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**JANUARY
1936**

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HEALTH and HYGIENE

The Magazine of the Daily Worker Medical Advisory Board

VOLUME 3

JANUARY, 1936

NUMBER 1

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EDWARD ADAMS, Editor

PIMPLES AND BLACKHEADS

Brooklyn, N. Y.

To the Medical Advisory Board:

I am 17 years old and am troubled by pimples and blackheads on my face. Is there anything I can do for these? Do you think that the use of yeast would help me?

—A. C.

* * *

A.C.—The skin of the face and back contains many oil glands which keep the skin smooth and lubricated. In some people the openings of these glands become plugged, the oily secretion cannot escape and "blackheads" are thus formed. Germs, which are always present on everyone's skin, infect these glands and form pimples, which some-

times contain pus. This is what is known as acne and is often associated with dandruff and oiliness of the skin.

Treatment includes general measures (enough rest and sleep, avoidance of constipation and avoidance of excessive sweets or other foods) and local measures (X-ray is the best).

For mild cases of acne, use lotio alba, which can be obtained from a drug store. More severe cases should be treated with X-ray, which should be given only by physicians who specialize in skin conditions. We urge you to read the article on "Acne Vulgaris" in the July number of *HEALTH and HYGIENE*.

Yeast cannot be relied upon to help your acne in any way.

FRIGIDITY

River Rouge, Mich.

To the Medical Advisory Board:

I am writing to see if you can help a friend of mine. This woman is having difficulty with her husband because she is very unresponsive in the sexual act. She thinks that possibly she may have poor blood, or some infection in her system, which may be responsible for her lack of any desire for the sexual act and her absence of any pleasure in it. She is 36 years of age, has four children, and has had one abortion.

M. P.

* * *

M.P.—Your friend is suffering from "sexual frigidity," the cause of which cannot be determined from your letter but very probably has arisen from several different sources, *i.e.*, fear of future pregnancies, fear of abortions, and the mental and emotional shock resulting therefrom, and possibly from sexual incompat-

ibility with her mate as well as personal nervous difficulties which are not stated in the letter.

This probably has nothing to do with her physical condition and is not caused by poor blood or absence of blood. Oftentimes even people in poor physical health can enjoy sex relations if the mental frame of mind is healthy. One cannot enjoy sex relations if they are worried and fearful of what might happen. We would suggest attendance at a birth control clinic if knowledge of this practice is insufficient. If your friend does not know of a near-by clinic, have her write to the Motherhood Advice Bureau, 17 West 16th Street, New York City.

We further would suggest attendance at a psychiatric clinic at the nearest University Hospital where a personal discussion of the mental and emotional problems could be possible or, if she can afford it, the advice of a psychiatrist privately. There is no injection known which restores the sex desire.

The 52 doctors of the Medical Advisory Board, including specialists in almost every field of medicine, answer readers' questions on health and personal problems. Questions should be addressed to *HEALTH and HYGIENE*, 41 Union Square, New York City, and a self-addressed, stamped envelope should be enclosed.

ITCHING

Stamford, Conn.

To the Medical Advisory Board:

I have been troubled for six months by an itching around the anus which I find very annoying. Is there anything I can do for this?

—G. E.

* * *

G.E.—There are a great many causes for itching around the anus (opening of the rectum), such as constipation, piles, worms, vaginal discharge, diabetes. At times no reason can be found.

If the itching is due to piles, removing these is often a cure, and is advisable. The use of soap and water after every bowel movement is often of help. Applying warm wet compresses for a few minutes after washing the parts frequently gives great relief. The application, after careful washing, of an ointment such as the following may be of use:

Phenol—fifteen grains.

Zinc Oxide—one drachm.

Ung. aquae rosae—two ounces.

However, you should visit a clinic or a physician if the itching continues.

FOR CURLY HAIR

Long Island, N. Y.

To the Medical Advisory Board:

My baby is 23 months old and although her hair is soft, it is straight. The Nestle-Le Mar Company sells the Nestle Scalp Cleansing Treatment and Baby Hair Treatment which they claim will develop curls in baby hair if used instead of washing the hair. Please advise me if this treatment can possibly develop curly hair without in any way being injurious.

—L. M.

* * *

L.M.—Curliness of hair is due to the way the hair is formed deep in the skin as well as the angle at which it emerges from the skin. Nothing that is smeared on the scalp or hair will change these conditions. It is impossible to change straight to curly hair. If the baby's hair is straight, don't waste your money on preparations which are supposed to make the hair curly. They are all fakes.

Editorial:

DIET ON RELIEF

The Joint Committee of the Dieticians' Association of Philadelphia recently issued a pamphlet entitled "Low Cost Diets for Adults." It is intended for the use of the unemployed and undoubtedly will be of great help, for it tells the housewife how to provide an adequate diet for a family of five on a food allowance of ten dollars a week. This can be done by buying fish when meat is high, by buying lima beans when green peas are dear, and vice versa, by purchasing in large quantities, and following other similar rules which will enable one to be a "scientific" buyer. The Joint Committee failed, however, to give one vital bit of information—that is, how to obtain the ten dollars. Perhaps the well-fed Philadelphia dieticians do not know that the unemployed are not allowed ten dollars a week to feed a family of five and that even millions of employed cannot spend that amount for food.

In New York City the dieticians have been a trifle more realistic. They have made their diet for the unemployed fit the maximum allowance of \$7.25 a week for a family of five, and admit that this sum does not allow for the inclusion in the diet of sufficient protein foods, such as meat, milk, and eggs, to build and maintain good health.

The undernourishment of an increasing number of people in the United States constitutes a problem which must be met by more than the feeble efforts of the warm-hearted dieticians. Six years of depression, with their accompanying unemployment and low wages, have forced low-protein, semi-starvation diets for many, and the effects of these diets are beginning to tell. Children of the unemployed are smaller, weaker, and more susceptible to disease. When the Public Works Administration in New York City tried to shift workers

from relief to work relief, General Johnson found a large percentage too weak and malnourished to do a day's work.

A number of medical investigators have pointed out that besides the diseases which definitely are a result of vitamin deficiency, such as scurvy, rickets, beri-beri and pellagra, people may suffer less severe illnesses from an insufficient supply of proteins and vitamins over a long period of time. Many cases of such chronic vitamin deficiency are now being seen in the medical clinics. Dr. M. L. Drazin, of the Mt. Sinai Hospital Dispensary, where 85 per cent of the patients are unemployed, recently published an article in the New York State Journal of Medicine calling attention to this menace and detailing the stories of a number of these victims of the failure of our economic system.

Nor is this condition of undernourishment true only of city workers. In the South, negro and white farmers have been forced to live on a pellagra producing diet for many years. Their diet even before the depression consisted mainly of fatback, corn and hominy grits. Today many of them cannot even buy such foods as fatback (the fatty, meatless part of the pig), and are faced with slow starvation. They are beginning to realize this, and it is this realization which makes it impossible for the southern landlords to break the organizations of southern workers and

the sharecroppers' union, even though they use murder and lynch terror. The workers and farmers have realized that the only way that their living standards can be raised to a level at which their bodies can be kept alive is through organized action.

The current drive to force Public Works Administration workers to accept coolie wages, and the gradual withdrawal of Federal relief will do still more to impair the workers' health. If the people of the United States are to avoid the burden of a permanent army of millions of physically weakened men, women and children, it is essential that action be taken immediately to win union wage standards for those on P.W.A. jobs and that efforts be redoubled to force Congress to pass the Workers' Unemployment and Social Insurance Bill and the Workers' Health Bill. The health of the masses is vitally bound up with the economic and political struggles of the workers. The winning of economic demands will alleviate the serious crisis in the health of the people, and these demands will be won only through political activity. The hope of the unemployed and underpaid workers therefore lies in the early establishment and rise to power of a Labor Party which will bring adequate aid to the millions of Americans living at semi-starvation levels. It will never be done by good-hearted dieticians, no matter how hard they try to stretch the worker's food check.

CHANGING THE COMPLEXION

New York City.

To the Medical Advisory Board:

I am a negro girl twenty years old. Will you please give me any information you may have regarding Palmer's Skin Success and the other creams which are advertised to make negro skin lighter in color.

—R. J.

R.J.—The color of any skin is due to pigments (colored chemical substances) which are produced by living cells of the skin. These cells are situated deep in the bottom layers of the skin and they deposit the

materials responsible for the skin color in the depths of the skin. It is impossible, by any means known to medical science at present, to change the working of these pigment producing cells so that they will no longer manufacture their characteristic colored substances. Only by destroying the skin can one remove its natural color permanently. Incidentally, the skin is replaced by hideous, angry red and white scars. The scars may even retain some of the original color. There is no satisfactory way to bleach dark complexioned or negro skin.

You can see from the above men-

tioned facts that *all* patent salves and lotions which claim to bleach or whiten negro skin are out-and-out fakes which hope to victimize Negroes by trading on their present inferior social status. They do this by identifying dark skin color and oppressed conditions. The promise of the fake skin bleaches is simple: change the color of your skin and at once you are free of all the economic and social limitations of the negro. This is false reasoning even if it were possible to change the skin color. Better to change the complexion and structure of a society which makes a dark skin such a hindrance.



Candy would be just as good . . .

WHY WE COUGH

A specialist in respiratory diseases explains the common causes of coughs and their treatment

WHY do we cough? How should a cough be treated? Are there any virtues in the cough mixtures and cough drops the slogans for which bombard us daily from the pages of newspapers, magazines, and over the radio? Since almost everyone is troubled by coughs some time or other these questions arise constantly. Not all coughs are serious, and it is not necessary to go to a doctor with every cough; but in order to understand the problem of treating this common ailment it is necessary to comprehend the numerous causes of coughing.

A cough means that somewhere in the respiratory tract there is trouble. The variety of forms which this trouble may take can be realized from the fact that the respiratory tract starts in the nose and the adjacent sinus cavities, extends

down to include the throat, larynx (voice-box), trachea (windpipe), and bronchial tubes, and ends in the millions of tiny air sacs which make up the lungs. In the neck and chest, the windpipe and bronchial tubes are in contact with many other organs and tissues—the thyroid and thymus glands, the gullet or esophagus, the heart and great blood vessels, and many lymph glands. Diseases of these structures can cause coughing by injuring the windpipe, bronchial tubes and lungs. It is obvious, therefore, that there is a great surface area of varying character in the respiratory tract, and many organs adjacent to this tract, susceptible of disease, and therefore capable of causing a cough.

From the nose to the tiny air sacs of the lungs there exists a system of specialized organs and a

cough can be the first or most distressing symptom of disease in any of these. In addition, each of these specialized organs can be affected not merely by one, but by many diseases, so that if we multiply each organ by all the disorders to which it may be subject, we obtain about 75 possible causes for a cough. To the makers of Rem, Pertussin, and Smith Brothers cough syrup, however, all coughs are alike and they are all miraculously relieved or cured by these "remedies."

With so many causes for a cough, it can be seen how unwise it is to treat every cough that comes along with patent medicine, even though this does not mean that a person must go to a physician every time he begins to cough.

Common Causes

From the miscellany of causes mentioned, let us pick out the commonest ailments likely to be responsible for a cough. Children may cough because of enlarged and inflamed tonsils and adenoids. Hence, these are among the conditions to be looked for when children have coughs

Some prefer water for a "Moist Throat"



which do not clear up quickly. A sore throat may also produce a dry and irritating cough that disappears when the soreness heals. Acute and chronic sinusitis are notorious for the severe cough that is frequently one of the symptoms of sinus trouble. Middle ear infections in children are also occasionally responsible for a cough. Having a doctor drain the infected ear will produce complete relief. During a common cold, and for one to three weeks afterward, a cough may be an annoying symptom. Such a cough raises mucus.

Children sometimes get coins, marbles or other small objects with which they are playing into their lungs. This causes coughing which may be severe but is sometimes deceptively mild. Unless the foreign object is removed by a surgeon, the child can become very ill with an infection of the lung.

Every mother knows the nature of the cough in whooping cough. A cough is also frequently present in cases of measles.

Almost everyone has experienced the harsh, painful, racking cough of acute laryngitis (inflammation of the voice-box). Severe hoarseness is another symptom of laryngitis. An attack of grippe or influenza may start with a cough. Acute bronchitis begins with moderate fever, a dry, painful cough, and frequently with pain over the front of the chest. The cough may last from two to six weeks after the acute symptoms subside.

Some Serious Causes

A cough may be the first symptom of an infection or congestion of the lungs or of pleurisy. The cough may be dry or what a doctor calls productive, that is, mucus producing. The first symptom of a weak heart may be a cough. Lobar pneumonia begins suddenly with chills, fever, pain in the chest and a cough. Bronchopneumonia in children and adults may follow acute bronchitis or may announce itself by a harsh cough and slight fever. The first, and occasionally, the only, symptom of pulmonary tuberculosis or consumption, may be a dry or slightly productive cough that refuses to leave after weeks of dosing with cough medicines. *Any cough lasting more than six weeks requires thorough investigation, including an X-ray of the chest.*

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More quackery with an "alkaline" twist

Other infections of the lungs reveal themselves by a cough. In lung abscess the cough produces abundant, stinking sputum. Immediate operation is necessary and may make the difference between life and death. Bronchiectasis, a condition in which the bronchial tubes are stretched and infected, causes a specially distressing cough which may be the only symptom present and which can linger on for years.

A slightly irritating cough in a middle-aged person can be a symptom of a tumor of the lung. When such a condition is diagnosed early, the tumor sometimes can be removed. Enlarged lymph glands in the chest, or tumors and inflammations of the esophagus can cause a chronic cough by pressing upon or spreading to the windpipe. Many years after syphilis is acquired the large blood vessel in the chest, called the aorta, can become diseased, and stretched to two to three times its normal size, pressing upon the windpipe or tubes and producing a chronic cough.

The heavy smoker may cough every morning on arising and for short periods throughout the day. One should never assume, however, that

a chronic cough is due to smoking until every serious disorder is ruled out by the physician. Asthma is almost always associated with a cough. What is called chronic bronchitis is usually just a label applied to a chronic cough. In a child or adult one should never accept that label without trying to find out the cause of the chronic bronchitis. Every case of bronchitis has a cause whether it be tuberculosis, bronchiectasis or tumor of the lung. Nervous people may betray their nervousness by a cough that seems to be without purpose because it is always dry and never distresses the patient.

Treatment of Cough

These are some of the common conditions characterized or accompanied by a cough. *The correct treatment of a cough must depend upon the correct diagnosis of the cause.* Treating a cough with a patent medicine is like treating pain in the abdomen by a purgative, hot water bottle or morphine. The symptom alone is being treated and not the cause. The pain in the abdo-

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men may be due to appendicitis. Therefore, the appendix must be removed. The cough may be due to pulmonary tuberculosis. Therefore the tuberculosis must be treated either by bed rest or operation. It is folly to mask or suppress such a cough by a patent medicine when the underlying disease requires urgent care. Yet the medicine manufacturers in effect tell us, "Neglect the cause, treat the cough." Everywhere one sees and hears advertisements proclaiming the anti-cough virtues of various patent medicine "soups." These announcements make no attempt to distinguish between the cough as a symptom and the conditions responsible for cough.

One of the most popular of the cough syrups is Rem. Although the label on Rem bottles says it is "recommended for coughs resulting from colds," the advertising makes it appear to be a sure cure for every kind of cough. Rem employs the testimonial type of advertisement. "Mrs. Charles Knucklebone of 234 West North Street, Buffalo, N. Y., always gives Rem to her son Rudolph for his cough and it always works." We hope that Rudy's cough was caused merely by a mild cold. Otherwise we may see him in a sanatorium several months later with advanced tuberculosis, or on the operating table having his tonsils and adenoids removed after an attack of rheumatic fever. What is the miracle in the Rem syrup? It is made up

Vitamin A—Cheaper in Carrots



of a small quantity of chloroform, some alcohol, menthol and other similar essential oils and one-quarter of a grain of Cannabis Americana to the fluid ounce, according to an analysis made in 1923. Cannabis Americana is a narcotic drug which, though not an opiate, resembles opium in its effects. The cough suppressing effect of Rem is due chiefly to the opium-like substance that is present. The function of a cough is to expel the irritating or inflammatory substance produced by the underlying disease. In some cases, such as bronchiectasis or pulmonary tuberculosis, which are accompanied by abundant expectoration, the cough is serving a very useful purpose, and to suppress it may result in a very serious aggravation of the disease. The sputum which is not coughed up wells up in the tubes and can spread infection to uninfected areas of the lungs. Only a physician can determine in what cases it is safe to suppress a cough, and he applies the appropriate remedy for each case. Rem advertising makes no distinction between a cough with expectoration and a cough without it, between a cough safe to suppress and one not safe to suppress and can therefore do incalculable harm. There is an additional danger in the use of a patent medicine like Rem. Even though the amount of opium-like substance is small, if it is taken over a sufficiently long period of time, it can be habit forming and its continued use may be followed by serious consequences.

Pertussin is another powerfully advertised cough remedy. The pseudo-scientific jargon that characterizes so many of our patent medicines is cunningly used here. In Pertussin the "moist-throat" method triumphs. The statements accompanying an impressive looking picture of the respiratory tract are particularly misleading. You are informed "that the usual cause of a cough is the drying or clogging of moisture glands in your throat and windpipe. Pertussin stimulates these glands to pour out their natural moisture." These statements are poppycock. They belong to an age, 2,000 years past, when disease was considered to be due to alteration of humours or fluids of the body. The cause of a cough, as has been seen, may be any one of numerous diseases of the respiratory tract from mild infection to severe consumption. The misleading of persons with coughs that may be due to serious illness into self treatment, is unfortunately an evil characteristic of a system based on the profit motive.

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"Any cough is serious that is accompanied from the beginning by fever, spitting of blood, pain in the chest, difficulty in breathing, or weakness. Even without any other symptoms, a cough persisting for more than from four to six weeks requires medical care."

The whiskers of the Smith Brothers now frame an exhortation to buy the cough syrup or the cough drops containing vitamin A, "the vitamin that raises resistance of the mucous membranes of the nose and throat to cold and cough infections." Unquestionably, vitamin A is necessary to protect the respiratory tract from infections. But the average person gets more than enough vitamin A in his daily diet to meet the requirements of his body. Vitamin A can be obtained in far cheaper and more abundant form in such common foods as milk, butter, egg yolk, green vegetables and above all in cod-liver oil. As was pointed out in the November issue of HEALTH AND HYGIENE in the article on the "Common Cold" there is no evidence to prove that an addition or excess of vitamin A will prevent colds, bronchitis or coughs. The Smith Brothers syrup has additional magic. It works on the "cough zone" which according to the Smith Brothers is below the whiskers, in the neck region. This, of course, is nonsense. The cough zone as we have seen extends from the nose to the millions of air sacs in the lungs. The patent medicine manufacturers will stop at nothing to create a slogan.

Smith Brothers cough drops were examined several years ago by the chemists of the New Hampshire Board of Health. They reported that the drops consisted essentially of sugar and charcoal flavored with oil of sassafras. Sucking on the drops merely produces a sweet sensation in the mouth and stimulates secretion of saliva. For the same price you can get a large amount of cherry or lemon drops, which will produce precisely the same effects and probably taste better.

Luden's cough drops are now paraded with pompous announcements such as: "In keeping with modern medical opinion on relief of colds—Luden's Menthol Cough Drops now contain an Alkaline Factor." According to Luden's, "Medical opinion says this: 'The researches (of the doctors) led them to believe that colds result from an acid condition of the body. To overcome this, they prescribe various alkalies!'" Each Luden's "now contains a tasteless, natural alkaline factor." We have already exposed this

pseudo-scientific hocus-pocus. It was pointed out in the November issue of HEALTH AND HYGIENE that there isn't a shred of evidence to support the view that colds result from an acid condition of the body. An acid conditions of the body is a serious disorder occurring in a few acute and chronic diseases. An acid condition of the body usually gives you a death certificate, not a cold. Coughs likewise have not the slightest relation to alkaline or acid factors.

What we said for Smith Brothers drops also holds for Luden's. (A candy drop is as good or better, and cheaper.) Candy drops are useful when the throat or voice is dry, causing a short, irritating cough. Mouth breathers are especially susceptible to such irritations. Sucking on a lemon or cherry drop helps relieve the dry feeling.

Menthol Useful

A dry, irritating, tickling cough can often be considerably relieved by inhalations of menthol. One grain of menthol may be added to a pint of hot water and the vapor inhaled with the steam. The water should not boil during the inhalation, but be kept just below boiling point. Even when there is a good deal of mucus, menthol vapor will ease the cough and lessen the secretion. Menthol can also be prepared by the druggist in a 20 per cent solution in alcohol. One ounce is sufficient and 10 drops of this solution may be inhaled from a handkerchief every two or three hours. This can be substituted for the steam inhalation.

The manufacturers of Vicks Vaporub put out a cough drop medicated with ingredients of Vicks Vaporub. The Vaporub was analyzed some years ago by the state chemists of Louisiana who reported it to be essentially yellow petrolatum (vaseline) with camphor, menthol and other oils. Presumably, the cough drop contains a small amount of these oils. The amount is so small, however, that the effect of the drops is due chiefly to their character as a candy.

There are other cough medicines on the market and the advertisements for them are likewise characterized by deception and falsehoods.

HEALTH and HYGIENE

Hardly a good word can be said for any of them. The whole subject of the advertising of medicines to the lay public has been very well summed up by the Council of Pharmacy and Chemistry of the American Medical Association: "The impossibility of controlling the irresponsible claims which are usually made in advertisements to the public . . . the dangers of the unconscious and innocent formation of a drug habit, and the evils of harmful self medication, including the dangers of the spread of many infections and contagious diseases when hidden from the physician, and similar well-known considerations, are the reasons for discouraging in the interest, and for the safety, of the public, this reprehensible form of exploitation." No clearer indictment of the patent medicine fraud has been written. It is as true for the cough medicine as it is for the laxative, indigestion and "cold" patent remedies.

Children's Coughs Serious

We have already shown that a cough must be considered as a symptom of a disease. In infants and children, a cough must always be considered a serious affair. It should never be treated by the mother with household remedies or patent medicines. In the adult the cough may not be serious and can be treated by certain hy-

gienic measures and simple remedies. Plenty of rest and sleep and avoidance of crowds are important rules to be observed. The cough accompanying a common cold will subside gradually and can be relieved somewhat by the menthol inhalations described above. The cough and hoarseness of acute laryngitis may be relieved by rest in bed, avoidance of the use of the voice, cold compresses around the neck for ten minutes every hour, steam inhalations for five or ten minutes every hour or two (a teaspoonful of tincture of benzoin or one grain of menthol, or both, to a quart of steaming water) and frequent drinks of very hot milk or tea and honey. *If the cough is not relieved by these measures then a doctor's aid must be sought, for it means that the cough may be serious. Any cough is serious that is accompanied from the beginning by fever, spitting of blood, pain in the chest, difficulty in breathing, or weakness. Even without any other symptoms, a cough persisting for more than from four to six weeks requires medical care.*

The worker must never forget that all patent medicines are made for profit, not for the protection of health. At best, to treat a cough with patent cough syrups or lozenges is useless; at worst, it may be very dangerous.

EXERCISES FOR BIG MUSCLES?

Brooklyn, N. Y.

To the Medical Advisory Board:

A friend and I have had a discussion regarding exercise with bar bells. I would like to know whether you consider this form of exercise beneficial to health.

—E. F.

* * *

E.F.—In the few million years that man constantly struggled for survival and ascendancy, man used certain natural fundamental bodily movements. Man had to run fast to catch his food and run just as fast to avoid being caught as food. Man had to walk, climb, jump, throw and strike, all for the same pur-

pose. Nature assisted man in his struggle by endowing him with a definitely organized muscular, nervous, skeletal, cardio-vascular (heart and blood-vessels), respiratory (breathing), digestive and other systems. While modern civilization with its factory production and city life denies man the opportunity for neuro-muscular (nerve-muscle) expression, the body demands vigorous exercise. Enterprising "business men" ever on the lookout for easy money have capitalized on this, hence their many systems — Liederman, Atlas, Strongfort, Milo Bar Bells, etc. They all prey on the ignorance of the people and through clever and attractive advertising succeed in

parting the credulous from their money.

None of these so-called systems offers activities based on the natural fundamental movements; are artificial, meaningless and hence are neither hygienic, educational nor recreational.

Bar bell exercise is particularly bad. A very few occupations demand large muscles, otherwise large muscles do not mean physical efficiency. The ideal physical training for a young man is to engage in sports and athletics. For want of time and opportunity a brisk half-hour walk and a few simple bending and twisting movements daily is the best substitute.

PNEUMONIA—CAUSE AND TREATMENT

How the pneumonia germs affect the body—and a description of the methods of treating this respiratory infection which ranks third as a cause of death

"CAPTAIN of the Men of Death." Thus the great physician Osler called the disease pneumonia many years ago when it was fatal with such appalling frequency. Medical science has succeeded in reducing the mortality rate in recent years, but the disease still presents a grave problem.

Though the term "pneumonia" may be applied to any inflammation of the lungs, it is usually restricted to a specific type of inflammation caused by the bacteria known as pneumococci, which enter the body through the breathing passages. What is known as bronchopneumonia is usually caused by other organisms, and may be a complication of other diseases. Over thirty types of pneumococci have been identified and isolated. About 50 per cent of all cases of pneumonia are due to two of the types, which are not, however, the most virulent ones. This fact has an important bearing on the treatment.

The presence of the pneumococcus germ in the respiratory tract does not always cause pneumonia. Some types of pneumococci are frequently in the respiratory tracts of even perfectly healthy people. The fact is that the soil must be prepared to receive the seed. The infected individual must be so weakened that he cannot fight off the attacks of the germ.

What Causes Pneumonia

Pneumonia may follow exposure to cold and wet, physical exhaustion, and under-nourishment. It is most frequent in winter and in early spring. It also follows in the wake of war and famine, as in 1918 and 1919. It may develop in the course of weakening diseases or with

anesthesia in prolonged surgical operations. Premature termination of convalescence from illness, as when one cannot afford to "stay off the job," may result in pneumonia.

Even in Osler's day, pneumonia was recognized as especially prevalent among city workers. Quite probably this is due in part to the poor housing of so many city dwellers, which not only tends to produce generally unhygienic living, but also, due to overcrowding, makes easier the spread of bacteria from person to person. In 1934 there was a pronounced rise in the pneumonia death rate in the United States. This rise was totally unexpected, according to the statistical estimate of the Metropolitan Life Insurance Company. The year 1934 was, however, the fourth year of the depression; it seems logical to conclude that four years of continued wage cuts, lay-off, speed-up, and insufficient relief had lowered the general health of millions of workers, making them more susceptible to such diseases as pneumonia.

Pneumonia comes on suddenly, accompanied by high fever. The fever is steadily maintained and the patient is completely prostrated. Breathing is difficult and rapid. There is severe pain in the side and a cough with blood-tinged sputum, which is difficult to expel. If the patient recovers, pneumonia tends to end quite as suddenly as it comes on, in what is called the "crisis"—and this is the only correct use of this term in connection with disease. This "crisis" usually takes place in seven days, more or less, after the onset of the disease. At this time the fever disappears, usually within six to twelve hours, and the patient breaks out into perspiration and sinks into a comfortable sleep. He feels much better

"Treatment in pneumonia still consists largely of measures to attempt to strengthen the patient so that he, himself, may fight off the disease. . . . Above all, it is essential that there be careful, constant, expert and faithful nursing"

thereafter. Sometimes it takes somewhat longer for this to come about and there is no distinct crisis. In any case, the patient is not yet well. He is still very weak, and complete recovery is a protracted matter. The care of the convalescent patient should be prolonged. Too rapid termination of such care often results in relapse or even sudden death.

Effect on Lungs

In pneumonia inflammation of the lungs takes place as the result of the presence of the infecting organism. Parts of the lung become filled with inflammatory material. In this condition, the lung is said to be *consolidated*. The inflammation may travel from place to place and its extent measures the severity of the disease. If the consolidation occupies one or more entire lobes, or major divisions of the lung, the disease is known as *lobar pneumonia*. *Lobular pneumonia* is confined to smaller portions, either one or many. Because of consolidation, the action of the disease upon the patient is threefold. Not only is there the toxic action of the pneumococcus germ itself, but there is also considerable strain upon the heart in forcing blood through the congested lung. All of the blood in the circulation is pumped through the lungs, and because of the reduction in the effective volume of the lungs, there is deficient "oxygenation" of the blood. The other organs do not function properly, in consequence, and if the blood is particularly lacking in oxygen and is not pumped with sufficient force to compensate, delirium may result from the effect on the brain. Pleurisy is an almost invariable accompaniment of pneumonia and accounts for the pain as well as for part of the difficulty in breathing.

At the crisis, consolidation does not disappear with the symptoms. The crisis marks the victory of the patient over the disease and the disappearance of the consolidation proceeds during convalescence. It should be obvious, from preceding details, why convalescence must be pro-

longed. Sometimes, pneumonia does not proceed according to schedule. There is no crisis, the fever remains, or worsens, and the patient does not feel better. Then, one should suspect that the disease is not pneumonia but perhaps tuberculosis. Or complications—serious ones—may have developed. Most frequent are empyema, in which the pleurisy develops an accumulation of pus, and lung abscess. The most serious complication is meningitis, or inflammation of the membranes of the brain or spinal cord, which is almost invariably fatal. Meningitis occurs because the bacteria have gained entrance to the blood stream. In this connection it should be noted that septicemia or blood poisoning may develop as a fatal complication of pneumonia. Heart failure is also an ever present possibility.

The best treatment for pneumonia, as for any disease, is prevention. This consists chiefly in keeping in good physical condition and, to a lesser extent, in avoiding contact with pneumonia patients. There must be no overwork and there should be adequate and healthful recreation. Plenty of nourishing food is needed. Proper housing and warm clothing in winter are requisites. The only problem is how to obtain all this. As far as prevention by vaccination is concerned, there is at present no adequate method available.

Treatment with Serums

For treatment of the disease itself, however, very effective serums have been developed against the so-called types 1 and 2 of the pneumococcus and against one or two other types. These serums are very specific in action and must be used only against the particular types. Along with the development of protective serums, there are available effective methods of identifying the type of infecting organism by examination of the sputum. This, of course, is necessary before serum can be given. Serum treatment, if success is to be expected, must be given early, preferably before consolidation sets in. Hence,

prompt medical attention is needed from the beginning.

The best hope for the treatment of pneumonia lies in the availability of effective serums. Here, much research and study must still be done. Not only must serums be developed for all types, but means must be found for completely eliminating the danger of serum sickness. And the cost must be low enough for serums to be available to all. It must be recalled that at present research and study are dependent upon private and public appropriations and upon the incomes of the research agencies from investments. In times of depression, such appropriations are cut down to the bone and incomes from investments usually dwindle. So research must be curtailed when it is needed most—another contradiction of our economic system.

Pneumothorax

Pneumothorax (collapse of the lung) has been applied to the treatment of pneumonia but here the results have not been as satisfactory as in tuberculosis. There have been a few enthusiasts convinced of its efficacy. But in the main, the results have been disappointing. This has been the case particularly at Mt. Sinai Hospital in New York and at Harlem Hospital in New York, where considerable experience has been gained in the application of pneumothorax to the treatment of pneumonia. There would seem to be a reasonable basis for such treatment, however, and undoubtedly further study is needed.

Treatment in pneumonia still consists largely of measures to attempt to strengthen the patient so that he, himself, may fight off the disease. Of considerable, if not major importance, in this respect is the administration of oxygen, which unfortunately is an expensive procedure. The heart is to be stimulated. There must be warmth, fresh air and sunlight. There should be an easily digested diet. *Above all, it is essential that there be careful, constant, expert and faithful nursing.* All the measures of treatment are best obtained in a well regulated hospital rather than at home, because if they have to be paid for privately they are beyond the reach of most workers.

Dr. Russel Cecil, a well-known authority on pneumonia, in an address in June 1935, gave a summary of the nursing care which pneumonia patients in the United States receive. He said at that time: "The nursing situation is far from satisfactory. For example, the Metropolitan Life Insurance Company has found from a study of fatal cases of pneumonia among its policy holders that 10 per cent of the patients were cared for by Metropolitan visiting nurses, 40 per cent were treated in hospitals, *and the remaining 50 per cent received no skilled care of any kind.* [Italics ours.] Every patient with pneumonia who develops cyanosis (blue-tinged skin) should receive oxygen. At present very few of them do receive it."

Lack of nursing and proper medical care account for the fact that pneumonia ranks third as a cause of death in New York and other states.

TREATMENT FOR DEAFNESS

Brooklyn, N. Y.

To the Medical Advisory Board:

Six weeks ago I noticed that I could not hear whispers, or the ticking of a watch, if it was held a few inches from my left ear. Last week I visited an ear specialist who informed me that I had "calcium deposits" in my ear, that it was a chronic condition, and that it was incurable. He said, however, that he could give me relief if I would visit him twice a week for a period of months.

I feel that this specialist is a very competent and honest man, but I would like more than one doctor's opinion on so vital a subject. I am a clerk and do not draw a very large salary. It would mean a great sacrifice financially to take this series of treatments.

—R. H.

* * *

R. H.—The condition that you have may be either a tubal catarrh (a catarrh of the Eustachian tube which regulates the air pressure in the middle ear) or an early type of

progressive deafness of possible nerve origin. If it be a tubal catarrh, it can be improved by treatment with inflation (blowing) of air into this tube. You will be able to notice improvement by being better able to hear the watch tick after a series of treatments. If it be the other type, then treatment is of no avail, and the above or any other treatment should be abandoned. If your hearing becomes impaired to the degree of your having much difficulty in hearing the spoken voice, then we advise that you seek instruction in lip reading.

OUR HOPE CHEST

curled up in Skipper's p...
soft clay o...
work over...
like Baba...
wisps of ha...
pointed ch...
partly smili...

A Big Smile

and a Big Chocolate Table

LAW OFFICES
IRVIN A. EDELMAN
239 BROADWAY
NEW YORK

CABLE ADDRESS: YINDEL N Y
October 3, 1935.

TELEPHONE BARCLAY 7-5600

H & H Publishing Co. Inc.
50 East 15th Street, N.Y.C.

On the 26th day of September, 1935, on behalf of Ex-Lax, Inc., I wrote you requesting a retraction of the libelous article entitled "Danger in Your Medicine Chest" written by Arthur Kallet and illustrated by Russell T. Limbach and published in the September, 1935 issue of Health & Hygiene.

To date I have received no reply to said letter, nor have I received any word from you that the retraction has been or will be made.

I have been instructed by my client to institute suit against you for said defamatory article, unless we receive, by October 10th, a reply indicating that you intend to make such retraction.

Very truly yours,
Irvin A. Edelman

1:2
REGISTERED MAIL
RETURN RECEIPT

MAIL THIS COUPON—TO
EX-LAX, Inc., P. O. Box 170
Times-Place Station, Brooklyn, N. Y.
D-125 Please send free sample of Ex-Lax.

Name _____
Address _____

(If you live in Canada, write Ex-Lax, Inc., 125 Metro Square St., W., Montreal)

When Nature forget remember
EX-LAX
THE ORIGINAL CHOCOLATED LAXATIVE

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Turn in on "Strange as it Seems", new Ex-Lax Radio Program. See local newspaper for station.

To Ex-Lax, Inc.: We do not retract!

THE EX-LAX MAKERS ARE SCARED!

*HEALTH and HYGIENE'S attack on phenolphthalein
brings threats of lawsuit from laxative concern*

A suit against HEALTH AND HYGIENE was threatened by the Ex-Lax company on September 26, following the publication of an article "Danger in Your Medicine-Chest," condemning laxatives of the Ex-Lax type. On October 3, an attorney for the company repeated the threat stating that suit would be instituted unless retraction was made by October 10. HEALTH AND HYGIENE did not make the retraction demanded. To date, the Ex-Lax company has not brought suit. The reason retraction was not made, and perhaps the reason no suit was brought, can be judged from the following additional information concerning laxatives such as Ex-Lax.

You see such laxatives constantly advertised in trolley cars, on billboards, in newspapers and magazines—but mention is seldom made of the phenolphthalein in them. They have such names as Ex-Lax, Cascarets, Feen-a-Mint, and a host of others. The "harmless laxative," "nature's remedy," the "doctor in candy form," are phrases used to advertise these laxatives which not only cost more than they should, but can cause injury, disease, and even death.

Constipation is obstinate, the action of these laxatives fleeting. Advertisements encourage repeated dosing. Therein lies the real danger. The official organ of the American Medical Association, in an article published by its Bureau of Investigation, entitled "The Public Health Menace of Self-Administered Candy Cathartics," says of phenolphthalein:

"Its indiscriminate use carries a very real danger. Its action is variable, small doses at times act excessively (may cause purgation, colic, rapid pulse, difficult breathing, skin lesions and collapse), at other times a larger

dose fails. There is no legitimate excuse for putting up patent drugs in the enticing form of confections and selling them indiscriminately to the public."

Case Records

Here are actual cases showing why the candy laxative is so dangerous.

Five-year-old Irving was given his regular Saturday laxative, an "Ex-Lax" tablet this time. It tasted good, "just like chocolate." When mother was away he ate the other nine tablets left in the tin box. Sounds funny, doesn't it? It was not much fun for Irving—his poor little belly twisted with griping pains while from his bowels ran liquid stools streaked with blood and mucus. He was lucky to recover quickly.

A three-year-old girl who swallowed six Ex-Lax tablets was not so lucky. She developed a profuse bloody diarrhea, vomiting, severe cramps and big blisters on her skin. Her temperature rose to 103 and she went into collapse. Her condition was so serious that little hope was held for her recovery. Only after emergency treatment, including blood transfusions, did she respond. Another six-year-old after eating six Boal's Rolls, which contained phenolphthalein, developed headache, vomiting, diarrhea and bloody urine. Two ounces of blood daily were passed for several weeks.

Is it necessary to give more examples of the poisonous action of this drug, the active ingredient of these candy laxatives? Here is another one, this time ending fatally.

A ten-year-old boy ate the contents of an Ex-Lax box, mistaking it for candy. Severe diarrhea resulted and his temperature rose to 106. On the fourth day, huge wheals appeared on his abdomen, with blood spots and bleeding

What brought the threat

"One of the most widely used laxative drugs is phenolphthalein, the active ingredient of Ex-Lax, Feen-a-Mint, Cascarets, and innumerable other laxatives, many of which are advertised and sold especially for children.

"Phenolphthalein is a poison which at the best is irritating to the intestines and kidneys, and at the worst can cause serious illness to those who happen to be especially sensitive."

—From "Danger in Your Medicine Chest,"
HEALTH AND HYGIENE, September, 1935.

under the skin of his feet. His body was partially paralyzed. He became delirious, sank into coma and died. Autopsy revealed hemorrhages in the intestines, kidneys, liver, heart and brain. Think of it—paralysis and death nine days after eating the "harmless laxative," Ex-Lax!

How Small Doses Act

But not all cases are due to over-dosage. Some people are especially sensitive. The extremely small dose of one-half grain of phenolphthalein caused recurrent nasal herpes (blisters) in one person.

Dr. Fred Wise, professor of dermatology at Columbia University, in the *Journal of the American Medical Association* for April 9, 1927, states that one of the most common causes of recurring ulcers of the mouth lies in the ingestion of drugs. Phenolphthalein probably comes first in the production of such bad effects.

Dr. Ben A. Neuman sums up the subject in the September 2, 1933 number of the same journal. He states that he had nineteen cases of phenolphthalein poisoning in his clinic in one year (and not all of them due to over-dosage), responsible for eighteen different types of skin rashes. Many of them caused intense itching and burning, others were disfiguring and lasted for months and even years. Many patients developed swelling of the eyelids. The drug may cause serious illnesses—two different kinds of kidney diseases, ulcerative colitis (ulcers and hemorrhages in the bowels), and visceral hemorrhages (hemorrhages in the different internal organs of the body).

The following statement about a number of laxative drugs, including phenolphthalein, was

made in an article "Laxatives Cause Constipation," which appeared in the June issue of HEALTH AND HYGIENE. "Laxatives such as senna, aloes, rhubarb and phenolphthalein must not be used. They will make the constipation worse by increasing any inflammation of the bowel which may be present. Physicians will sometimes use such laxatives during acute illnesses, but they are only used cautiously by medical men in the treatment of constipation. Certainly, the cure of constipation can be effected without the use of drugs. *Cascara Sagrada* (aromatic extract) in one or two teaspoonful doses for adults is milder and as effective as any drug with a harmful effect." (The same article recommends agar-agar and mineral oil where frequent use of laxatives is necessary, but the whole article should be read to learn the proper use of even these laxatives.)

The trusting public feels that the state and nation will not permit or allow the sale of any harmful products. This belief is unjustified, for ballyhoo advertising, and radio appeals are still made by the makers of Ex-Lax and other phenolphthalein-containing laxatives, and the public believes, buys, and in some instances, suffers and even dies.

The Ex-Lax people have protested our article "Danger in Your Medicine-Chest." If apology is due, it is for not making the statements about Ex-Lax strong enough. It is necessary to strip the sugar-coating from these candy laxatives and from other patent medicines in order to expose the dangerous drugs beneath. Only when this is done will the people stop buying medicines which trade human suffering, disease and death for dollars and cents.

A SEX PROBLEM BEFORE MARRIAGE

A psychiatrist's answer to a young couple whose economic circumstances stand in the way of marriage

THE following letter received by HEALTH and HYGIENE is typical of many that are sent to the Medical Advisory Board. In the hope that it may help other young people faced with a similar problem in these times of economic stress, we are printing in full the answer by a psychiatrist.

"To the Medical Advisory Board:

"For the past three years I have been in love with a man, and we regard ourselves as engaged. We both want to get married but it seems so impossible. My friend has a job as a garage mechanic. The trouble is that our families are both dependent on our wages, and even with them, have a hard time getting along. He has two sisters and a young brother, but none of them ever earned a cent. I am 24 years old and work as a stenographer. My younger sister, who is out of work, tells me to go ahead and marry while I have the chance and not care about the others. She says they will get along some way.

"My friend's mother is against the marriage, and I suppose I can't blame her.

"She has high blood pressure and often gets a heart attack when I come to the house. I don't

think she dislikes me, but she is afraid that her son will marry me and leave them in the lurch. He and I have been seeing each other almost every night for the past two years. Whenever we get a chance to be alone, we get very affectionate and excite each other a great deal. Sometime we go pretty far. Of course it's no good. Quite a few times we decided to stop it and only kiss good night. Once we even stopped seeing each other for a month. But it is very hard and when we are alone, before we know it, we are in each other's arms.

"He doesn't want me to do anything that might make me unhappy but I know that under the circumstances he thinks we should have sex relations before we get married. I often think he is right and that it is only prejudice that keeps me from it, still I can't quite bring myself to it. To get to the point. Is there any danger from a medical point of view from our kind of love-making? I really don't mind it so much but it seems to make him suffer and I've heard it makes you nervous. Or do you think I should go ahead and have relations with him?"

—S. H."

The Psychiatrist's Answer

The questions you raise are indeed hard to answer, because there can be no real solution of such problems as yours so long as unemployment is widespread, wages miserable, and economic security absent. It is of course a criminal indictment of our social system that millions of young people are confronted with such problems; and that what should be a time of the greatest zest for living is turned into a period of doubt and wretchedness.

There is no doubt that the situation you are in, if continued over a sufficiently long period of time, contains the possibility of harm. Prolonged, intense, and frequent sexual stimulation without gratification can produce such nervous symptoms as restlessness, irritability, anxiety, and sleeplessness. Sometimes diminished potency in the man, and some degree of frigidity, or impairment in the ability to respond to sexual relations, in the woman also results.

Whether such symptoms will occur in any particular case such as yours depends on a number of factors. All of these factors can be summed up in the statement that in a particular case the symptoms vary with the amount of strain resulting from continued unsatisfied sexual excitement, and on the ability of the individual to withstand such strain.

From a medical point of view, you and your friend, being in love with each other, have a sexual *relationship* to each other, whether or not you have actual sexual relations. You are in a state of sexual tension to each other and this tension seeks for an outlet.

Various factors will raise this tension, and various others serve for partial outlets. Physical intimacy will of course raise the tension. If the intimacy proceeds to the point of the greatest stimulation, but stops just short of the point where gratification sets in, the gap between excitement and gratification is most serious. The time factor is a very important one. The more frequent and long continued the physical stimulation, and the greater the period of months or years during which the situation continues, the more likely it is that some of the symptoms described will result.

In the man partial release of tension results from dreams accompanied by nocturnal emissions. Such methods of partial release as dancing with the loved one and day dreams or phantasies may sometimes, however, serve to create additional tension.

A person who has strong group interests is better able to withstand the strain set up by uncompleted sex relations. Some people are able to throw themselves into activities with such thoroughness that the strains of unsatisfied tensions become less important to them.

The amount of strain depends to a great extent on one's previous sexual history. People who have had complete sexual relations previously are less able to withstand partial or substitute satisfactions. Those who have never had such experiences are often able to get considerable release of tension from these partial satisfactions, such as the combination of petting with nocturnal emissions. In general younger people are able to get along better in these circumstances than fully mature ones.

The difficulty of giving advice in any particular case arises chiefly from the fact that people

vary greatly in their ability to withstand the strains of incomplete relations on their nervous system. Some, particularly certain types of women, are able to indulge in such practices indefinitely without developing anxiety, insomnia, restlessness or irritability, but such women usually have already developed a type of personality which will prevent them from responding fully to normal sexual relations. Finally there are some individuals, particularly frigid or partially frigid women, who respond more completely, and get greater release of tension from petting than from sexual relations.

What to Do

From all this it might seem at first that it would be wiser for you to have sexual relations with your friend before you marry. This is not the case. Sexual relations are a part of life and cannot be isolated from it. To be satisfactory they must be part of an acceptable relationship. Under our system of society, with its very faulty attitude to sexual education, sex is associated with something sinful and dirty from early childhood on. Even when we have consciously emancipated ourselves from such feelings, they continue to linger on, as unconscious feelings of guilt about things sexual. If to this unconscious burden of guilt which we all carry as scars from our bad social system, you were to add the conscious guilt feelings that such an affair would inspire in you, the result would not be a satisfactory solution. In addition the attitude of your parents and friends to such an affair would reinforce these feelings of guilt. Most important of all, your friend, though he had the best intentions in the world, might easily, as a result of his own unconscious feelings of guilt about sex, feel that you had degraded yourself by having such an affair with him, and this might endanger his love for you.

Although no solution is satisfactory that prevents you from marrying and having a home and children, and this apparently is denied you by our social order, yet we feel that the best course of action might be for you to get married and remain at your respective homes and jobs for the time being. Of course under such a plan it would be imperative that you use a safe method of birth control. For information about this, you would have to go to your doctor or to a branch of the birth control clinic nearest your home.



Visiting American Physicians Watching Post-Mortem Blood Transfusion

HOW THE U.S.S.R. TREATS EMERGENCY CASES

The handling of the wide range of cases which come under the heading of "emergency" at the First Aid Institute in Moscow

THE former alms house endowed by Count Scheremetiev, the very house that in 1812 served as headquarters to Davou, a Marshal in Napoleon's Army, is today the Sklifasov Institute of First Aid for Medical and Surgical Emergencies. An offspring of the October Revolution, this institute has gained wide fame among physicians, especially among surgeons in the Soviet Union and abroad.

An outstanding French scientist, Professor For, who visited the institution several years ago, has written the following in a French medical journal: "I saw much and I cannot refrain from sharing my impressions; especially the organization of first aid in Moscow. I never saw such an institution! Much has been argued about the first aid in Paris; however, we do not have it and we shall never have it." Similar reports are forthcoming from other foreign physicians who have visited the Institute on differ-

ent occasions. What is responsible for such enthusiastic praise from the medical world? Undoubtedly the fact that what is difficult to solve under capitalism is accomplished here where the Soviet government is the guardian of the toiler's health. The Sklifasov Institute has as one of its tasks the organization of first aid at the scene of an accident, transportation to the hospital, and emergency service to those who become suddenly critically ill and in need of immediate medical or surgical attention. The Institute also takes an important part in the campaign to decrease and prevent accidents.

The institution consists of two closely inter-related sections: the field work section and the hospital section. The field work section consists of the department of first aid, with substations in the various districts, and the ambulance squad. The hospital section consists of a receiving ward, a general hospital with a 700 bed capacity, and a diagnostic department made up of clinical lab-

oratories in chemistry, bacteriology, toxicology, and X-ray. Such an arrangement is imperative in order to give competent first aid wherever the accident occurs, to give undelayed hospital care to the seriously injured and those stricken with sudden serious illness, and to carry on scientific research in the methods of first aid and their clinical application.

Life frequently depends upon the expertness of the first aid administered. Naturally, therefore, the ambulance surgeon must be well acquainted with the best methods in the administration of first aid. This is accomplished by the close cooperation of the operative and the clinical departments. The ambulance surgeons, though permanently attached to the ambulance division, rotate periodically and serve in the different wards of the clinical division, where they have an opportunity to become better acquainted with and to master the newest methods of administering first aid. This also affords the ambulance surgeons an opportunity to follow the course of disease in the patients they bring to the hospital.

All emergency calls from the entire city of close to 4,000,000 people are received by the

Sklifasov Institute. The Institute is so organized that the most immediate help can be given to those who are injured or suddenly become critically ill. When a call is received, the senior physician on duty briefly inquires into the circumstances of the emergency and decides upon the urgency of the call. Within two minutes after receiving the call, he has dispatched two physicians and an ambulance driver to the scene where help is needed.

Bringing in Patients

The Institute maintains substations, each with its own staff of physicians and ambulance, in outlying districts of the city, and if a call is received from one of these outlying districts, the substation of that district is immediately notified and sends out its ambulance and doctors to bring the patient to the institution. If necessary because of distance and the nature of the emergency, the patient is first taken to a branch and later, if necessary, transferred to the main institution.

The ambulance brings the patient to the clinical section where a surgeon, internist, gynecologist, and X-ray technician are on duty in the emergency ward day and night. Here the patient is examined, emergency treatment is given, and it is decided whether an emergency operation is necessary. Three operating rooms, with two tables in each, most modernly equipped, are kept in readiness day and night for use at a moment's notice. A variety of sterile surgical instruments are kept at hand ready for any surgical work. The daily average is about 25 operations.

Besides those needing emergency surgical treatment, patients requiring non-surgical treatment are also admitted, such as cases of accidental or suicidal poisoning, patients with heart attacks, intestinal hemorrhages, etc.

In what way does the treatment of patients requiring immediate medical and surgical attention in Moscow differ from that which is accorded to such patients in any other large city? One of the outstanding differences is that in most cities patients may be sent to any one of numerous hospitals, with the result that such patients are scattered throughout the various medical institutions of the city, these institutions differing in the training and experience of their doctors and in the completeness of their medical equipment. The segregation of such patients in one institu-

"Scientific thought develops best on the basis of a vast practical work being carried on for the good of the people. Close interrelation of theory and practice assures successful scientific research in the future"

tion in Moscow means that they are under the care of physicians of great expertness and experience because these same doctors treat thousands of similar cases yearly, and have at their disposal the very best medical equipment. From the standpoint of the doctor, this means that he has an opportunity for more thorough clinical study. From the standpoint of the patient, it means that he has a much better chance of a correct diagnosis and the kind of treatment that is most apt to effect a cure in his case.

Reducing Mortality

For example, between 1925 and 1934, 1,000 cases of perforated ulceration of the stomach entered the institution. The operative mortality dropped from 50 per cent to 12 per cent. During this same ten-year period, over 1,000 cases of foreign bodies in the stomach were treated. This permitted not only mastery of the technique of this operation, but also insured thorough understanding of proper X-ray diagnosis of foreign bodies in the gastro-intestinal tract. It is notable that the mortality rate for appendicitis operations performed at the Institute has been only two per cent during these ten years. New York City boasts of having some of the finest hospitals in the United States, yet the average mortality rate for appendectomies in New York is 7 per cent.

One phase of the Institute's work which is of almost unparalleled importance is the creative research continually going on there and the immediate application of the results of that research. Perhaps two examples will suffice to give an idea of the value of this aspect of the Institute's work. One of these is the perfection of an original method of treating fractures of the spine and long bones, which has proved very successful. It is a functional method of treatment instead of the plaster cast method which is generally employed in such cases. The latter method often keeps the patient bedridden for from 6 to 12 months, and he may remain an invalid for life. At the Institute, the doctors, by carefully worked out muscular exercises, cause the muscles themselves to form a sort of muscle corset around the fracture which is more effective than a cast. The

result is that from four to six months after such treatment, the worker is likely to be back at his job completely cured.

Post Mortem Blood

An even more spectacular piece of research that has been done there is the development of the technique of the transfusion of post mortem blood (blood taken from dead bodies). Blood is a precious medicament. In certain diseases it is the only means of saving life, and in cases of great loss of blood it has to be replaced in quantities as large as two or three pints. The problem of blood transfusion is of special importance at a place like Sklifasov Institute which is the central receiving point for people badly injured in motor and other accidents.

The advantages of having always available a sufficient quantity of blood for use in emergency cases, as is possible when using post mortem blood, are easy to see, but the problems that had to be solved before post mortem blood could be used were exceedingly difficult. First it had to be proved that such blood is "alive." It was then necessary to develop a technique for drawing off the blood, studying it for the presence of syphilitic or other infection, and to devise a method of preserving and storing the blood without the use of chemicals—to mention but a few of the problems which confronted the scientists in the Institute who were working on this subject. These problems were solved so successfully that the Institute performed over 1,000 transfusions of post mortem blood during the last three years. It supplies several hospitals with this blood, which can now be stocked and preserved for 28 days.

These two examples are typical of the scientific research that is being carried on by the Institute. In solving the problems of caring for those in need of immediate surgical and medical attention, the Institute has contributed much to medical science. The success of the work there has shown that scientific thought develops best on the basis of a vast practical work being carried on for the good of the people. Close interrelation of theory and practice assures successful scientific research in the future.

Examining jars of preserved blood



BLOOD POISONING

While it is not the intention of the author to frighten readers in this account of the cause and treatment of blood poisoning, its dangers should not be overlooked

IT was really not worth noticing—that slight cut, that pin prick, that boil you squeezed. You smeared the blood away and let it go at that. But on your hands were invisible bacteria, the kind which cause blood poisoning—streptococci, looking, under the microscope, like a string of beads, and the staphylococci in groups like bunches of grapes. They found their way into the wound and into the blood.

Carelessness, not the bacteria, was responsible for the blood poisoning. That's the stupid and tragic part of it.

There is no wound so small that hordes of bacteria cannot get in. Even a needle prick can introduce them, if they are present on the needle or on the skin. Bacteria can enter a wound any time after it has been produced until it is healed. Then when they are in the tissues they multiply, and since some of the blood vessels in the wound may be open, the bacteria can enter the blood stream. In the blood, they produce powerful poisons which cause chills and fever and a profound feeling of weakness. These bacterial poisons can dissolve the blood cells and produce anemia.

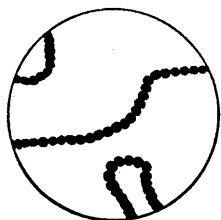
Carried by the blood stream, the bacteria may settle in distant parts of the body; for example, in the joints, the brain or the heart, where they

cause pus formation. In the bones, they may cause what is known as "osteomyelitis", a destructive inflammation of the bone marrow, accompanied by pus formation. Later and at intervals they may be discharged from the bone into the blood, causing repeated attacks of blood poisoning (chronic septicemia). Not all sufferers from septicemia die, but the disease may be fatal when due even to the least dangerous of the infecting types of bacteria. It always exhausts its victims, and in cases where bones or joints are infected, deformation results. Although few cuts and wounds result in blood poisoning, even the smallest and most insignificant looking injury is potentially dangerous.

The Treatment

Once blood poisoning has developed, the patient should be kept in bed to conserve his strength. Fluids and nourishment are given by mouth to help wash out the poisons. Or, they are injected under the skin or into a vein, if the patient cannot drink enough. Since many blood cells are dissolved by bacterial poisons, they must be replaced with fresh ones, by the transfusion of blood from a healthy individual. Pus accumulations may have to be let out by the reopening of the wound. There is no serum available to cure ordinary blood poisoning.

Red, painful skin around a small cut means that bacteria are multiplying and that the tissues surrounding the wound are pouring in substances dissolved in the blood which kill bacteria by liquefying them; and also bringing in tiny blood cells (leucocytes) of a type which destroy bacteria by swallowing them. Usually these defenses keep the bacteria in check, but often they are not



Streptococci Bacteria

powerful enough, and the dangerous invaders spread.

Among the earliest warnings of blood poison from an infection on the arm or leg, are red lines running up toward the body. And these are often accompanied by chills and fever and increased pain, redness and swelling about the wound, as, for example, in a finger following the prick of a needle. The red streaks are caused by inflammation in the tiny tubes known as the "lymphatics", which drain the tissues. Later, glands in the armpits or groin, through which the lymphatic tubes pass, may swell, sometimes with the formation of pus, and grow red and painful. These glands act as filters, interrupting the flow through the tubes and holding back the bacteria for a time, so that the body may have a chance to mobilize its defenses.

When the first of any of these warnings appear, the affected arm or leg should be kept absolutely quiet, held higher than the body, and surrounded by moist heat from very hot moist cloths. Drink plenty of water—twelve glasses a day is not too much. Immediate medical attention is imperative. The danger signals of blood poisoning are really the victim's best friend. Intelligently heeded, they may save his life.

Only too often, however, blood poisoning sets in with no warning at all. This happens when the bacteria invade the blood directly, as described at the beginning, instead of first passing through the lymphatic tubes and glands.

What to Do About Cuts

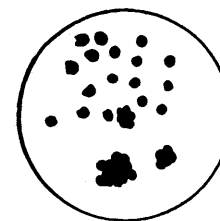
All cuts even if through a clean skin or inflicted by clean instruments should be daubed with weak tincture of iodine. Too much iodine is as bad as too little, since it tends to blister the skin preventing healing and allowing bacteria a greater opportunity to enter. Ordinary seven per cent tincture of iodine can be diluted with an equal part of alcohol. After the tincture is applied, it should be washed off with alcohol, and the wound cleansed in running water a few minutes later. If there is grease about the wound, it should be washed with clean gauze saturated with benzine, then cleansed with soap and water. This before the iodine is applied. If foreign material is ground into the wound, it must be surgically removed, since its presence prevents

healing and encourages the formation of pus or the development of tetanus (lockjaw) germs, if they happen to be present. Properly used, iodine is the most trustworthy antiseptic, much better than highly colored, widely advertised, and expensive substitutes.

Blood Poisoning in Diabetes

Blood poisoning or gangrene is the particular enemy of the diabetic person. He must take special care to guard his feet from the slightest injury. This precaution is just as important to him as his diet or insulin. In diabetes the resistance of the body to bacteria is low, and the blood vessels in the legs, especially in older people, become thick, narrow and hardened (arteriosclerosis), reducing the circulation. This gives bacteria a better chance to establish themselves. They may invade the blood through slight injuries, or by sharp toenails piercing the flesh. Therefore the nails must be kept well trimmed, their sharp edges padded and protected with tiny wisps of cotton. Shoes must not cause any pressure on the toes. Any tender, red, or dark spot, or any of the other warning signs already described call for a speedy visit to a physician.

The tiniest and most inconspicuous boils in such places as the lips and the angles of the nose and the corner of the eyes, can be the source of blood poisoning. Boils and especially carbuncles (deep many-headed boils in hairy areas) are dangerous. Consider what happens when a boil in one of these places is squeezed: some of the pus is forced into the small veins which lie just beneath the boil and which enter directly into the blood channels to the brain. And here the blood is clotted by the bacteria. Small fragments of the fragile clot with its bacteria then break off into the blood stream and give rise to a fatal form of blood poisoning.



Staphylococci Bacteria

EPILEPSY

A physician's description of epilepsy, the nature of its attacks, and the possibility of cure

A TYPICAL epileptic convulsion is often such a terrible sight to the average person who has never seen one before that it is no wonder that this disorder, like mental disease, has been viewed by men with so much superstition and religious awe. In fact epilepsy in ancient times was known as the "sacred disease." Its sufferers were looked upon as gifted by the gods, and in many instances, tenderly regarded and cared for as oracles.

Epilepsy manifests itself in various ways, but convulsions are the one symptom commonly associated with epilepsy in the minds of most people. For this reason, it is advisable to point out at the beginning of an article considering epilepsy that convulsions are symptoms of a great variety of diseases of which epilepsy is only one.

Convulsions, other than those connected with epilepsy, can be caused by many conditions. Foremost among these are diseases of the brain, such as tumors, abscesses, hemorrhages, softening of the brain, and hardening of the arteries of the brain. Other conditions which may lead to convulsions are chronic alcoholism, lead poisoning, and kidney disease. In infants and very young children convulsions may occur during acute sickness, especially sickness accompanied by high fever. All of these possible causes must be ruled out before it is decided that a person who has convulsions is an epileptic.

Besides the convulsions having known causes, there are some convulsions for which no cause can be found and which appear periodically. It is these convulsions which are known as epileptic. Epilepsy usually develops before or during puberty, and seldom after the age of twenty. A case of convulsions which appears after twenty is usually due to some other cause than epilepsy.

There are three types of epileptic attacks, of which the convulsion is one. The convulsion is known as a "grand mal" attack. Before an

attack the patient usually feels irritable, depressed, or uneasy. Many suffer from headache, dizziness and buzzing noises in the ear. Just before the attack he may have what is called an "aura" or sign that the attack is coming. This he remembers, although he does not remember the attack. The aura may consist of peculiar sensations in various parts of the body, bad tastes, visions, delusions, imaginary voices, an outburst of rage, sudden laughter, or running.

Nature of Attacks

The attack is sudden. The patient falls down, often injuring himself. He may cry out, but is already unconscious when he does so. His body stiffens, his jaws become so tightly shut that he may bite his tongue. His fists are clenched, and his face becomes blue. In a half minute or so he relaxes and then come the convulsive movements—the second stage. The head jerks, and the eyes roll about. There is frothing at the mouth and snoring, and the arms and legs thrash back and forth in a rhythmic way. Then the movements stop and as a rule the patient falls into an exhausted sleep although he may first act in a confused or violent way. Headache often follows the attack. During a convulsion the patient is truly unconscious and does not know what he is doing. He may not even realize he has had an attack if he is not told of it, or if he has not been injured.

Another form of epileptic spell is the "petit mal" attack. This is a sort of episode of unconsciousness, without falling or convulsions. Suddenly, while eating or talking, a person may stop, appear blank for a moment, yawn, twitch, or laugh, and then as suddenly, return to consciousness. If he is told what has happened, he seems to have no recollection of it.

An epileptic "equivalent" is the term used to describe the third type of epileptic attack.

These attacks may sometimes take the form of running in a senseless way, violent fits of anger, confusion, or excitement. The person may believe he is being persecuted, and see and hear imaginary things.

Any one individual may have one or all three types of attack at different times. Such attacks may come on as frequently as several times a day, or may be separated by intervals of years. The patient may feel entirely well between them. Unless a person injures himself fatally during a convulsion, he survives the attack, and an epileptic may live as long as anyone else.

Early Treatment Imperative

Although we are not considering treatment in this particular article, it should be pointed out that the treatment of *early* cases is by no means hopeless. In fact, one of the leading authorities on this disease wrote recently, "Epilepsy in the majority of cases is a curable disease in the *early* stages." For this reason it is imperative that adequate medical treatment be given after the *first* convulsion. Even in more advanced cases, with proper care and treatment, the interval between attacks can be greatly lengthened.

Most people who are the victims of epilepsy are greatly concerned over the question of whether the disease is inherited. In the majority of cases it is not, but in a large minority of cases, heredity is an important factor. In from five to ten per cent of epilepsy cases, there has been epilepsy in what is known as the "collateral line" (that is, cousins, uncles, aunts, etc.) and in twenty-five per cent there has been epilepsy in the "direct line" (parents). Therefore, whether

an epileptic whose disease has started early in life should have children is a difficult question, and should be decided by a physician in each individual case. Apart from the consideration of having children, there is no reason why an epileptic should not marry, if both parties concerned realize clearly how the illness will affect their lives. Of course, if a person has had convulsions during the course of a definite illness which has been cured, and he has had no further convulsions, and has no family history of convulsions, he is not an epileptic and there is no reason why he should not have children. Syphilis has nothing to do with true epilepsy, and there is no more chance of an epileptic having syphilis in his family than anyone else.

It must always be realized that when the epileptic does things in his confusion that are un-social, he does not realize what he is doing. We must take full measure to protect him and ourselves from harm, but we must not blame him for any action of his which occurs during the course of a convulsion.

Epilepsy is wrongly regarded as something to be ashamed of. In addition to living in fear of injuring himself in a convulsion, the epileptic often feels himself to be an outcast. Both the epileptic, and those associated with him, should realize that he is simply sick, and no more stigma should be attached to this disease than to any other.

(A subsequent article will take up the treatment of convulsions, both those which are epileptic in nature and those which originate from other causes.)

HELPFUL PAMPHLETS

The government issues a number of pamphlets regarding the care and training of infants and children which are of value to mothers. These pamphlets may be obtained free by writing to the Children's Bureau of the U.S. Department of Labor, Washington, D. C. They are: "Prenatal

Care"; "What Builds Babies"; "Baby's Daily Time Cards"; "Breast Feeding"; "Keeping the Baby Well"; "Sunlight for Babies"; "Why Drink Milk"; "Why Sleep"; "Child Management"; "The Child from One to Six"; and "Out of Babyhood into Childhood".

DIETS FOR THE SICK

Conditions requiring special liquid or soft diets —the planning and preparation of such diets

HARASSED by a multitude of patients in clinic or private practice, doctors often forget that certain diseases require specific diet as well as specific medicine. It is not at all a strange occurrence for a physician to diagnose the disease of a patient correctly, to prescribe the proper medicines, but to dismiss the diet of the invalid by simply saying, "a soft diet until the fever subsides." Who has the courage to demand of the busy practitioner before he rushes off to another case what he means by a soft diet?

This article is intended to provide some guidance for the perplexed person who is faced with this situation. Too often the doctor assumes that a nurse will take charge of the case, and she should be trained to know about diets for sick people. Most of us these days feel lucky if we can call a doctor and the services of a nurse are an unheard-of luxury. With this in mind a few of the fundamental facts concerning diet during sickness are here outlined.

In acute intestinal diseases like diarrhea, intestinal grippe, or typhoid, diet is of special importance because a greater burden is thrown on the stomach and intestines than in other infections, hence special attention should be paid to the food's digestibility. In infections or acute illnesses of short duration, the diet should consist only of liquids given in frequent small feedings. Frequently the illness is accompanied by nausea which creates a distaste for solid foods, but often liquids can be easily tolerated.

Frequent small feedings are prescribed because the patient usually has a small appetite, and will take and retain foods only if they are given in small amounts. Large amounts of food generally offend the patient and result in nausea.

The quantity of the fluid is important. If a doctor says a large quantity of fluids, he means between two and three quarts a day, taken during the waking hours.

In certain conditions the temperature of the fluids is important. In laryngitis (inflammation of the larynx with hoarseness) and bronchitis, fluids should be served hot; for example, hot milk with butter. In intestinal conditions, the fluids should also be given hot. The patient's tolerance and desire for fluids can be increased by varying the fluid; for example, orange juice and cereal gruel can be alternated.

Fluids for the Sick

Fluids used in illness include:

1. Milk in any form: whole milk, diluted evaporated milk, buttermilk, milk shake, eggnog, malted milk.
2. Fruit juices: pineapple, grape, grapefruit, prune, orange, lime, lemon (with sugar), tomato.
3. Tea, coffee, cocoa.
4. Cereal gruels, very thin, made from rice, oatmeal, farina or cornmeal.
5. Broths.
6. Ice cream, which though not actually a fluid, may be included in this list.

Liquids can be given throughout the day at one or two hour intervals.

If there is a refrigerator or ice chest which is kept well filled, fruit juices and the other necessary liquids can be made up in amounts of two or three quarts at a time. Prepared in the morning, these can be kept in the icebox for use during the entire day. Needless to say, the more fruit and the less dilution the higher the caloric value and vitamin content of liquid preparations will be. It is well to remember that smaller oranges are usually juicier than large ones. To obtain a quart of diluted orange juice, between

three and five oranges are usually used with one tablespoon of sugar and sufficient water added to make a quart. If oranges are too costly, tomato juice may be substituted. An inexpensive tomato juice can be made by putting a large can of tomatoes through a sieve, and, if desired, adding a small amount of water. The pulp that is left may be used to make soup, or sauce for spaghetti.

Eggnogs are made by beating one or two eggs with sugar and vanilla to flavor, and adding the mixture to a glass of milk.

Add one tablespoon of malt to one glass of milk and beat well to make malted milk inexpensively.

If an ice box is available, a whole day's supply of gruels can be made up in the morning, or at night. They are made by adding one part of cereal to five parts of water, adding salt and boiling the mixture for one hour. After boiling, strain the gruel through a cheesecloth or a fine strainer. Then keep it in a bottle in the icebox. Gruel is a diluted, strained, bland cereal, which adds nourishment to the diet in an easily digestible form.

In serious conditions like pneumonia, fluid diet should be given, but careful attention must be paid to the amount of fluid. In fact, the actual amount of fluid intake must be accurately charted or listed.

In diphtheria and influenza the diet is liquid, but during the convalescence a high caloric diet is extremely important.

In mumps a diet of warm liquids is advisable. In tonsillitis both warm and cold liquids may be used.

In whooping-cough the infection is very often long drawn-out and close attention to the diet is necessary. Children so afflicted tend to become debilitated and even emaciated. Food must be simple and given in easily digestible form at regular intervals. Loss of food from vomiting during the coughing spells is a serious matter. Milk is the chief item of diet, especially for infants. A diet of strained cereal, custards, ice cream, and egg plus the liquids is given to older children.

In diarrhea and intestinal grippe the diet usually consists of liquids, such as, buttermilk, or protein (lactic acid) milk. Plain milk should be given only at the direction of the attending doctor.

Soft Diet

In acute fevers of long duration, a soft diet is used to give the maximum amount of nourishment to the patients while they are confined to bed. Such a diet contains some semi-solid foods, liquids which are very low in roughage, and finely divided cooked foods. A soft diet includes:

1. Cereals such as strained oatmeal, farina, cornmeal.
2. Thoroughly cooked, strained vegetables, such as beets, spinach, peas, carrots, squash, or potatoes in any form except fried.
3. Cream soups (strained), such as pea, beet, carrot, spinach, or a plain vegetable or plain beet soup.
4. Eggs in any form except fried.
5. Baked apple, fruit whip, chocolate or vanilla pudding, strained pears, peaches, or apples.
6. Soft white bread toast.
7. Ice cream.

The important points to remember in feeding patients with acute illnesses of long duration are:

1. Feedings should be frequent; six feedings at two or three hour intervals are advisable.
2. Food should be low in residue (by residue is meant the bulky or fibrous parts of the vegetables and fruits such as skin, seed and fibre).
3. Only foods easily digested and assimilated should be given. (Exclude fried or fatty meats and fish, pork, bologna, frankfurters, sausages, herrings, smoked fish.)

An example of a soft diet is as follows:

A.M.	8:00	apple, prune, peach, or pear purée
		strained oatmeal with milk or cream
		milk
	10:00	1 cup of strained soup to drink
	12:00	1 cup of cream soup
		1 soft cooked egg
		½ cup carrot, beet, or pea purée with butter
		custard or other pudding
P.M.	3:00	1 glass of eggnog
	6:00	milk toast, made with ½ glass milk, 2 slices white bread, and a little butter
		½ cup spinach purée with butter ice cream
	9:00	1 glass of milk, or malted milk, or cocoa

Typhoid is an example of an acute infectious disease characterized by a large amount of tissue destruction which must be compensated for by a high caloric diet with a high percentage of fluids and semi-solid foods. Roughage must be absolutely avoided. To eat an apple safely, for example, the core, skin and seeds must first be removed. This may be done by cooking the apple and then straining it through a fine sieve. This procedure should be followed with all fruits and vegetables if they are to be served safely to patients suffering from typhoid. Meat must not be given till the convalescent stage, and then in its most easily digestible form, as broiled lamb

chops or boiled chicken without the fat. Hamburger steaks, pork sausages, herrings, etc., must be excluded.

In chronic infectious diseases, such as tuberculosis, where there is a prolongation of fever and a corresponding heat and energy loss, it is desirable to compensate for the loss by a high caloric diet. The question of simple foods, easily prepared, is important here.

It is important to avoid pork, fried meats, bologna, frankfurters, scrapple, herrings, heavy pastries, and cakes with rich frostings.

When the fluids described above are not available, large amounts of water can be substituted.

IS DRUNKENNESS CURABLE?

Chicago.

To the Medical Advisory Board:

Is there any medical treatment for alcoholism? I have a friend who is much interested in the working class movement, but who brings discredit on the movement time and again by his irresponsible drinking sprees.

This man is about 55 years old, and has been a hard, steady drinker for at least the last 30 years. Dur-

ing the years that he was regularly employed and doing a lot of hard physical work, his drinking did not affect his nerves to the degree that it does now, nor did he ever reach such extreme degrees of irresponsibility as he now does.

Lately, his craving for drink reaches such proportions that he will continue it to such excesses as to remain drunk for a week straight. During this time, he is so drunk that he is unable to remember things, or

to recognize his friends. Any attempt on the part of his friends to restrict his drinking is met with a savage fight. Also, the limiting of the liquor seems to result in an extreme nervousness. When he becomes too raving, the local doctor has prescribed sleeping powders and even given hypos to put him to sleep.

This drinking is a severe strain on the family finances, and in addition to this is depriving the working class of an effective fighter. —K.L.

The Answer

K.L.—Unfortunately there is no specific medical treatment for alcoholism. Anyone who offers to cure a chronic alcoholic with pills or medicine of any kind is a quack, pure and simple.

When a man has been drinking for 30 years, his chances of cure are very meagre. He himself will certainly find it impossible to lay off the drink, and the words of his family and friends will fall on deaf ears. The chronic alcoholic is a serious medical and social problem, and no adequate provisions have been made for his care. Not all, but probably 50 per cent of alcoholics can be

cured, *i.e.*, taken off drinking permanently or at least for a number of years.

The treatment consists of keeping the patient away from drink over a period of months. Usually this can be done only in a closed institution (*i.e.*, in a hospital where the patient is confined and where his escape is prevented by locked doors, as in mental hospitals), and even then the patient's full cooperation is necessary. An interesting account of how a person was cured of his alcoholism is presented by William Seabrook in "Asylum." It is also an informative picture of the workings

of one of the best private mental hospitals in the country.

If your friend is willing to try to give up drinking, the only thing to do is to keep him away from alcohol, even if it means physical restraint. If he is not willing, there is little you can do. From your story of increasing irritability and irresponsibility, it is quite likely that your friend is already "on the skids," *i.e.*, that the alcohol has already done brain damage and will do further damage if he doesn't stop. Continued drinking in his case will probably lead to progressive mental deterioration.

SKIN DISORDERS OF CHILDREN

A dermatologist discusses the causes, prevention, and treatment of some of the troublesome skin diseases of childhood

WITH few exceptions, both children and adults are subject to the same skin disorders. It is true, however, that some of these skin disorders seem to attack children more frequently than adults. Among the most common of childhood skin disorders are the various infections, that is, skin conditions caused by invasions of germs.

The pus-forming germs, called staphylococci and streptococci, are practically always present on the skin. Following injuries, like scratches, or constant irritation, such as chafing or rubbing, the resistance of the skin may be lowered, allowing the germs which are present to multiply and cause infections such as boils or impetigo. We are all familiar with boils—tender, painful red lumps which sooner or later develop a small pus blister in the center and discharge pus of a yellowish green or creamy color. For boils the best simple treatment is to apply warm boric acid solution on gauze pads continuously. Once pus forms it should be emptied out of the boil. This should, if possible, be done by a physician. If it is done by anyone other than a physician, it is important to see that only sterile gauze is used, and that nothing unclean comes in contact with the open boil. Do not apply any salves like ichthyol or zinc salve. They do not cause the boil to "come to a head." Pus contains a substance which dissolves the tissues ahead of it until the skin is reached and the pus discharges. Salves are of practically no value in helping this process. Before a boil has softened and formed pus it is often possible by the use of X-rays to cause it to heal without its ever coming to a head.

Impetigo contagiosa is a surface infection of the skin, starting as a group of small blisters

which rupture and form yellowish crusts on a red oozing surface. It is contagious and new sores form near the older ones so that sometimes large areas of the skin may be involved. It is necessary to isolate children affected by impetigo from others in order to prevent the spread of the disease. At the same time the sores should be treated in the following way: wash the sores thoroughly with soap and water to remove the crusts; dry by blotting with cotton (do not be worried by a little oozing of blood-tinged fluid); then apply to each of the sores a salve containing 10 per cent ammoniated mercury for older children and 5 per cent for younger children. This should be repeated four or five times daily for several days until the sores are dry.

Treatment of Scabies

Scabies or the "itch" is a contagious disease caused by a minute animal belonging to the spider group. It is readily transmitted through infected clothing, bed linens and covers. Children who sleep together, always catch the disease from each other. The condition is extremely itchy and usually the whole family has the "itch." The eruption appears as small blisters, pus pimples and scratch marks. The favorite sites are the skin between the fingers, the wrists, armpits, buttocks, thighs, genital organs and around the navel and waistline. Itching is usually worse at night after the clothes are removed. The disease may last indefinitely if not treated. Treatment must be carried out by all members of the family who are affected, otherwise the disease will again be contracted from those who still have the scabies. The treatment of scabies is as follows: change all underclothes and bed linens; rub into all the

affected areas of skin sulphur salve (5 per cent for children and 10 per cent for adults); repeat this for three consecutive nights without taking a bath in between; on the fourth night take a bath, and again change all the underwear and bed linen. The skin is almost always irritated by the sulphur salve, so that it is necessary to apply a soothing lotion. Calamine lotion can be used for this purpose. If the disease is not completely eradicated, repeat the whole course of treatment.

Insects are capable of causing annoying eruptions. Bedbug bites leave a row of small red pimples with a tiny crust in the center of each pimple where the bite took place. The application of calamine lotion or pads soaked in a cool boric acid solution will relieve these pimples. The bedbugs must be cleaned out of the bed and mattress. The thorough spraying of all possible nooks in the springs, bed and mattress with kerosene will kill the bugs.

Nits, or lice are frequently seen in the scalps of children. The nits are the eggs of the louse usually attached to the hair near the scalp. The adult lice, which are small and flat, are seldom seen. Frequently accompanying the nits is a pimply scratched rash on the back of the neck and behind the ears. This can be treated just the same as impetigo. To remove the nits, thoroughly saturate the hair with a mixture of equal parts of sweet oil and kerosene. Comb the hair with a fine comb and repeat the whole procedure until no more nits can be found.

Ringworm

Ringworm is a disease caused by fungi, vegetable germs similar to the common bread molds which are familiar to housewives. It occurs on the body as oval or circular, reddish, scaling rings. Incidentally this is the only form of fungous infection that really forms rings. This infection is sometimes cured by painting on tincture of iodine or Whitfield's Ointment. A more stubborn type of fungous infection is ringworm

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of the scalp. This can be cured only by temporarily causing the hair to fall out by means of X-rays or by a certain chemical taken by mouth. This latter treatment has an element of danger connected with it and is used only in cases where the child cannot be kept quiet enough during X-ray treatments. The forms of ringworm mentioned may be contracted from other children or from infected pets such as cats and dogs. Infected animals should be cured or removed since they may serve as a source of re-infection.

Rashes

A rash frequently occurs in children who are in the habit of sucking or munching candy and allowing saliva to drool from the corners of the mouth. Such habits may produce an eruption about the mouth and chin or just in the corners of the mouth. This eruption is red or pinkish in color and may be scaly or crust-like in form. Such infections are thought to be caused by yeast-like germs present in the saliva and which attack the skin after it has been weakened in its resistance by the irritation of the saliva. The type involving only the corners of the mouth is called perleche, or lickers' disease; that on the chin and cheeks, candy dermatitis. The faulty habits must be corrected and a 5 per cent ammoniated mercury salve rubbed in several times a day. A similar rash may occur above the upper lip when it becomes irritated by the discharge from a running nose. The mucus, or discharge, should be wiped away frequently and the skin coated with vaseline to prevent irritation by the mucus.

Some people are sensitive to various foods, medicines, or chemicals, and they may develop certain diseases when they come into contact with these substances. These diseases occur only in a small percentage of people. The tendency to develop some type of sensitivity is inherited so that often several members of the same family, or relatives, may be afflicted with the same or a similar type of disease. The diseases in this

(Continued on page 31)

PAINFUL MENSTRUATION

Elizabeth, N. J.
To the Medical Advisory Board:

Every month my sister, who is 18 years old, has very severe pains before and during her menstrual period. She has gone to a doctor for months, and he gives her injections in her arm which sometimes help a little, but do not cause the pains to disappear. The doctor advises her to have an operation. Do you think this would be advisable?

D. M.

D. M. — Many young unmarried girls suffer from painful menstruation although their pelvic organs may be perfectly normal. Operation for this condition is seldom, if ever, advisable. We believe your sister should have a competent examination to get to the bottom of the trouble. Sometimes the general health is at fault or there may be anemia. Overwork and lack of recreation also play a part. Nervous tension increases the likelihood of

painful menstruation. Marriage and having children often cures the condition.

The general health should be built up by obtaining an adequate amount of outdoor exercise, at least eight hours' sleep nightly, and proper food. A mild cathartic such as milk of magnesia should be taken just before the period. Hot baths should be taken during the period. Aspirin may relieve the pain.

(Continued from page 30)

group are hay fever, asthma, hives and sometimes eczema of a certain kind. The kind of eczema which occurs in babies, due to a sensitivity to some substance, is called infantile eczema. It appears in the early months of life and forms red weeping (moist) spots on the face and may involve other areas of the skin. It is usually, though not always, due to sensitivity to some particular food or foods. The child should be under a doctor's care; it is the task of the doctor to discover the offending food or other substance and remove it. He may also attempt to desensitize the baby. Local application of tar salves is of some value. Hives (or urticaria), also resulting usually from sensitivity to some food, occurs in children somewhat older, who may or may not already have had infantile eczema. The same method of discovering the food or other substance at fault and removing it, is the kind of treatment used.

The skin of children, like that of grown-ups, may be sensitive to certain chemicals. Not all children are sensitive to the same things; therefore what may cause a rash in one will be perfectly harmless in others. Poison ivy is an example of this. Some are extremely prone to get the blistering rash of poison ivy on the slightest contact with the plant, while others seem immune. Since up to the present time there is no satisfactory method of immunizing those who are sensitive to it against poison ivy, the only way to prevent new attacks is to avoid contact with the ivy plants. The treatment of poison ivy consists of washing all the parts with soap and water to remove any traces of the ivy oil (the irritation

is due to an oil found in the leaves and stem) and the application of either cool boric acid solution or calamine lotion. Some stubborn cases require other treatment under a physician's direction. Avoid scratching, since this may start infections. To prevent an outbreak following exposure to poison ivy, wash all the exposed parts with soap and water and then with rubbing alcohol to remove all traces of the ivy oil.

A curious type of irritation may take place among babies. A certain kind of germ from the stools gets into the urine-laden diapers and decomposes one of the chemicals in the urine (urea) to form ammonia. This burns the skin, causing redness and chafing around the parts covered by the diapers. To prevent this, the diapers after washing should be rinsed in a boric acid solution and wrung out. The antiseptic retained when the diapers dry, prevents the germs from decomposing the urine. In addition, the diaper should be changed as soon as the baby wets it. Calamine lotion will clear up the rash.

Prickly Heat

Prickly heat is so familiar to mothers that it is not necessary to describe this outbreak of tiny, red spots all over the body. The conditions causing prickly heat are hot weather, or dressing the baby too warmly. Bathing the child and sponging with rubbing alcohol and then powdering will cure the condition. The child should not be over-dressed and should be sponged with rubbing alcohol in hot weather in order to avoid new attacks.

Warts are of two general kinds, one the juvenile and the other the common variety. Juvenile warts usually are situated on the face and hands, are very numerous and are small, flat, and slightly red or skin colored. While they are best treated with X-rays, some remain stubborn and resist all types of treatment. Common warts are familiar to all and occur anywhere on the body, but chiefly on the hands. They can be removed by the electric needle or by burning with acids. The cause of warts is unknown, although it is suspected that they are caused by a filtrable virus (a germ so small that it can pass through a solid porcelain filter). Many warts disappear by themselves without being treated in any way.

Birthmarks are a source of great worry to parents, if they are disfiguring, and especially when they occur in female children. In general they are the red variety or the brownish hairy kind. The red birthmarks are either flat or lumpy but both types of the red birthmarks are tumors. For the flat type there is, unfortunately, no satisfactory treatment and it is at present wisest not to try to treat them. The lumpy kind,

or hemangiomas, yield readily to treatment with radium. Small, superficial ones can be destroyed by freezing with solid carbon dioxide (carbon dioxide snow).

Brown hairy birthmarks can sometimes be removed satisfactorily, especially the small ones, which can almost always be destroyed.

It needs to be emphasized that patent salves and lotions should not be used for the treatment of skin diseases. Many skin diseases require a particular type of treatment, so that remedies bought at the corner drug store are apt to prove utterly worthless. There is also grave danger that the salve may prove irritating to the eruption, making it worse, or possibly even burning the unaffected normal skin. Also the use of such patent salves may so alter the appearance of the eruption, that if the child is taken later to a doctor, it will make it difficult for him to tell what was the nature of the original eruption. If it is impossible to take the sick child to a doctor, there are two substances which will not cause trouble and which may possibly give some relief. These are boric acid solution and calamine lotion.

INSOMNIA

ACCORDING to the jacket blurb, this book "tells how 95 per cent of the people who do not sleep well can cure their insomnia." The author, a Ph.G., is said to have "long been identified with benevolent and philosophical matters," and is a former board member of the American Theosophical Society. He was for "twenty years a drugstore proprietor and is a former vice-president of the Minnesota Pharmaceutical Society." We are also informed that he comes from a medical family. The reader may judge for himself whether the author is as eminently qualified an authority on sleeplessness as his publishers seem to believe. Since the book has been well advertised, sufferers from insomnia should be warned that it will not prove a profitable invest-

OVERCOMING SLEEPLESSNESS, by CHARLES WESCHKE. The Book Masters, St. Paul, Minn., \$1.00.

ment, though it is relatively inexpensive.

The author's recommendations are simple enough. In general, they can be summarized as regularity in sleeping habits, physical relaxation in bed, exclusion of disturbing ideas, healthful, moderate living and a proper environment. His philosophy apparently owes its inspiration to Pollyanna. He says, "The first thing to do upon awaking in the morning is to smile. And make it a great big broad smile that will take in all the world and signal a joy to last throughout the day." In another part of the book we

learn that "going for a walk or a ride to all the surrounding country and beautiful homes, and to think about these things, is a pleasant pastime." One wonders if the author would consider this especially pleasant for the man on relief. The book also reflects the author's theosophical interests. "Some experimenters contend that lying with the head to the north and the feet to the south is beneficial. They say it allows the earth's magnetic currents, moving from north to south, to flow freely through the body."

The only really valuable chapter in the book is that criticizing the use of drugs in insomnia. It can hardly be repeated often enough that drugs are always dangerous and should never be used without medical consultation.

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