in the past—often to great extremes. It is still often prescribed by physicians today, but only in special cases, and not to lower the blood pressure. The lowering of the pressure produced in the past by salt restriction was usually due to the weakness and physical depression which often follows the restriction of salt.

Since fluids up to six quarts a day will not elevate blood pressure, it is not necessary to restrict drinking unless advised to do so for

a special reason by the physician. One or two quarts of fluids a day should be consumed to insure proper elimination.

Coffee and tea are allowed if not drunk to excess, and if they do not make one nervous.

Alcohol should never be taken in large amounts because it tends to elevate the blood pressure.

Weight, Climate, Drugs

THAT OVERWEIGHT should be avoided is agreed upon by most authorities, but the reason is not clear. Many overweight persons have normal blood pressures; and lowering of the weight of hypertensives does not necessarily lower their blood pressure.

Moderate exercise, without fatigue and shortness of breath, will serve to keep the body physically fit. Absolute avoidance of physical exertion is not advisable, because of the possible consequent physical and mental deterioration. A normal life of work and recreation, and no excessive physical or nervous strain, is ideal.

Theoretically, a warm climate tends to lower the blood pressure. However, practically it is better usually for those with high blood pressure to stay at home—since the strain of moving, the strange environment, the lonesomeness, etc., would frequently offset the possible benefits of the warmer climate.

Constipation and lack of intestinal regulation does not cause high blood pressure. Taking laxatives or physics, or colonic irrigations, are not necessarily of routine value in reducing blood pressure. One should avoid straining at stools. Sensible regulation of the bowels should be practised at all times.

The question of drugs has been left for last because they are of lesser value in the treatment of high blood pressure. The mere fact that so many remedies have been tried to cure high blood pressure shows that none of them has been successful. There are drugs, however, that produce a temporary fall in blood pressure. These drugs are used today by physicians only in special instances in high blood pressure. The type of drug of most value in high blood pressure is the nervous sedative—such as *phenobarbital* or bromide. These are widely used.

Do You Sleep or Count Sheep?

A discussion of Insomnia

SLEEPLESSNESS, or insomnia, is a symptom of a large variety of ailments. It is very often associated with physical illnesses of every nature. For example, when fever is marked, sleep is usually fitful and disturbed. Acute pain will make sleep impossible. Patients with chronic heart disease, where the brain is poorly supplied with blood, are often troubled with insomnia. There is also a so-called toxic insomnia, resulting from an excessive indulgence in coffee, alcohol or tobacco. Sleeping sickness may be followed by very distressing insomnia, or the sleep pattern may be reversed—the patient sleeping days and lying awake nights.

But, except in cases with definite organic disease of the brain—as in sleeping sickness—it is very likely that the primary factor in disturbed sleep is not the ailment of the body, but the upset mental equilibrium that accompanies the disease. The ability to sleep is a delicate indication of the mental and emotional state. In cases of toxic insomnia, for example, the craving for stimulation, which is responsible for the over-indulgence, is in itself abnormal, and probably leads to both the abnormal need for the stimulation and the derangement of sleep. Likewise, in the common form of insomnia following surgical operations, the sleeplessness is the mental, rather than the physical reaction to the operation.

By far the most common kind of insomnia is, however, not associated with any definite disease of the body, but is a sign of some nervous disturbance. This disturbance is usually of a passing nature, as in the case of emotional upsets, worry and disappointment, overwork and mental strain. Or, the sleeplessness may be only one of the complaints of a more prolonged form of nervousness, known as psychoneurosis.

Wakefulness may take several forms. It may be primarily a difficulty in falling asleep. The attempt to overcome this is often made by tossing

about the bed, turning from side to side, and twisting into all kinds of acrobatic positions. Here we have the proverbial domain of "sheep-counting," whose effectiveness, when it is effective, can be explained on the basis of excluding disturbing thought. It may ultimately develop into a habit or compulsion, so that sleep becomes impossible unless the help of the mechanism is invoked.

Dreams and Fears

ANOTHER FORM of insomnia is that in which the person awakes very early and cannot get back to sleep again. In both forms, there are disturbing and frightening dreams—"anxiety dreams." With the elimination of consciousness in sleep, our dream life assumes strange forms. Forbidden wishes, pushed out of our mind during the day, become active and clamor for expression. In a sense, the dream may be regarded as the protector of sleep. So long as the forbidden wishes are expressed in such distorted form that the sleeper does not recognize them, sleep goes on without interruption. When the dream fails in its function of properly disguising the forbidden wish, anxiety may break into consciousness, and thus disturb sleep. The sleeper awakes with a pounding heart, wet with perspiration, and feeling an overwhelming sense of relief when the realization comes that he was only dreaming. Yet it does not require a nightmare to disturb sleep. The individual may awake with only a sense of uneasiness, of mild, vague fear, with no memory of having dreamed—and the same forces may have been at work.

Sleeplessness may be a fear of going to sleep, although this fear need not be conscious. Or it may be a fear of not being able to go to sleep. This type of reaction is similar to that which occurs in some cases of impotence, where the dread of not being potent is the strongest factor

in destroying potency. It is interesting to note that both conditions involve the disturbance of an automatic function. In both, the element of conscious effort is a disturbing, rather than a supporting, factor.

Sexual abstinence often leads to insomnia, but in these cases sexual indulgence is not necessarily the indicated treatment. Sexual relationships should never be used as a form of medicine, nor as a means of getting well.

Drugs Harmful

THERE ARE MANY valuable measures which might be used to relieve temporary types of insomnia. It is important to remember that individuals differ greatly in their reactions, and a course of trial and error may be necessary for the proper measure to be found for the individual concerned. Sometimes, the external difficulty can be removed, and normal sleep will be naturally restored. *Drugs of any kind should be very rarely taken without the advice of a physician.* The milder sedatives lose their effectiveness after prolonged use, and may have to be replaced by other types. There are also individual differences in the sensitiveness to the various drugs. Certain drugs, as morphine, will cause addiction very quickly. They should never be used except for the relief of acute pain, and then as sparingly as is possible and only on a doctor's prescription. Drugs, however, are most useful to relieve insomnia when it is the result of illness and surgical operation. But even then they should not be used except upon the physician's orders and under his direction.

Unless there is some specific reason for using them, however, as when sleep is necessary to support a low reserve of strength, drugs are best avoided. They are extremely inadvisable in cases of psychoneurosis. After all, drugs are toxins or poisons, and the sleep produced by them is in itself abnormal. In hospitals, if too much reliance is placed on the use of sedatives, this may indicate a low standard of nursing care.

Other methods of inducing sleep are usually based on the principle of relaxation and the exclusion of disturbing stimuli. Anything which disturbs the usual routine will tend to interfere with sleep. This may be an unfamiliar room, a new bed, an uncomfortable pillow, bad ventilation, unaccustomed noises, or even the absence of

familiar ones. The unusual always creates a state of tension, which interferes with sleep, and sleep is impossible unless complete relaxation is present.

Relaxation Essential

THIS COMPLETE physical relaxation in bed is of the greatest importance. Many people are under the impression that they need a certain minimum amount of sleep, and worry if they get an hour or two less. This worry is unwarranted and is much the greater of the two evils. If necessary, one can get along for long periods of time on reduced rations of sleep. Lying in bed with the body completely relaxed is in itself very valuable, even in the absence of sleep. Experimental deprivation of sleep, in man, for three days, has failed to show any change of metabolism of any kind. Many normal people require comparatively little sleep. There are numerous examples of people who habitually sleep only four or five hours a night. The question of habit undoubtedly plays a very large part, especially in the worry provoked by the disturbance of the habit.

General hygienic measures should not be neglected. Plenty of fresh air and sunlight and exercise out of doors, as well as a full, balanced diet with an abundance of fresh fruit and vegetables, are of obvious importance—although it is admitted the method of obtaining them is not always equally obvious. The evening meal should be light, and not eaten too late. There are some people who have learned by experience that coffee at night will keep them awake, whereas others will be unable to go to sleep without a cup of coffee. There are experiments suggesting that some of the effect produced by coffee is psychological. A cup of hot milk or hot tea, or a glass of wine, may have a quieting effect. During the cold months, a hot water bottle to cold feet may be useful. A warm bath before retiring has a quieting effect on some people, although here again there are people who cannot fall asleep if they take one. Foot baths, hot or cold, are beneficial to some people.

It is always well to remember that sleeplessness is a symptom. Whenever it has been present over a long period of time, whenever there has been no logical explanation for it, and whenever it begins to cause loss of weight and strength, a physician should be consulted, preferably a psychiatrist or a neurologist.

HEALTH and HYGIENE BOOK SHELF

A Need Filled

A MARRIAGE MANUAL, by Drs. HANNAH and ABRAHAM STONE. Simon & Schuster. \$2.50.

STILL another book on marriage and sex hygiene had made its appearance and bows invitingly to the lay public. This time, however, we have none of the flamboyance and lurid descriptions that have ushered in other books on the same subject.

The authors use the Socratic method (question and answer) as the style of writing in this book. In this way they convey to their readers as succinctly and lucidly as possible answers to those questions which have been asked most frequently by those contemplating matrimony, and by others who, though they may have had sexual union, still are ignorant of many facts which make a relationship a more harmonious one.

Yet, in attempting, as they state in their foreword to the book "to deal mainly with the individual aspects of sex conduct, rather than with the social, ethical, or moral problems of sex conduct," the authors must of necessity give us an inadequate presentation. It is far from clear to us how one can dissociate the individual problem from the social and ethical fundamentals; doing so, obliterates at least half of the picture. The difficulties that beset young men and women in marital adjustment are based not only upon ignorance of sex physiology, but as well upon ignorance of the effects which social taboos, morals, ethical, and economic inhibitions have upon the satisfactory fulfillment of sex needs.

However, the book fills a real need. Its contents include such subjects as the mechanism of reproduction, biology of marriage, and prevention of conception, which are simply and adequately treated for the lay person.

Swimming

SWIM—TEACH YOURSELF TO SWIM, by MARGARET PENTON HAMILTON, Albert Whitman & Co. \$1.

WHILE THERE are numerous cases of people who had taught themselves to speak a foreign language or to pick on the strings of a musical instrument, it would be at least injudicious to advocate this procedure to any large numbers of people, especially with the hope of attaining any degree of competence. The author is committed to a similar fallacy which, in her subject, is even more pronounced.

Swimming requires the establishment of exacting neuro-muscular skills, themselves based on very exacting pre-requisite qualities, that is: fearlessness, relaxation and buoyancy. To attempt to banish fear by merely getting into the water is to ignore a basic law of learning.

The author seems to overlook another very important psycho-physiological fact, that wrong habits are just as easily acquired as right habits.

The book, however, is not without merit. The author is thoroughly familiar with her subject, and is competently qualified to teach the mechanics of swimming. She takes advantage very skillfully of dry land swimming, long recognized as a helpful practice. The simple and unpretentious treatment of her subject, the plain language and sympathetic encouragement, are praiseworthy.

For Parents

MODERN MOTHERHOOD, by Dr. CLAUDE EDWIN HEATON. Farrar and Rhinehart. \$2.

DR. HEATON has provided a very well written book designed for the instruction of prospective parents covering every phase of the subject. It is divided into four main divisions: (1) Pregnancy; (2)

Childbirth; (3) Human Reproduction; (4) Adequate Maternity Care.

Dr. Heaton's approach to the whole subject takes into consideration socio-economic factors which bear a specific relation to the problems of maternal welfare. He stresses the importance of mental hygiene, the proper psychological approach to the pregnant woman who is usually apprehensive at the beginning, goes into detail of what constitutes adequate prenatal care, and gives very sound advice plus the benefits of the most progressive obstetric thinking. We like his attitude towards some of the fads and fancies on diet. He hits many time-honored superstitions squarely on the head.

The book is very thorough and covers every possible question upon which a prospective mother needs information. The chapter on birth control is excellent. A thoroughgoing approach is taken here, e.g., "Birth control literature is singularly devoid of reference to class exploitation or economic imperialism. Those who advocate birth control as a means of meeting the problems of poverty and unemployment remain silent about a fairer distribution of the profits of industry and labor." One may look through most books on obstetrics with high powered lenses and fail to get even a glimpse of social minded thinking like this.

He quotes from many outstanding authorities on obstetrics, gynecology, eugenics, and mental hygiene.

The book should be on the desk of every general practitioner and obstetrician. It is written for the intelligent woman with a good educational background. We regret only that it cannot reach the large mass of untrained women who would be intimidated by a scientific text book. If our institutions took education seriously, training for parenthood would be a major subject on the college and high school curriculum.

Editorial — and Notes

(Continued from page 4)

prevention and treatment of disease. There are not enough doctors in this country to furnish these services to all that need them. It is to the patients' interest that the doctors be kept busy at their duties.

Medicine is far from being in a perfect state. There are many diseases that medical science does not understand, cannot prevent and cannot cure. But enough knowledge exists today to diminish greatly and treat successfully most of the important diseases—if only this knowledge had a chance of functioning in a properly organized society. The difficulty is not that we do not have the scientific tools at our disposal, but that we cannot use these tools fully.

Let us take a single disease for example: *Six million people in the United States have syphilis. Seven hundred thousand new cases are discovered each year.* Usually, in the primary stage, particularly when the chancre first appears, this disease is completely curable. Yet only 3 per cent of the victims get treatment during any part of the primary stage, and a much smaller percentage when the chancre first appears. Over half of all cases do not get any treatment until they have had the disease over one year. Similar figures exist for the diseases associated with malnutrition—of which there are over twenty million sufferers; for tuberculosis—which claims over one million victims, and so on for many other major diseases.

Of course, we realize that there are certain fundamental economic causes of these conditions. Yet Chiropractic and other cults are in their small way partially responsible for the delay of proper treatment at a time when it could be effective. The Chiropractor who gives an early case of syphilis spinal manipulation, and delays the use of salvarsan and bismuth; or the Osteopath, who gives a diphtheritic child bone manipulation, instead of diphtheria anti-toxin, hastens these people to their grave.

Not all ailments that need medical attention are equally serious. Ordinary baldness (not the baldness following infectious disease) will probably do as well under spinal adjustment, as under most other treatment,

since no cure for it exists. But there is no scientific foundation for cults like Chiropractic.

These cults are anti-scientific in their very nature. There is no scientific evidence for their theories of the cause of disease. They all claim to be a "natural" form of treatment. They all claim to help nature in the curing process. Before we can help nature we must know her and study her. The existing body of scientific knowledge—our present knowledge of nature—must consider any cult that is anti-scientific as something anti-natural. Not all of the cults that we have mentioned are anti-scientific to the same degree. Some, like Osteopathy, have changed their teachings to some extent. But all of them are in the same anti-scientific direction.

Were there any scientific basis for spinal adjustments, medical schools would teach them and doctors would practise them. Chiropractic has existed long enough to have established its claims, if these claims had any basis. Since it was first advocated, many new forms of treatment have been introduced and adopted by doctors everywhere. Doctors are eager for new additions to their curative powers. No recognized medical school anywhere in the world teaches Chiropractic to medical students.

There is a country where anti-scientific cults and all so-called "natural" methods are flourishing. That country is Nazi Germany. On June 1st of this year, a training school for leaders (fuehrers) in German medicine was established. Dr. Wagner, appointed by Hitler as the federal *fuehrer* of the medical profession, said that the purpose of the school was to make the medical fuehrers have an "open mind" on the various forms of "naturopathy" and other forms of "nature cure," as well as "racial science." Of course, Hitler's thugs stand ready to see that the medical men really open their minds, or else . . . ! The most prominent sponsor of this "naturopathic" movement is the notorious Julius Streicher.

There is another country in the world where the profit system has been abolished and, with it, all those frauds that prey on people's health

for profit. In the Soviet Union, there is no Chiropractic, Osteopathy, Christian Science, or patent medicine industry.

When we say that Chiropractic is a worthless procedure, we do not mean that the individual Chiropractor is a faker. Far from it. We have met enough Chiropractors to know that many of them are sincere, honest men who believe that they are doing honest work. Many of them have become Chiropractors, not only to make a living but also because of a fine ethical desire to help the sick. This is true of many Chiropractors, Osteopaths, and Christian Scientists.

We know that the individual Chiropractor or Osteopath is usually a man struggling to make a living, just as we know that the drug clerk who sells poisonous patent medicines to sick workers is a poor, exploited man who is trying to support his family.

We do not believe that men should be confronted with a choice of selling worthless spinal adjustments to the sick—or starving. We feel that these persons have been deceived, that they could serve a useful purpose in a rational society—but not in their capacity as Chiropractors or Osteopaths. In such a rational society, these—along with the racketeering M. D., the fake doctor who gyps his patients, the makers and dealer in worthless patent medicines, the cultist and the quack—will be removed from their offices and put to useful work. Those of the present cultists who desire honestly to engage in the labor of healing the sick and preventing sickness will find room and opportunity to engage in such highly useful endeavor.

Editor's Statement

By FRANK LEONARD

HEALTH AND HYGIENE now enjoys the confidence of 20,000 readers. In the short time since its establishment, the magazine has grown so rapidly that, except for one public appearance, the Editor has never had the opportunity to address the readers in person. All the efforts of the Editor, working together with the Editorial Committee of the Medical Advisory Board, have had to be devoted solely to the labor involved in keeping up

with the magazine's rapid development.

With this issue, Frank Leonard retires from the editorship of *HEALTH and HYGIENE*. He takes this opportunity, therefore, and in this space, to thank the Editorial Committee, the Medical Advisory Board, and the many thousands of readers for the confidence imposed in him and for the support rendered so freely and willingly.

Association with *HEALTH and HYGIENE* during its period of growth has convinced the Editor that there is a field in America for a magazine of this character, that the American workers want genuine health information written intelligibly but not "written down," and that a magazine of this character can compete successfully with the commercial "health" periodicals. *HEALTH and HYGIENE* has not sought support through organizational appeal. It has asked for support, and has received it, solely upon its merits. The magazine has lived up to the promise of addressing itself to the American working class. The workers have appreciated that effort by buying and subscribing to the magazine as well as by criticizing it freely and helping it reach higher levels of service to the class with which it is concerned.

The professional status of the magazine from the viewpoint of content has always been sure because the Editorial Committee working with the Editor represents a Medical Advisory Board composed of more than fifty physicians and dentists, many of whom are specialists in their fields, and all of whom are in complete sympathy with the aims of *HEALTH and HYGIENE*. The professional status of the magazine from the viewpoint of editorial management has now been established firmly and in such a way as to elicit the envy of commercial publications in the "health magazine" field. Without the complete co-operation of the Editorial Committee, that would have been impossible. The Editor expresses his gratitude to the Editorial Committee and to the entire Medical Advisory Board. Furthermore, being the connecting link between the mass of readers on the one hand and the M.A.B. on the other hand, the Editor expresses the hope that both Board and readers will continue to give the same measure of support to the present Editor's successor.

Edward Adams will be the next Editor of *HEALTH and HYGIENE*. His tenure becomes effective with the publication of the next issue, dated December, 1935. He brings to the

magazine great professional competence, both as an editor and as an experienced worker in the practice of furnishing information on matters pertaining to the health and welfare of American workers. Under his guidance, the magazine will continue to seek support entirely upon its merits. He will need, however, that same encouragement and aid extended to the Editor until the present. The retiring Editor can do no less than bespeak for his successor such assistance.

From a Famous Lawyer

Los Angeles

TO THE EDITOR: Congratulations on your splendid publication which so powerfully exposes the tragedy of sickness and disease under decaying capitalism. Please enter my subscription for a year. Also please send me a copy of the first issue which I have repeatedly tried to get here without success. I hope you make a special effort to get me this first issue for my files.

Sincerely yours,

LEO GALLAGHER.

When patronizing our advertisers please mention HEALTH and HYGIENE

Toward Health Education

THE HEALTH AND HYGIENE Lecture Bureau, which is announced on page 33, will open its series of symposia with a discussion of "Sex Problems of Our Day."

LAST MONTH we announced a series of lectures given by medical specialists invited by *HEALTH and HYGIENE* at the Workers' School, 35 East 12th Street, New York City. Many students have enrolled, taking advantage of a combination fee which includes a year's subscription to *HEALTH and HYGIENE*. The public may attend the remaining lectures of this series at the Workers' School, the admission price being 25 cents. The dates (Fridays, 8:30 to 10:10 P.M.) and subjects of the Workers' School series for November and December are:

- November 1—"Industrial Diseases," by Dr. John Green.
- " 8—"Hair and Skin," by Dr. Jesse Tolmach.
- " 15—"Nervousness and Sex," by Dr. E. Glick.
- " 22—"Diet and Health," by Dr. R. Sager.
- " 29—"Medical Science and Health Under Fascism," by Dr. John Green.
- December 6—"Medical Science and Health in the Soviet Union," by Dr. L. L. Schwartz.
- " 13—"Socializing Medicine," by Dr. L. L. Schwartz.

The Health Lecture Bureau

wishes to announce that it has available for educational programs of the current season a roster of notable physicians, educators and scientists.

Speakers available through the HEALTH LECTURE BUREAU are preeminently qualified in their special fields. A wide choice of subjects is offered, such as:

Birth Control, Sex and Social Hygiene, Mental Hygiene, Health Hazards in Industry, Care of the Pregnant Woman, Care of the Newborn Baby, Diet in Health and Disease, Patent Medicine Frauds, Care of Skin, Hair and Teeth, Soviet Medicine, Socializing American Medicine, Tuberculosis, Cancer, etc.

A nominal fee will be charged for each lecture. Proceeds will be devoted to the furtherance of health education. A month's notice is essential.

All requests to the Bureau must be made by mail only.

HEALTH LECTURE BUREAU
71 Washington Sq., So.
New York, N. Y.

B. KATZ COTTAGE

108 Champlain Ave. Liberty, N. Y. Tel. Liberty 1235
UNDER PERSONAL DIRECTION OF A
TUBERCULOSIS SPECIALIST
Nurse Always in Attendance—Modern Large Airy
Rooms—Good Food—Patronized by the I.W.O.

ELECTROLYSIS

Superfluous Hair on Face Permanently Removed
Results Guaranteed - Personal Service - Men Also
Treated. My Method endorsed by Prominent
Physicians. Will give treatments to unemployed
Free every Friday from One to Four.

CHARLES H. LANDIS. 171 W. 71st St. at B'way
Phone: ENdicott 2-9150

INDIAN SUMMER — The Fit Time

Camp Nitgedaiget

On the Hudson Beacon, N. Y.

The Fit Place for
SPORTS, REST and RECREATION
HOTEL ACCOMMODATIONS - COTTAGES
\$14.00 Per Week

Cars leave daily 10:30 a. m. from
2700 Bronx Park East, Bronx, N. Y.

New York Central Trains to Beacon, N. Y.
Tel. Beacon 731. City Office: ESTabrook 8-1400

EXCELLENT SERVICE AND PRICES

Official Opticians to Industrial and
Fraternal Organizations

COOPERATIVE OPTICIANS

UNION SQUARE
Room 211
New York City



GRamercy 7-3347
Open: 9:30 a. m.
to 8 p. m.

A Complete Optical Service

PAUL CROSBIE Insurance

25 Years Experience Frequent Savings
135 William St., New York • Tel. BEekman 3-5262

NEW CHINA

CAFETERIA

848 Broadway Near 14th Street

Flatbush Laboratories, Inc.

2700 Church Ave., Cor. Rogers, Brooklyn, N. Y.
Telephone: BUckminster 4-3660

Diagnostic Laboratory, Clinical Laboratory

Examinations of Urine, Blood, Sputum
Aschheim-Zondek Pregnancy Test
Wassermann Tests Done Daily
Basal Metabolism Tests, etc.

Special Rates for Health and Hygiene Readers



Save Your Money

New York

TO THE MEDICAL ADVISORY BOARD: I would like to know whether a hair preparation called "Admiracion" is worth while. My sister claims remarkable results from this preparation in the removal of dandruff.

—H. A.

H.A.—We have not had any personal experience with the hair preparation called "Admiracion." From the claims which the manufacturer makes we have no doubt that it is the usual fake remedy. It is supposed to "normalize" both dry and oily scalps. Certainly the same remedy cannot do two opposite things. It is supposed to strengthen hair. This statement means *nothing* at all unless the manufacturer believes that after using this product you will be able to hang a heavy weight on the end of each hair without breaking the hair. In addition, it claims to bring new lustre and softness, remove dandruff, stop falling hair, eliminate parched ends and brittleness and above all it contains "Davalene"—supposedly a natural substance found in all healthy scalps—whatever that is. This hair remedy seems to be able to do everything but sing and dance. Do not waste your money on it!

Chronic Cough

Baltimore

TO THE MEDICAL ADVISORY BOARD: I am troubled with chronic cough. Last Autumn, Winter and Spring I had abcess in the throat.

What shall I avoid? I am 55. Do you advise me to change my climate? Do you advise California?

—N. E.

N.E.—In your letter you do not give us sufficient information concerning your physical condition to enable us to know accurately what your trouble is and to advise you concerning it. The fact that you have had abcess of the mouth and throat last Spring suggests the possibility of quinsy or tonsillar abcess. Your chronic cough may be due to chronic sinus trouble in your nose, or to some chest condition such as bronchitis or asthma. It might be best for you to have a physician examine you thoroughly, and he would be able to give you more exact advice as to the value of change of climate.

Superfluous Hair

Parsons, Kas.

TO THE MEDICAL ADVISORY BOARD: Recently, after taking sun baths, hair started to grow on my legs, arms and upper lip; up until that time, I

had very little hair. Now, there are tiny light brown spots all over my face. When I annoy these spots they grow larger and larger, and two of them have sprouted hairs. When I have any sort of rash or tiny pimple on my face it takes weeks and weeks to disappear, and usually leaves a reddish scarred looking surface.

A. K.

A.K.—The cause of the growth of superfluous hair is unknown, but is probably due to a disturbance of the glands of internal secretion. Sunlight does not stimulate the growth of hair. We cannot tell you how to prevent the further growth of body and face hairs since we do not know the exact cause.

The brown spots from which hairs grow are probably nevi. These are similar to birth marks, but differ in that they are dormant as seeds in the skin from birth and may start to grow at any age. They are usually harmless and will remain so if not irritated. You cannot prevent these spots, but do not pick or scratch them. If they grow unsightly the hairs may be removed by electrolysis and in so doing the color may fade.

The marks following pimples, etc., may indicate that you pick them. A slight red stain for a short time is usual following any kind of pimple and may be more marked in some people than in others.

What Is "Mum"?

The Bronx, N. Y.

TO THE MEDICAL ADVISORY BOARD: I remember that some years ago I used MUM, a patent preparation, with a great deal of success for excessive sweating of my feet. Could you send me a formula by which I

could myself prepare such a cream as a deodorant? What other suggestions do you have?

T. F.

For Excess Sweating of Feet

T.F.—For excess sweating of the feet, we advise soaking the feet in a two per cent solution of formalin (stock solution of formalin bought in drug store is 40 per cent); dilute it yourself to two per cent every night. Soak only the soles, for about fifteen minutes. If the solution irritates the feet, cut down the time, or dilute the solution with an equal volume of water. In the morning, place in the socks and shoes some of the following dusting powder:

- Aluminum Chloride—three grams.
- Salicylic Acid—three grams.
- Powdered Alum—ten grams.
- Starch Powder—eighty-four grams.

While it is necessary that letters from readers seeking advice from the M.A.B. tell the story in full, the Board must ask its readers to be as brief as possible. So that more answers may be printed, only brief letters from readers will be published in the future.

J. W., of New York, inquired about viruses, and also challenged a statement about aspirin made in a recent article. The Medical Advisory Board's answer to him follows:

J.W.—The precise nature of viruses is still unknown. It is not even possible to say that viruses are actually organisms. They have not the same properties that bacteria, for example, have. They cannot be cultivated or grown on artificial media as bacteria can. The viruses live only in the presence of susceptible living cells obtained from the animal body.

The manifestations of the "life" of the virus are apparent in the fact that a virus disease can reproduce that disease when the secretions are deposited in a suitable region in another susceptible individual. This is the chief evidence of the living nature of the virus, but even that evidence is not completely satisfactory.

Viruses are quickly destroyed by chemicals, heat, drying, etc. They can only exist in the presence of living cells.

The writer of the article "Danger in Your Medicine Chest" was entirely correct in his assertions. His statements are based upon sound scientific evidence. Aspirin does not injure the heart in the doses that are usually taken. Only when it is taken in very large doses and far beyond the requirements in any condition where it is indicated would aspirin have an injurious effect on the heart. It is less toxic than phenacetin.

TRACHTMAN'S I.W.O. DRUG STORE. 4301—10th Avenue, Brooklyn. WIndsor 8-8745. Phone and mail orders promptly delivered.

We fill mail orders for medicine recommended by Health and Hygiene at reasonable prices. DINNERSTEIN PHARMACY 662 Rockaway Avenue Brooklyn, N. Y.

HEALTH AND HYGIENE

Lecture Series

Eight Lectures by Preeminently Qualified Specialists

FIRST LECTURE

"Sex Problems of Our Day"

BY

DR. FRANKWOOD E. WILLIAMS
DR. I. T. BROADWIN
MRS. MARIE BRIEHL

Wednesday, October 30th, 8:00 p. m.

YORKVILLE CASINO
86th Street, east of Third Avenue

COMING: Tuberculosis: Scourge of the Poor
Health Hazards in Industry - Birth Control
The Pregnant Woman - Soviet Medicine - Socializing American Medicine - Keeping the Baby Well.

Admission 25 cents

HEALTH AND HYGIENE THEATRE PARTY

THE THEATRE UNION'S Production of

"MOTHER"

Thursday evening, November 21
CIVIC REPERTORY THEATRE

Reservations at
HEALTH and HYGIENE
35 East 12th St. AL. 4-7954

TICKETS
\$1.00

TORGSIN GIFTS
To Your RELATIVES and FRIENDS
in U. S. S. R.

Torgsin Stores are located in the larger cities of the Soviet Union and carry various domestic and imported articles of high quality.

For Torgsin orders see your local bank or authorized agent.



Amtorg Trading Corp.
261 Fifth Ave., New York, N. Y.

JOIN A WORKERS' CIRCULATING LIBRARY

THERE IS ONE IN YOUR NEIGHBORHOOD at
 50 East 13th Street 699 Prospect Avenue, Bronx
 140 Second Avenue 369 Sutter Avenue, Brooklyn
 4531 - 16th Avenue, Brooklyn

HUNDREDS of TITLES AVAILABLE

Economics - Sociology - Social Novels -
 History - Communism - Soviet Union - Fic-
 tion - Poetry - Science - Politics - War -
 Fascism, etc.

RATES

15c a week or 3c a day on any book.
 Latest books included in library immediately
 after publication.

EXTRA

Book Specials

EXTRA

1. Nature of Capitalist Crisis—John Strachey (\$3)..... now \$1.35
2. A World to Win—Jack Conroy (\$2.50) now \$1.00
3. Redder Than the Rose—Robert Forsythe (\$2) now \$1.35
4. Red Virtue—Ella Winter (\$3) now \$1.00
5. The Soviet in World Affairs—Fischer (\$10) now (two vols.) \$2.00

Order from above book shops. Write for free lists. Free Guides to Reading in Communism
 with every order. Ask for them.

When patronizing our advertisers please mention HEALTH AND HYGIENE

STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., REQUIRED BY THE ACT OF CONGRESS
 OF MARCH 3, 1933, OF HEALTH AND HYGIENE, published monthly at New York, N. Y., for October 1, 1935.
 State of New York
 County of New York, ss.

Before me, a Notary Public in and for the State and county aforesaid, personally appeared Frank Leonard, who, having been duly
 sworn according to law, deposes and says that he is the Editor of HEALTH AND HYGIENE and that the following is, to the best of
 his knowledge and belief, a true statement of the ownership, management (and if a daily paper, the circulation), etc., of the aforesaid
 publication for the date shown in the above caption, required by the Act of March 3, 1933, embodied in section 537, Postal Laws and
 Regulations, printed on the reverse of this form, to wit:

1. That the names and addresses of the publisher, editor, managing editor, and business managers are:
 Publisher, H. & H. Publishing Co., Inc., 50 East 13th Street, New York, N. Y.
 Editor, Frank Leonard, 50 East 13th Street, New York, N. Y.
 Managing Editor, None.
 Business Managers, None.
2. That the owner is: (If owned by a corporation, its name and address must be stated and also immediately thereunder the
 names and addresses of stockholders owning or holding one per cent or more of total amount of stock. If not owned by a corporation,
 the names and addresses of the individual owners must be given. If owned by a firm, company, or other unincorporated concern, its
 name and address, as well as those of each individual member, must be given.)
 H. & H. Publishing Co., Inc., 50 East 13th Street, New York, N. Y.
 Wesley John, 50 East 13th Street, New York, N. Y.
 David Lurie, 50 East 13th Street, New York, N. Y.
 Hyman Colodny, 50 East 13th Street, New York, N. Y.
3. That the known bondholders, mortgagees, and other security holders owning or holding 1 per cent or more of total amount
 of bonds, mortgages, or other securities are: (If there are none, so state.) None.
4. That the two paragraphs next above, giving the names of the owners, stockholders, and security holders, if any, contain not only
 the list of stockholders and security holders as they appear upon the books of the company but also, in cases where the stockholder or
 security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation
 for whom such trustee is acting, is given; also that the said two paragraphs contain statements embracing affiant's full knowledge and
 belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the
 company as trustees, hold stock and securities in a capacity other than that of a bona fide owner; and this affiant has no reason to believe
 that any other person, association, or corporation has any interest direct or indirect in the said stock, bonds, or other securities than as so
 stated by him.
5. That the average number of copies of each issue of this publication sold or distributed, through
 the mails or otherwise, to paid subscribers during months preceding the date shown above is.....
 (This information is required from daily publications only.)

Frank Leonard, Editor.

(Signature of editor, publisher, business manager, or owner.)

Sworn to and subscribed before me this first day of Oct., 1935

Signed by Max Kitzes
 (My commission expires March 30, 1936.)
 [SEAL.]

NOVEMBER, 1935

*Most Elaborate Publication of its Kind
 in History!*

SOVIET RUSSIA TODAY

**NOVEMBER
 ISSUE**
**100
 Pages!**

The November issue of SOVIET
 RUSSIA TODAY marks a new height
 in publishing history. And future is-
 sues will be even better! Buy this issue
 as soon as you can lay your hands on
 it—it will sell out soon. Or subscribe
 for one year. Send one dollar to
 SOVIET RUSSIA TODAY
 824 Broadway (Desk H) New York

320 Outstanding Writers

6 Foremost Artists

12 Pages Beautiful Photos

Charts - Maps - Facts

Fiction - Humor

4 Color Cover!

10c

**This 100,000 copy edition will be snapped up. Hurry—Get Your Copy
 on Newsstands - At Bookshops - Or Subscribe**