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FEBRUARY
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HEALTH and HYGIENE

The Magazine of the Daily Worker Medical Advisory Board

VOLUME 3

FEBRUARY, 1936

NUMBER 2

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EDWARD ADAMS, *Editor*

THE MEDICAL BOARD ADVISES:

PERSPIRATION

Brooklyn, N. Y.

To the Medical Advisory Board:

My complaint may not be a serious one from a health standpoint, but I find it a decided disadvantage economically. The palms of my hands perspire, and as I am a show-card writer, perspiration from my hands often stains the cards so that it is necessary to rewrite them. As my work is piecemeal, this makes it almost impossible for me to make a living wage. Please advise me as to whether or not the perspiration can be checked.—L. M.

* * *

L. M.—Checking perspiration of the palms is often a difficult problem. Sometimes soaking the palms in a 30 per cent solution of aluminum chloride for 15 or 20 minutes every night may toughen the skin and check the excess sweating. If this is not irritating, it may be done twice a day. Should this method fail, it may be necessary to dry up the sweat glands of the palms permanently by means of X-rays. This, unfortunately, if carried to the point of causing atrophy (degeneration) of the sweat glands, will also cause some permanent changes in the skin itself, namely, some wrinkling and roughness.

Anyway, try the aluminum chloride solution first to see whether it will prove effective in your case.

SPLEEN

Detroit, Michigan.

To the Medical Advisory Board:

I have been told by a doctor that I have an enlarged spleen. Will you please tell me what the spleen is,

and if it is necessary to obtain medical treatment for an enlarged spleen.

—R. P.

* * *

R. P.—The spleen is a large organ in the upper part of the abdomen and lies next to the liver. It plays an important part in the body because it destroys old red blood

BALANCED DIET FOR A BABY

Staten Island, N. Y.

To the Medical Advisory Board:

I am a worker's wife, with a 14-months-old boy who appears to be a normal, healthy child. During the first year, I was able to take the baby to a doctor every month, but I can no longer afford to do so, and I wonder if you can tell me what to feed my baby so that his diet will be correctly balanced. I can only allow myself \$10 a week for food for my husband, myself, and the baby.—W. S.

* * *

W. S.—If you have \$10 a week to spend for food for your husband, and baby, and yourself you are much more fortunate than tens of thousands of working-class mothers. But even \$10 a week is lower than it should be. Calculating on the basis of two meals a day at home for five days a week for the father, three meals a day for Saturday and Sunday, and three meals a day for mother and baby for seven days a week, it allows about 17 cents per meal per person.

Of what should an adequate diet for a 14-months-old baby consist? One to two ounces of orange juice or two to four ounces of tomato juice daily. Cereal or some suitable substitute twice daily. An egg every day, if possible; if not, at least every other day. Either liver (beef, calf's, chicken), lamb chop, steak,

chicken or fish daily. At least one leafy vegetable and one starchy vegetable daily. Either a fruit, gelatin or cornstarch dessert with the noonday and evening meals. In addition to all this, two teaspoonfuls of cod liver oil should be given every day until your baby is two years of age, except when the child gets plenty of sunlight in summer.

Enlarged spleen is something you should not neglect. You must continue your visits to the doctor or clinic until he finds out why your spleen is enlarged and then he will treat you correctly.

With green vegetables running very high in the fall and winter months, you can use ordinary canned vegetables and put a portion through the strainer for your baby's use. The substitutes for cereals are zweibach, graham crackers and spaghetti. As an alternative for the main course of an evening meal, you may use sour cream and cream or cottage cheese, or sour cream and banana, which should be mashed well with a fork. When giving bananas, always use thoroughly ripe bananas. You will recognize a ripe banana by the brown speckling. Grade "B" milk may be used without fear.

Following is a suggested schedule:
7:30 A.M.—Orange or tomato juice, 2 teaspoons of cod liver oil.
8:00 A.M.—Cereal, 1 to 3 table-spoons; 1 egg, coddled; milk, 8 oz.
12:00 Noon—Meat, chicken, liver or fish; leafy vegetable and potato; desert; milk, 6 to 8 oz.
3 P.M.—Milk, 6 to 8 oz.
6 P.M.—Mashed banana, or cereal, or spaghetti, or sour cream, and cream or cottage cheese, etc.; desert; milk, 6 to 8 oz.

The government pamphlet "The Child from One to Six" gives detailed instructions on the feeding of children of that age. It may be obtained free from the U.S. Department of Labor, Washington, D.C.

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.

Editorial:

SECURITY

Doctors know that mental conditions often affect the physical conditions of the body. Thus, frequently the health of a worker is affected not only by the fact that his wages are not sufficient to buy the necessities of life for himself and his family, but by the mental state which comes from the pressing fear of unemployment and hunger. The constant threat of loss of job and eventually of a penniless old age which hangs over his head exerts a depressing effect, not only mentally, but also physically.

To the worker, then, the assurance of an income during unemployment, sickness, and old age means more than just being able to buy groceries and pay the rent. It means also freedom from the worry and fear that are destructive of good health. For that reason, HEALTH AND HYGIENE sees in the Workers' Social Insurance Bill, which will be introduced in the present Congress by Senator Lynn J. Frazier of North Dakota, more than a measure to aid those who can find no work or who are unable to work. It is a measure which will help every worker, employed or unemployed.

The bill is based on H.R. 2827, known as the Lundeen Bill, but is more comprehensive than that bill. The main provisions of the Workers' Social Insurance Bill are: (1) an income for all unemployed; (2) insurance for the self-employed, which means that for the first time protection would be afforded self-employed professional workers, farmers, and owners of small businesses; (3) insurance for all workers either totally or partially disabled, no matter in what way or for what reason they are disabled; (4) old-age insurance for people sixty years of age or more, including those that have been unemployed up to that age; (5) maternity insurance for any woman who

works, consisting of compensation for eight weeks before her child is born, and six weeks after; and (6) widows' and mothers' insurance for any woman who has a child or children dependent upon her.

The bill provides for compensation equal to the average weekly wage paid in the occupation of the worker receiving it—in no case to be less than \$10 a week, plus \$3 for each dependent. The maximum compensation is \$25 a week plus \$8 for each dependent. Provision is made for the compensation to fluctuate with the cost of living.

The passage of this bill would mean for the millions of unemployed in this country, for many of whom there will never again be jobs, that instead of facing almost certain slow starvation and its accompanying physical and mental deterioration, they can be assured of at

least the elemental necessities of food and shelter. In some measure it will give countless other workers whose wages barely cover their day to day expenses, relief from the crippling fear of a future for which they can make no provision. It will mean for the children of the workers that they will have at least some chance of having healthy bodies, free from rickets, scurvy, poor teeth, and the other diseases which go with deficient diet.

HEALTH AND HYGIENE because it is fundamentally concerned with the health of the lower income groups, which constitute the great bulk of the population of the United States, urges the widest and most active support of the Workers' Social Insurance Bill. It urges all workers to use every power in their command to fight for this bill and to force its passage through Congress.

It is a sign of health, not sickness, and it is *not* a way of getting rid of poisons or impurities.

Girls who know nothing about menstruation before their first period may be quite frightened and shocked when it happens. If they get their information from older girls, they usually get a lot of false ideas about it.

The boy should be told about nocturnal emissions. These usually begin at thirteen or fourteen but can come a couple of years earlier or later. These emissions are as normal as menstruation in girls. They do not result in a loss of strength or manhood. The semen which is made in the testicle must leave the body. If it does not leave by means of masturbation some of it will be passed off in the urine, but most of it by nocturnal emissions. There is a false belief that it can be saved, and will then make one strong or manly. It is true that the testicle also makes a hormone (or body juice) which has to do with such things as the development of the male voice, the growth of the beard, and other secondary sex characteristics, but this sex hormone passes directly into the blood stream and is not lost with the passing of the semen.

Parents should carefully avoid giving children any feeling of guilt about masturbation. (This subject is discussed in the November issue of HEALTH AND HYGIENE.)

SEX EDUCATION FOR CHILDREN

Easton, Pa.
To the Medical Advisory Board:

I have a boy of 10 and a girl of 11. Is this too early to begin their sex education? Should I wait until they are older and can understand it better?—I. L.

I.L.—Sex education should be regarded as any other form of education. We do not wait to begin the education of our children until they start school. Children begin to learn things from the time they are born, and they may become curious about some aspects of sex at a very early age. When a little child asks us what makes a car go, we should answer him to the best of our ability, in language he can understand. In the same way, when he asks us where his little brother came from, we should answer truthfully in simple language. The second question should be dealt with in the same matter-of-fact way as the first one. If dealt with in this way, the child's curiosity about sex, which is part of his curiosity about things in general, will be expressed freely to you, and there will be no need for a special lecture about sex in which, at a certain age the boy or girl is solemnly and in an embarrassed way "told the facts of life." If you evade a small child's questions about

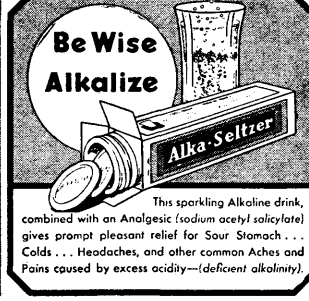
sex, or give him an answer which only partially satisfies his curiosity, he may decide that there is something "dirty" about sex, and not ask you any further questions.

However, just as at a certain age we send children to school, so at certain times we should inform the child about experiences which await him so that he will be prepared for them. If, previously, sex education has been handled properly, these occasions are from embarrassment.

At about the age of 10, if the child has not yet brought up the subject, girls should be told about menstruation and boys about nocturnal emissions (wet dreams).

Girls usually begin to menstruate between 12 and 14. They may start a couple of years earlier, and two or three years later. The girl should be told that menstruation is a perfectly normal thing and something of its purpose should be explained to her (the subject of menstruation was discussed in an article in HEALTH AND HYGIENE in July, 1935). Care should be taken to avoid saying anything that implies it is a monthly "sickness," for it is not a sickness, and a good deal of the distress that women have at that time is due to this belief that it is a sickness, and that they are "unclean" at that time.

Alkalize with Alka-Seltzer AT ALL DRUGGISTS 30¢ 50¢



THE ALKA-SELTZER FRAUD

A medical analysis of the widely advertised cold, headache, and "morning-after" nostrum

larily to find a universal antidote for poisons. The compound that he finally produced became known as "Mithridaticum." In later centuries this medicine was more extensively employed than any other medicinal remedy. It contained from 37 to 63 ingredients, all of which are worthless as remedies. It included the flesh of vipers, urine of faithful wives, the hooves of virgin sheep and other excrements of all kinds. The compound was used as a cure-all even up to 100 years ago. It was taken internally in the treatment of all diseases and applied externally in the treatment of all wounds.

With the rise of scientific medicine such barbarous and fantastic "remedies" were properly discarded. A rational system of treatment was developed in which specific drugs had an appropriate and limited place. Some of our very progressive business men, however, have lost patience with the slow progress of scientific medicine. With the support of a good deal of capital and a slight knowledge of pharmacy they have evolved a new "Mithridaticum," a new cure-all. This new cure-all is a simple white tablet. When it is dropped into a glass of water it will bubble vigorously. When the dissolved tablet is taken by mouth it will do wonders to colds, headache, neuralgia, muscular pain, rheumatic fever, dissipation, over-indulgence, sour stomach, heart burn, fatigue, nervousness, sleeplessness, alcoholic excess,

EARLY in the second century before Christ, there lived in Persia, a king called Mithridates. This king found the responsibilities of ruling tiresome and turned his mind to the art of healing. With the aid of the court physician he studied the uses of the drugs then available. These drugs were of the kind usually found in early civilizations—a few effective remedies lost in a mass of substances of purely superstitious origin. They included opium, squill, and other vegetable substances, but also feces and urine. Mithridates sought particu-



Anyway It Fizzes

"Nicodosis" (whatever that may be), minor throat irritations, and of course excess acid. The name of this modern cure-all is—hold your breath—ALKA-SELTZER.

Catchy little jingles are spread over all the subway cars, stations, sign boards and newspapers informing you in easy lessons that the reason for your lack of pep is that you haven't taken Alka-Seltzer, that your cold may be prevented by Alka-Seltzer, that your headache is promptly relieved by Alka-Seltzer, and so on ad nauseum. A four-page leaflet is enclosed in every package giving "scientific" reasons why Alka-Seltzer will help all these ailments. On the leaflet we read: "The real

reason for many of our everyday ailments is too little alkali in our systems. . . . Then our resistance goes down and we become an easy prey on account of excess acidity (deficient alkalinity) to disorders which are incident to excess acidity (deficient alkalinity), such as headaches, colds, sour stomach, gas in stomach, heartburn, flatulency, fatigue and rheumatic fever." One need not be a physician to know that headaches may be caused by constipation, sinusitis, eye-strain, ear-infections, high blood pressure, brain tumors, etc.; that colds have nothing to do with deficient alkalinity (see the November, 1935, issue of HEALTH AND HYGIENE); that sour stomach and heartburn may be due to

ulcer of the stomach; that fatigue may be due to any one of 50 serious diseases; and that rheumatic fever is a serious disease of the heart. The manufacturers of Alka-Seltzer, we are sure, know all this. But they are not physicians. They are business men out to sell a product for the greatest possible profit.

If an enormous amount of fraud and deceit must be used to promote this product, they are not greatly hindered by the food and drug laws which give them the greatest possible freedom, and permit them to sell what is essentially aspirin for four times the current price of aspirin. True, Alka-Seltzer also contains salicylic acid, a little citric acid, and baking soda, but the American Medical Association's investigation makes it clear that any effect which the nostrum may have is due to the aspirin. The salicylic acid, the citric acid, and the baking soda

produce little more than bubbles.

It is true that aspirin taken this way is more thrilling than in the prosaic way we are accustomed to taking it. If any of our readers insist on taking it a la Alka-Seltzer, they can do it at home by dropping an aspirin tablet into a glass of seltzer water and adding a pinch of bicarbonate of soda. Our readers will then be taking a medicine that has a very limited use, and only in the treatment of the occasional slight headache or neuralgic pain. They know, however, that aspirin does not prevent or cure colds, rheumatic fever, heartburn (in fact it may cause heartburn) fatigue, nervousness, sleeplessness, etc. They will not be deceived by slogans, jingles and clever cartoons.

BE WISE
ALKA- LIES

THE PROBLEM OF ABORTION

Chicago, Illinois.
To the Medical Advisory Board:

I want to tell you a story. I will make it as short as possible.

I work next to a fellow who is a relief worker. Several weeks ago he came in the office very much worried. His wife was sick—nauseated, and so forth. He took her to several doctors, and they gave her pills, and he gave them plenty of his hard-earned, skimpy salary. The last doctor to whom he took her said, "Your wife is pregnant." The fellow couldn't afford a baby at his security wage, and so he dashed around the office borrowing money. He collected seventy-five dollars, and the doctor went to work. He worked for seven days on the wife, and finally said that she was all right, not to worry. A couple of days later, the wife had repeated hemorrhages, and gave birth to a dead child. She herself almost died, and ever since has been very sick. Is there anything that can be done to prevent other women from having similar tragic experiences with doctors?—D. R.

* * *

D. R.—The story you relate is a very pathetic one and can be mul-

tiplied by the thousands; many have had tragic endings.

To answer your question, we must really go to the root of the problem. There are three elements to be considered—the patient, the doctor, and that which is comprised of patients and doctors: society. Most women feel that they are entitled to the privilege of deciding for themselves *whether* to have a baby, and *when* to have a baby. Add to this feeling, the feeling of anxiety and of distress at having to bring a child into a world that doesn't grant it a decent standard of living, and you have women who become frantic, women who will do anything possible to terminate the pregnancy. They cannot stop to consider the competency of the person giving them advice—anyone who will do something for them is satisfactory—the friend, the druggist, the midwife, the quack doctor, the incompetent physician. The outcome of the above case is unquestionably the result of an operation performed by an untrained physician.

What about the physician? He is the product of his environment and acts accordingly. He must make a living—in fact, he must maintain a higher standard than that of his

patients, otherwise he is not a "good" doctor. More and more of his patients go to clinics because they can't afford to pay the doctor. More and more hospitals attract those of his patients who can pay by offering attractive services. The physician, who starts practice honestly and idealistically, is sometimes forced into unscrupulous practices in his attempt to maintain a livelihood. The physician who starts out as a charlatan will even go to any extreme because to him profit comes before service.

Why must doctor and patient be forced into such conduct? Because they live in a society which doesn't provide them with a decent standard of living. Because they live in a society whose laws prevent the patient from getting, and the doctor from giving, scientific advice about birth control. Because they live in a society which does not provide social security or health insurance for the people; which does not provide a living wage for physicians so that they can devote all their efforts to scientific learning and scientific medical service. We are entitled to these benefits—but we must realize that we can only get them by fighting. Fight for health insurance laws! Fight for the repeal of existing birth control laws! Fight for worth while unemployment and social insurance bills such as the new Frazier Bill.

SHOULD YOU EAT MEAT?

The need for meat in the human diet—the experience of Stefansson, the Arctic explorer

MOST housewives know that the surest way to make a man enthuse over a meal is to include in it a thick, juicy steak. Perhaps not so many of them realize that their husband's taste in this respect is fundamentally sound.

Meat is made up of two basic food elements—proteins and fats.

Proteins, which are contained in meat, and also in fish, eggs, milk, and milk products (animal proteins) and in vegetables, are essential for bodily growth and for the maintenance of the body once the period of growth is over, for it is the proteins which form the bones, muscles, and other structures of the body, just as steel and bricks enter into the structure of a building. Meat is not only the most concentrated source of protein, but it is also the best source of the most valuable types of proteins. Proteins vary in quality according to the so-called amino-acids of which they are composed. Many different kinds of amino-acids are required by the human body. Some can be manufactured by the body, but others cannot, and must, therefore, be obtained from food. It is these essential amino-acids which are found in special abundance in meat proteins, but which are rare or missing in most vegetable proteins. This is one of the main reasons why meat is almost indispensable for growth and for the maintenance of health.

Meat supplies fat as well as protein. Fat, because of its high calory content per unit of weight, is an excellent source of body energy, and serves as fuel to keep the human machine running. Compared to fats, carbohydrates

(the third basic food element, found in starches and sugars) give only 44 per cent as much energy, weight for weight.

The superiority of animal protein over vegetable protein was recently demonstrated by Dr. G. H. Whipple, co-holder of the Nobel prize, awarded for his researches in experimental anemia. Dr. Whipple, by an ingenious method, depleted the protein stores of dogs and then measured the efficacy of various foods in restoring the lost protein. The result showed that meat was far superior to equal quantities of other protein-containing foods in accomplishing the restoration of the protein supply of the body.

Prejudices Against Meat

There exist among many people certain prejudices against meat. Some of these come from vegetarians, the fallacies of whose theories have been exposed in previous issues of **HEALTH AND HYGIENE**. Other prejudices are based on the rather widespread belief that the eating of meat may cause certain diseases, particularly high blood pressure and kidney disease. This belief was, indeed, shared and fostered by the medical profession itself until a few years ago. In the light of recent additions to medical knowledge, it can be definitely stated that there are no diseases caused by eating meat, unless the meat is itself diseased. The idea that meat eating might be harmful in kidney disease arose because it was mistakenly thought that certain substances resulting from the digestion of meat could not be excreted by a

diseased kidney, and therefore would accumulate in the blood. Today we know that this is not true, and that certain types of kidney disease must, on the contrary, be treated by feeding diets very rich in protein in order to replace the protein lost by the passage of albumen (protein) in the urine.

Stefansson's Diet

The experience of the Arctic explorer, Stefansson, which he has himself reported in articles in recent issues of *Harpers' Magazine*, has been of great importance in establishing the harmlessness of meat diets. Stefansson in the course of his Arctic explorations was forced to live for five years on a diet of meat alone. He suffered no deterioration of health during these periods, and he noted that the Eskimos, whose sole article of food is meat, appeared to be a hardy, healthy, and long-lived people. To settle the controversy aroused by Stefansson's experience and to see whether health could be maintained on an exclusive meat diet in a temperate climate as well as in the Arctic zone, Stefansson and Karsten Andersen, one of his comrades, spent an entire year under the strict observation of a group of scientists from the Russell Sage Institute and the Bellevue Hospital in New York City. During this time they ate a diet composed entirely of meat, including both fat and lean. The most painstaking scientific observation resulted in the conclusion that in both summer and winter these two men maintained perfect health. Furthermore, there was no lessening of their strength or ability to do hard work. At the end of the year, Andersen fell ill with pneumonia, an epidemic of which was raging in New York City. His illness, however, was unusually short and his convalescence excellent. These experiments on Stefansson and Andersen, together with the results of recent researches on the effects of proteins, have helped to establish the fact that meat is not responsible for either high blood pressure or kidney disease, and that it is essential in a well balanced diet.

Among other things, Stefansson noted that Eskimos and Icelanders who had not yet been won over by the influence of whalers to the European type of diet, maintained perfect teeth, while those who had adopted the Euro-

pean foods (breads, cereals, sugar, etc.) frequently suffered from decaying teeth. Although the facts are incontrovertible, the exact relation between the meat diet and the perfect condition of the teeth has not yet been made clear.

Obviously, Stefansson's experience does not mean that Americans, like Eskimos, should live on a 100 per cent meat diet. But it does mean that meat is a valuable part of the diet and that any diet which does not include meat is deficient. In fact, it is found that throughout the world where meat consumption is very low, the general health of the people is most likely to be poor. There is a tendency for the children to be smaller and more susceptible to disease, and for the average life span to be shorter. In such regions there is also likely to be a high incidence of the diet deficiency diseases such as tuberculosis, scurvy, pellagra, and starvation edema (swelling of the body because of lack of certain blood proteins).

Meat for Workers

The areas of lowest meat consumption are, in general, those regions where exploitation of the workers has forced them to very low living standards. It has been reported that the lack of meat proteins and fats in fascist countries has recently become acute. When one realizes that meat is generally seven to ten times as expensive as cereals and other starches, the reason why meat must of necessity have a very limited place in the diet of workers becomes quite clear. The meat strikes which took place recently were therefore not only a consumers' fight for lower prices, but were part of a struggle for one of the elementary essentials of health.

Proteins are essential, and since meat is the richest and best source of them, a certain amount of meat should be in everyone's daily diet. No country can regard the living standards of its people satisfactory as long as millions upon millions of people must live on little or no meat, fish, eggs, milk, and milk products. In the light of these facts, it is easy to understand why in the Soviet Union they quote statistics showing the increased production of meat or fish with as much pride and importance as the statistics on coal, iron, and wheat.

LEAD - THE WORKERS' POISON

The poisoning of 50 riveters on New York's Tri-borough Bridge; the lead hazard in other industries; the effects of lead, and how poisoning can be prevented

WHEN Mayor La Guardia snips the ribbon at the festive ceremonies which will mark the opening of the New York Tri-borough Bridge next July, no testimonials will be offered to the workers whose bodies were crippled and whose lives were ruined by lead poisoning acquired on the job.

Last year some fifty riveters, more than half of the riveting force working on the job, developed lead poisoning because they were forced to work under conditions which cruelly exposed them to the deadly fumes of molten lead. This criminal exposure of workers to almost certain lead poisoning cannot be excused on the grounds of ignorance, for the same method—the riveting of lead-painted beams—was used earlier on the Golden Gate Bridge between San Francisco and Oakland, California, with the result that over two hundred riveters suffered the effects of lead poisoning.

On the Tri-borough Bridge, the riveters were forced to work within small enclosures without proper ventilation. The contact of the red-hot rivets with the paint-covered steel beams produce a lead-containing vapor which the workers inhaled. Within a short time, the men developed mild symptoms of lead poisoning, but they continued at work unaware of the cause of their complaints. Only after many serious cases of poisoning developed did they learn the source of the trouble. Riveters who were already suffering from lead poisoning were kept on the job by the contractors and the seriousness of their complaints, as well as the danger of continued exposure to the poisonous fumes, was minimized by the company physicians. Thus the profits of the contractors were protected, since a change of personnel and method of work would have necessitated

a delay for which the contractors would have been penalized.

Hearings on the compensation claims of the disabled riveters were disgracefully prolonged and are still in progress. The industrial insurance companies have haggled with the riveters all during this period, taking full advantage of the poverty of these now unemployed workers who, in many instances, have been forced into accepting miserable settlements amounting to a few hundred dollars.

Some of these riveters, suffering from the milder effects of lead poisoning, but still able to work, are prevented from securing employment by a blacklist which is broadcast throughout the construction industries. Most workers are familiar with this vicious instrument used by employers against workers who are active in labor unions, but what is not generally known is that it is employed against workers in those industries dealing with lead products.

Several large lead-refining and smelting companies in New Jersey maintain the practice of weekly blood examinations for the earliest detection of blood changes resulting from lead poisoning—not for the purpose of starting proper treatment immediately, but to avoid, illegally, the possibility of workers' just compensation claims. Immediately following the detection of the earliest signs of lead poisoning, the worker is discharged, no reason being given, and his record as an early case of lead poisoning is then sent to all possible employers. The blacklist is at work: this worker will never get employment in his field again, and, in most instances, he never learns why.

In Brooklyn, New York, in several storage battery plants where the exposure to lead is particularly great, the same blood tests are



Riveting steel structures such as these on the Tri-borough Bridge meant lead poisoning for fifty workers.

given, and with the first sign of lead poisoning, the worker is generously allowed a vacation for a week or two, and, on his return, is told that his services are no longer required. His name is broadcast throughout the industry and his working days in this field are over. Despite the cut-throat competition in their business dealings, employers are united in a program which denies the worker even the meager compensation prescribed by law and which makes it impossible for him to obtain a job in the industry in which he has had training and experience.

Lead poisoning was known and described by early Arabian, Greek, and Roman physicians. In the seventeenth and eighteenth centuries the dangers of lead poisoning were brought sharply to the fore by a common practice among wine merchants. It was found that the acrid taste of spoiled wine could be eliminated if some lead-containing chemical were added to the wine. It was not long before an overwhelming number of deaths occurred from drinking

these adulterated wines. The situation became so serious that in several localities the addition of these chemicals to wines was made a criminal offense punishable by death.

Not until the modern industrial age, however, did lead poisoning become a serious danger to the worker. Today, lead is utilized to some extent in a wide variety of industrial processes and the worker must be aware of the hazards of exposure to this metal, the recognition of its effects, and the means of preventing its absorption. A partial list of the lead industries and processes will give some idea of this widespread menace. These are the lead mining, smelting and refining industries; the storage battery, paint, glass and rubber-compounding industries; the typographical trades; the application and removal of lead-containing paints, enamels and glazes, including spray painting; pottery dipping; flame cutting of painted surfaces; and tree spraying with lead-containing insecticides.

Lead may get into the body in three different

"The earliest symptoms of lead poisoning are marked constipation, and vague, irregular, and intense abdominal pain (lead colic). The latter has often been mistaken for appendicitis, or disease of the gall bladder."

ways: first, by inhalation of lead-containing fumes and dusts; second, by the swallowing of lead products; and third, in some instances, by absorption through the skin. Experts are agreed that the first is by far the most common and most serious means of producing industrial poisoning. The worker need only breathe in an amount of lead the size of a pin-head every working day and he will have symptoms of lead poisoning within a month or two. Lead-containing vapors and dusts, when inhaled, are readily absorbed into the general blood circulation through the lungs, and lead is deposited in the liver, spleen, kidneys, nervous system, and bones. The ease with which air in the workshop becomes contaminated with lead vapors and dusts, and the rapidity of absorption following inhalation, are the factors which account for almost all cases of industrial lead poisoning.

The swallowing of lead products plays a less important role, inasmuch as there is less likelihood of its occurrence, and the absorption is slow and incomplete. In some instances, lead can be absorbed through the skin. This may occur, for example, with the lead compounds of the type known as "organic," such as tetraethyl lead (used in "ethyl" gasoline). When this chemical was first used, its dangerous qualities were not recognized, and many cases of serious poisoning resulted before adequate means of prevention were developed. Instances of introducing new processes and methods involving exposure to lead, with little regard to the possibility of harm to the worker, have been only too common in recent times.

A curious form of lead poisoning appears in children who acquire the habit of gnawing and nibbling away at the paint on the crib, other furniture, or toys. After a child has continuously absorbed small quantities of lead from paint for weeks or months, his nervous system becomes affected. Usually, the first warning of poisoning appears in the form of a convulsive seizure, though this may be preceded by abdominal pain, headache, and drowsiness.

This condition is extremely serious; even with the best treatment, permanent damage to the nervous system often results. The importance of prevention is obvious, and the habit which some children acquire of putting all sorts of objects into the mouth, must be overcome by persistent watchfulness and training.

Symptoms of Poisoning

The earliest symptoms of lead poisoning are marked constipation, and vague, irregular, and intense abdominal pain (lead colic). The latter has often been mistaken for appendicitis, or disease of the gall bladder. The appetite soon becomes poor, and there is loss of weight and strength. A constant metallic taste is noticed. The face takes on a peculiar ashen gray pallor as a result of the anemia which develops. A certain sign of absorption of lead is the appearance of the black "lead-line," a deposit of lead at the margin of the gums. With increasing absorption, there are attacks of vomiting and even more intense abdominal pain. Certain muscle groups, particularly of the forearm, become weak and may become paralyzed. The red blood cells invariably show a change known as "stippling," resulting from a deposit of granules in the red corpuscles. In addition, the urine contains large quantities of lead. Because of the changes which take place in the blood and urine, careful examination of both should be made whenever lead poisoning is suspected. Nowadays, the more severe forms of poisoning are not so common as formerly, but it is almost certain that there are a large number of mild cases which remain unrecognized, and which, in the end, undermine the health of the worker.

The treatment consists of immediate removal of the worker from all sources of lead and placing him under the best possible hygienic conditions. This means rest, outdoor exposure, proper diet, and an effort to remove the lead stored in the internal organs. The last, known as "deleading," is a prolonged and difficult pro-

cedure, and is in most cases unsuccessful. Lead can remain stored in the bones in fairly large quantities for many years without producing any symptoms. But should an acute illness occur, such as an attack of grippe, or even undue fatigue, chemical changes may be produced in the body which cause a liberation of the lead into the blood circulation. As a result, all the symptoms of acute lead poisoning appear with great suddenness. This is one of the most serious aspects of lead absorption and may incapacitate the worker long after the original exposure. An example of the delayed effects of lead poisoning was reported by English military doctors during the last war when an alarming number of recruits coming from districts where the glazing of pottery was the leading industry developed symptoms of acute lead poisoning after mildly prolonged drilling, despite the fact that they had not been exposed to lead for a year or more.

Prevention of lead absorption can be accomplished only when every effort is made to render factory conditions safe. Adequate ventilation, washroom facilities, and, above all, efficient suction drafts to remove all dusts and vapors must be provided. Wet processes should be substituted for dry ones so that dust can be eliminated. Painters should not sandpaper painted walls nor should they work in enclosures without sufficient ventilation. Lead should be stored and transported in air-tight containers. All lead-working machines must be equipped with proper suction drafts, and pots of molten lead such as are used in the printing trades must be kept under a special suction hood which will prevent the fumes from contaminating the air. Mechanical processes should be substituted for manipulations by hand. Unduly hazardous industrial processes should receive the close attention of engineers and chemists, so that safer methods can be substituted.

Women Susceptible to Lead

Only those men in the best of health should be permitted to work in the lead industries, and women should be entirely excluded, since they are especially susceptible to the effects of absorption, which may cause abortions and stillbirths. Prolonged exposure to lead, even under the best conditions, is unwise, and workers so

exposed should be shifted at reasonable intervals to other types of work, preferably outdoors.

The importance and effectiveness of even such simple measures as preventing dust and fumes from accumulating is shown by the fact that a survey of one unusual English pottery in 1924, where such precautions were enforced, failed to reveal a single case of lead poisoning. Contrast this with the findings of the Public Health Service in the lead mines of Utah and Colorado where no precautions against dust accumulation were observed, and where examination showed two out of every three workers to be poisoned. The most careful medical supervision for all workers in lead industries should be insisted upon, for only by thorough and frequent examination will the tragedy of advanced lead poisoning be avoided.

Prevention of Disease

Much has been written about occupational diseases, but very little has been done to prevent their occurrence. Only eight states have set up bureaus for the prevention and study of industrial disease, and of these, two have discontinued the bureaus during the depression. Those bureaus which still operate are of little or no value to the worker, since only the employers and state authorities are represented on them, and their chief function is to furnish the employer with hints on how to lower his industrial insurance rates. In Connecticut, every physician must report the cases of industrial disease which he is called upon to treat, but this information must be kept secret, and the records and findings of the Industrial Disease Bureau cannot be used by the worker for collecting his just compensation. Employers allow the health authorities to examine those parts of the plant where conditions are the worst only with the provision that the findings will be kept confidential.

Industrial disease can and must be eliminated. One step in that direction is for the trade unions to demand labor representation on the industrial disease bureaus so that these bureaus may become a real force in eliminating occupational disease and in protecting the workers' health. It is also imperative that trade unions incorporate as an integral part of all collective bargaining demands for healthful working conditions.

"FEMININE HYGIENE"

Is douching necessary? A gynecologist answers this common question and tells when douching can be injurious and when of value

THROUGH the medium of high-powered advertising, "feminine hygiene" has become a household by-word. You see vivid displays in drug-store windows built around the theme. You read about it in trolley cars, busses and subway trains. The women's magazines are full of ads which hint broadly at the contraceptive powers of certain products all under the euphemistic term of feminine hygiene. The phrase has become as highly popular as the now famous "B-O," "periodic pain," "halitosis," and "lazy colon."

The advertising has been done in such a way that "feminine hygiene" conveys a variety of ideas to susceptible minds. Some women are led to believe that daily douching is necessary to maintain good health and body cleanliness. Others form the idea that all vaginal discharges are caused by dangerous germs, which the advertised products can kill. Women also gain the impression that these products are effective and safe contraceptives.

None of these beliefs is correct. The average normal woman, married or unmarried, *does not need to douche*. This statement can be made without hesitation or equivocation, even though it may seem quite revolutionary.

The normal vagina nearly always contains great numbers of germs including one type known as Döderlein bacilli. Not only are these bacilli themselves harmless, but they also prevent the growth of other harmful germs. If these beneficial germs are washed away by frequent cleansing douches, or if they are killed by powerful antiseptics, then real trouble can set in.

Furthermore, the female canal has a delicate lining of mucous membrane. Douching

with strong chemicals causes irritation and inflammation of the lining. This in itself can produce a discharge or make the vagina more susceptible to dangerous germs, thus defeating the very purpose which douching is supposed to serve.

Many women, however, enjoy an occasional douche. They say they feel cleaner and are refreshed after such irrigations. Some have become accustomed to douche after they are through menstruating or following sexual intercourse. There is no set rule against this practice and there is no harm in douching occasionally.

Where douching is done occasionally there is no sound reason for the use of expensive powders or dangerous disinfectants. Ordinary soapy water, table salt, boric acid, borax, bicarbonate of soda, or plain tap water are all perfectly suitable. As a matter of fact, many of the highly advertised, scented powders which cost fancy prices and are put up in still fancier packages usually are composed of salt, bicarbonate of soda, boric acid, alum, and enough perfume to give the mixture a pleasing odor. The public is fleeced and the manufacturers are enriched.

It is necessary that the women who wish to douche occasionally, or who douche as part of their contraceptive program, know how to do so properly. The two most common douche containers are the rubber bag and the enamel-ware can, the can being preferable because it can be more readily cleaned and sterilized. The rubber tube connected to the syringe bag should be between four and five feet long, and the nozzle should be of hard rubber. Glass nozzles, which break easily, are dangerous. In

most cases the temperature of the douche water should be as hot as can be comfortably borne, which is usually between 105 and 115 degrees. For ordinary douching it is not necessary to lie down in the bathtub. The sitting position is much more convenient. In order to prevent the solution from entering under too great pressure, the level of the liquid should not be any more than eighteen to twenty-four inches above the vagina. In order to keep the liquid from flowing out as fast as it flows in, it is advisable to hold the lips of the vagina tightly pressed around the nozzle until fullness is felt. The douche is then doing some good because the folds of the vagina are smoothed out and every portion of the lining comes in contact with the irrigating solution. If the unmarried woman, who has been advised to douche by her doctor, finds the ordinary douche nozzle too large, she

can attach a small rubber catheter to the tubing or can use a baby's enema nozzle.

Now the question may be raised, "What is the significance of vaginal discharge or leukorrhea?" The term comes from the Greek words "leuko" meaning white, and "rhea" meaning flow. The whole word is the medical name applied to discharge from the vagina.

Vaginal discharge is not a disease. It is a symptom, just as a cough is a symptom. A cough, for example, may be due to a cold in the chest, to lung tuberculosis, to asthma, to sinus trouble, to chronic bronchitis, to inhalation of dust, to tumors in the chest, etc. It is therefore unwise to go to the corner drug-store and ask the clerk for a cough medicine without first seeing a doctor in order to get his opinion as to what causes the cough. Similarly, if a woman has a vaginal discharge, it is inadvisable for her to try to cure it by means of douches without first finding out the cause.

Vaginal discharge worries the average woman a great deal because, in her mind, a discharge is very often linked up with venereal disease. Although gonorrhea (clap) does produce excessive vaginal discharge, it does not follow that all vaginal discharges are due to venereal disease. As a matter of fact, *in most cases, leukorrhea is not due to venereal infection.*

Normally, there is always a small amount of discharge present in the vagina. It looks like the white of egg and is composed of mucus that is produced by the glands in the neck of the womb, mixed with the top layer of the vaginal membrane which is continually being

"Several Times a Week"



shed. This discharge serves to keep the vaginal lining in a soft and moist condition, and is therefore necessary. Dryness causes irritation and itching. To remove the discharge by too frequent douching is actually harmful. Ordinarily, the woman is not aware of the discharge, but it sometimes becomes noticeable after hard work, strenuous exercise, just before the menstrual period, and, of course, during sexual excitement. Even when it is noticeable, the discharge does not require douching.

When the discharge becomes excessive and persistent, continues to soil the underclothes, has an offensive odor or causes chafing and itching, and also if it no longer is colorless, but is yellow, green, creamy, or bloody, it should be considered abnormal and medical aid sought to discover the cause. Treatment can then be directed toward its cure. For a woman to try curing the condition by douching, without medical advice, is as hopeless as trying to treat with aspirin a headache due to brain tumor.

Women who have borne children may have leukorrhea to a greater or lesser degree due to inflammation of the neck of the womb resulting from injury during childbirth. Such inflammation leads to a sore (erosion), the treatment for which is fairly simple, practically painless, and can be carried out in a doctor's office. The sore is merely seared with an instrument known as an electric cautery. It heals in about six weeks, and the discharge stops. If the inflammation is too extensive it is sometimes necessary to remove the diseased tissue by operation or electro-surgery. *Douching alone, no matter how persistently practiced, nor how powerful the chemical used, will never heal the sore nor stop the discharge.*

Women cannot be too strongly impressed that sores or tears at the neck of the womb resulting from childbirth, if permitted to go untreated, will remain a source of constant irritation and may eventually lead to cancer. It has been the observation of countless physicians who have studied the problem that most cancers of the neck of the womb have been associated with neglected inflammations following childbirth. It is very important for women to see their doctors about six weeks after childbirth for examination and necessary treatment of possible tears.

Another cause of prolonged leukorrhea is

gonorrhoea. Medical treatment of this disease has changed radically in recent years. *Even though gonorrhoea does produce a heavy discharge, douching is the least important part of the treatment in the early stage, and may actually do a great deal of harm.* Powerful antiseptics tend to irritate the delicate mucous membrane of the internal organs and lower its resistance. The germs of gonorrhoea are then better able to flourish in the weakened tissues, thus aggravating and prolonging the disease. Not infrequently, if the douching liquid is introduced under considerable pressure, some of the fluid may be driven directly up into the womb and Fallopian tubes, carrying some of the germs along with it and producing an inflammation commonly known as salpingitis (pus tubes). This is a very serious complication often re-

sulting in the closing of the tubes and permanent sterility, or in the formation of abscesses which require major operations.

Acute gonorrhoea in women is now treated chiefly by assisting nature in the healing process. General hygienic measures are prescribed. The patient is advised to go to bed during the acute stage, drink plenty of fluids, eat a simple, bland diet, avoid alcoholic beverages, *refrain from all sexual activity*, and take frequent hot Sitz baths (sitting in a tub of hot water up to the waistline). Then there should be occasional visits to the physician who will cleanse the vagina, apply mild antiseptics, and note the course of the disease.

Recently a great many reports have appeared in medical literature about an extremely troublesome vaginal discharge in women, called

"Trichomonas Vaginalis Vaginitis." Despite its very terrifying name, this condition is not contagious and not dangerous. The disease is characterized by a quite profuse yellow discharge, itching and chafing about the entrance of the female canal and along the inner side of the thigh, which usually gets worse after a menstrual period. Because of the severe irritation, normal sexual activity is extremely painful and often impossible. Many physicians fail to recognize the disease and frequently mistake it for gonorrhoea. We have come to learn, however, that it is not a social disease and may even be present in virgins.

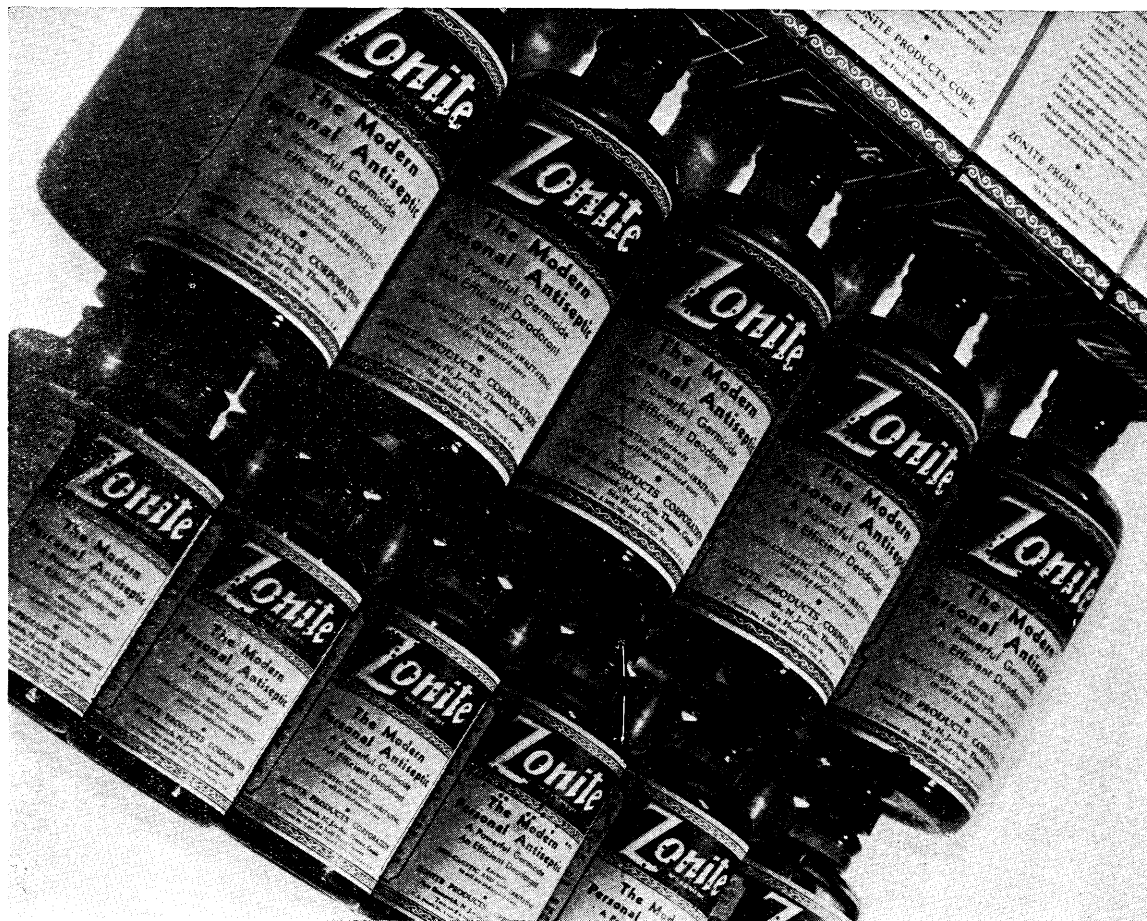
When a drop of this vaginal discharge is examined under the microscope, there can be seen swimming about tiny one-celled germs, which propel themselves by wiggling fine, hair-like tails. Scientists are not yet in agreement as to how these germs make their way into the vagina. Some believe that these parasites (trichomonads) get there by contamination from the rectum, while others feel that the water used in bathing is responsible.

Treatment in the past has been quite disappointing, but recently excellent results have been obtained by the use of sodium perborate douches and the instillation into the vagina of arsenic or quinine compounds. An important part of the treatment (and this may be a surprise to many women) is douching during the menstrual periods. (It was pointed out in the July number of HEALTH AND HYGIENE, in "Impurity" in Women," that douching during the menses is not harmful.) Because blood is an excellent food for the organisms, the discharge and itching tend to flare up after a menstrual period, and treatment at this time helps to prevent a recurrence. There is remarkable improvement after a few treatments, and there is no more grateful woman than the one who has been relieved after months of annoying discharge and agonizing itching.

Excessive vaginal discharge is also common in such conditions as tumors of the womb, displacements of the uterus that may follow childbirth, miscarriages or abortions. Naturally douching will not stop the leukorrhea in these instances. Only by proper treatment of the underlying cause will excessive discharge cease.

Improper sex habits, such as coitus interruptus (withdrawal) and other practices in which

"Safe as Pure Water?"



the woman does not have complete sexual gratification, cause continued congestion of the pelvic organs and later on discharge. Needless to say, the treatment here is not the douche, but proper *sex* hygiene.

Women who are run down in health may also have excessive discharge. Measures to regain strength and well-being are necessary, rather than douching.

without a few words on the use of this method as a means of contraception. *The douche alone, no matter what one douches with, is not a reliable contraceptive.* In cases where accurate records and statistics have been kept, the douche has been found to be a failure in 50 per cent of the cases. Countless women are of the belief that the stronger the chemical in the douche, the more readily the sperm will be

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“Leukorrhea may be due to a wide variety of causes.
The cause should be treated, not the discharge.
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“Douching with strong antiseptics or disinfectants may be harmful.”

When Douching Is Valuable

Douching may be of value in certain conditions where there is no discharge present. When there is deep pelvic pain due to inflammations about the womb following childbirth, abortions or chronic infections, prolonged hot douches are frequently beneficial. The douche is a very good method of applying heat to the parts. Heat tends to lessen the pain and reduce the inflammations. It should be remembered, however, that it is not the water nor the medicine in the water that is of benefit, but the heat. The water is a simple means of conveying the heat. At least 15 or 20 minutes should be spent in taking this kind of douche. Where there is a steady flow of hot water of uniform temperature available, an easy way to take a prolonged hot douche is to eliminate the can or bag and attach the rubber tube directly to the faucet in the bathtub. After regulating the flow as to proper temperature and force, the woman can relax comfortably and take as long a douche as she likes.

No article on douching would be complete

destroyed and the more effective the contraception. They therefore have resorted to strong solutions of Lysol, iodine, bichloride of mercury, acetic acid, chlorine compounds, zinc chloride and what not. Ice water has even been tried. Not only have these means failed in their intended mission, but have caused untold harm to the internal organs and in many instances have caused fatal poisoning.

Douche Is Poor Contraceptive

The male sperm is an extremely fragile organism and one does not have to resort to dynamite to destroy it. Spermatozoa are readily killed *in the vagina* by very mildly acid solutions, such as a teaspoonful of boric acid powder, lactic acid or vinegar to a quart of water. Soapy water will kill the sperm also. But the reasons the douche fails as a contraceptive are that the sperm may make their way into the womb before the douche is used, the douching technique may be faulty, or, as frequently occurs, the sperm are ejaculated directly into the womb and no matter how quickly the douche

is employed and how accurate the technique, the liquid never reaches the sperm.

Many of the commonly used douches are definitely irritating, or even poisonous when used either too frequently or in too concentrated form. This is particularly true of bichloride of mercury and such products as Lysol and Zonite.

Lysol and Zonite

Lysol and Zonite are examples of very popular agents used for “feminine hygiene,” and the makers are flagrant in their deceptive and unscrupulous advertising. On the folder enclosed in the Lysol carton is a paragraph headed: “For ‘Feminine Hygiene,’” which reads as follows:

“Feminine hygiene is a practice of vaginal douching with an antiseptic solution. Fastidious women use an antiseptic douche regularly. The douche should follow marital relations as a cleansing and antiseptic agent. It should be employed several times a week. . . .”

Note here that the impression is given that a woman, in order to be fastidious, should douche frequently and regularly. In the statement that douching should follow marital relations, the thought is insidiously implied that Lysol is also a good contraceptive.

Lysol is the trade name for Liquor Cresolis Compositus, or Cresol, to which soap is added to make it more soluble in water. Cresol is a coal tar derivative similar to carbolic acid. Carbolic acid, whether concentrated or dilute, causes tissue necrosis, *which means death of the tissues.* Professor John Homans of the Harvard Medical School in his “Textbook of Surgery” states: “No dilute solution of carbolic acid nor its nearly related coal tar derivatives should ever be allowed to remain applied as a dressing since it causes necrosis, not only superficial, but deep—carbolic gangrene. This form of gangrene is particularly insidious, for dilute carbolic acid is a local anesthetic and such necrosis is unattended by any sensation whatever.”

And yet, the manufacturers of Lysol advocate the use of a chemical which acts like carbolic acid on the delicate lining of the female canal.

The manufacturers of Zonite, in an advertisement in the magazine *Pictorial Review* for

January, 1936, try to outwit their Lysol competitors by claiming:

“Zonite is safe, as safe as pure water. And Zonite is powerful. Taking carbolic acid as the standard for comparison, Zonite is far more powerful than any dilution of carbolic acid that may safely be used on the human body.”

Zonite after dilution with equal parts of water is essentially sodium hypochlorite, better known as Dakin’s solution. This chemical gained popularity during the war in the treatment of septic wounds. In using Dakin’s solution in the treatment of wounds, the skin edges are protected with gauze, soaked in vaseline, to prevent irritation of the skin. Yet the advertisement of Zonite states that it is “non-irritating and non-caustic and exercises no harmful effect on the delicate membranes and tissues of the vaginal tract.”

There is a caution enclosed in the package which says, “Do not let Zonite come in contact with dyed fabrics; the active principle is a powerful bleaching agent.” A more pertinent warning might be not to allow Zonite to come into contact with the tissues of the body.

Deodorants

Products for so-called “feminine hygiene” are also recommended as deodorants. Ordinarily, odors do not emanate from the internal organs. It is usually the external organs that need washing and not the internal. Most of the odors are due to perspiration and unclean clothing. Daily baths, frequent changes of underwear, and the use of sleeping garments to replace underclothes worn during the day will go a long way to prevent the usual odors. Powerful antiseptics for this purpose are not only unnecessary but exceedingly dangerous.

Several points discussed in this article should again be emphasized:

1. Douching is not necessary for cleanliness.
2. Leukorrhea may be due to a wide variety of causes. The cause should be treated, not the discharge.
3. Douching is not an efficient birth control measure.
4. Douching with strong antiseptics or disinfectants may be harmful and there is danger in any form of self-treatment.

TALKING BACK TO THE PSYCHIATRIST

The article "A Sex Problem Before Marriage," which appeared in the January number of HEALTH and HYGIENE, aroused so much interest among readers that we are printing below a few of the letters received commenting on it.

* * *

To the Editor:

I should like to know exactly how old the psychiatrist is who wrote the answer to "A Sex Problem Before Marriage." I'll bet he will never see sixty again. His advice might be good for a couple of inmates of an old people's home, but it is hypocritical as advice for young people. If the girl who wrote the letter had any courage she would go ahead and have relations with the fellow. In that way she would find out if they are really suited to get married. If she can't take a chance with a man who has loved her for years, she should not ever take a chance and get married, because that's a risk, too. You should have advised her to wake up and stop living in the 19th century. She is too repressed and should have been told to get over it. Don't get the wrong idea. I'm not in favor of being promiscuous, and I don't say that you should be. But after all, what do most intelligent young people in that situation do—I mean those who don't write letters for advice to HEALTH and HYGIENE?

—L. L.

* * *

To the Editor:

I am no psychiatrist but an auto mechanic so you may think I am not entitled to an opinion, but I think your psychiatrist's answer to "A Sex Problem Before Marriage" was a very poor one. I don't know anything about psychiatry but I have studied Marx and Lenin and I think that when it comes to analyzing economic problems, they have it all over psychiatry. Your writer may be strong on the sex part, but he is weak on political understanding and without

this such questions can't be answered. This is because the sex part is just a part of the larger economic and social problem as any reader of the Daily Worker can tell you.

The psychiatrist's answer would be very good if the problem facing these young people were just a temporary one. You sort of postpone the problem. You tell them to get married but remain at their present homes. In effect you are saying: "Soon the depression will be over, everyone in your families will have fine jobs and you will be able to set up house for yourself." If this were true, and these people and millions like them would soon have jobs, your advice would be good. Unfortunately this is not very likely.

I don't want to quote a lot of figures, but isn't it a fact that though production is increasing and in many industries is reaching the level of the "good old days," yet the number of unemployed remains very large? This is because the bosses have put in labor saving machines and the speed-up, and they don't need the workers who once held the jobs. In other words, we are not going into a time of real prosperity but into a "depression of a special kind" and although the factories may be turning out more stuff, millions will stay without jobs.

If these things are true, and I think they are, your young people must plan their lives on this prospect. Not good, easy times are ahead, but struggle on the part of all workers. This means that the young couple must go ahead and get married in the usual way because it won't be any easier later than now. Their families must fight for relief, to which they are entitled. In spite of the depression people must fight to live as nearly a normal life as possible. In spite of the depression, they should go on doing the things human beings must do, and fight for their right to do so.

—H. P.

CANCER "CURES"

The story of some profitable frauds which send thousands to premature death

OF the many frauds constantly being perpetrated on the American public, few are more cold-blooded—or more remunerative—than the "cancer cures." Literally hundreds of these fakes spring up, flourish briefly, extract their toll of money and life itself, and then sink into oblivion. The swindlers range from vaudeville artists to physicians. Some are petty thieves, one made \$75,000 in a month. There is an equally great range in the preparations used, some having an impressive scientific appearance, while others are distinguished principally by their odor, as in the case of the product of one faker, which the Colorado state chemist described as a "bad smell capitalized for a million dollars."

Why are such frauds successful in deceiving the public? One reason is that many people in late middle life develop small dark or discolored spots on the skin. Sometimes, though not often, these spots may actually become cancerous. The possibility that this will occur has been greatly exaggerated, with the result that people with these spots become frightened, and potential victims of the type of advertising used by the "cancer cure specialists." Since many people cannot afford even a modest medical fee, they resort to what is apparently cheaper treatment by patent medicines. The problem is made more complicated by the fact that many of these harmless spots do actually disappear with the use of some of these "remedies" because they exert a bleaching effect upon the spots. If the patient can be convinced that a slight discoloration represented a cancer, and if this discoloration disappears, he will be only too happy to give testimonials. (Testimonials, however, represent the least of the problems of the fakers in this racket. They write their own, and in many cases, have been discovered to be using testimonials written by people who long since had died of cancer.)

This group of victims is not the only one. There are the sufferers from real cancer, who learn that they are doomed, who desperately resolve to try anything, and who spend all their resources, and those of their families, on completely worthless, and often dangerous, treatments. Medical science can do little for advanced cases of cancer. Even in early cases, no ethical physician guarantees the results of treatment. If a persuasive salesman promises a cure, however, and shows photographs, letters and documents, supposedly from cured cancer cases, the cancer patient all too frequently becomes a ready victim.

Some of the Quacks

The Bureau of Investigation of the American Medical Association has exposed many of these swindlers. One interesting fact that has come out in their investigations is that several of the makers of these fake cures have themselves died of cancer. Thus F. S. Kirk, an auctioneer, sold a cancer remedy the formula of which had been prepared by a certain Dr. E. A. Frasier. This formula, claimed Mr. Kirk, "had permanently removed and cured hundreds of cancers." Mr. Kirk did not consider it necessary to mention that Dr. Frasier, the originator of the remedy, had died of cancer of the jaw!

At least one other such benefactor of humanity died of cancer—John Hoxsey. After his death, his son, Harry Hoxsey, carried on the family tradition by setting up the "National Cancer Research Institute and Clinic" to sell the nostrum which had not been able to cure his father's cancer. When the American Medical Association published an article regarding the Hoxsey cure, he sued them for a quarter of a million dollars, charging libel. The case was thrown out of court. He has been ar-

rested several times in connection with his cancer-cure exploits, and has left over the country a gruesome trail of dead victims and closed "sanatoriums." Little has been heard of him since he was last a guest of the police authorities in 1932.

Norman Baker is one of the more colorful and imaginative men in the cancer-cure game. There is nothing petty about his methods. In order to advertise his products, he put out his own magazine, "The Naked Truth," and had his own radio station for some years until the Federal Radio Commission revoked his license in 1931 "in the public interest." With the aid of these two potent advertising agencies he did rather well by himself. In one of the legal suits in which he was involved, it was brought out that his income for June, 1930, was the tidy sum of \$75,000. It is reported that his feelings were deeply wounded when a court confirmed the diagnosis of "quack" made in his case by the American Medical Association which he sued for libel. It is worth noting that five of his testimonial cases were investigated, and everyone of them had died.

Actual Tests

Actual tests of "cancer cures" on patients have in no case shown the result claimed. For example, Dr. Ira Kaplan of Bellevue Hospital in New York City reported on tests of the products of the Adler Laboratories of Jersey City, N. J. This company selected three patients as being particularly suited for treatment with its products. The treatment was administered in accordance with their own directions. Dr. Kaplan reported that "all three patients died horribly and miserably." A Los Angeles physician has reported on his experience with "Alphacatalyst," sometimes known as Armstrong's "Oxycatalyst," put on the market by Farnsworth Laboratories of Chicago. He injected the preparation into a patient suffering from inoperable cancer, and the patient was dead within three minutes. If the Farnsworth Laboratories reported this case, possibly it did so in some such vein: "After a single injection of our wonder drug, Alphacatalyst, this patient had no more pain, his complaints ceased immediately, and the deadly cancer stopped growing." In another case, the Medical

School of Northwestern University investigated the claims of one Lester Tilton for his "cure," and found that of 12 patients treated, eight were dead, one was dying, two still had cancer, and one had no cancer—but never had had any! When the state authorities of Illinois took action against Tilton for his activities he was found guilty, sentenced to the penitentiary, and fined \$2,000.

The results of treatment by Dr. William Koch, a Detroit physician, using his own "Synthetic Anti-Toxin" have been investigated several times by the Wayne County Medical Society. Dr. Koch's fees amount to hundreds of dollars. He permits other physicians to give the treatments, with the provision that the minimum rates are to be \$300 for the first injection and \$200 for subsequent treatments. There is a long list of people who have died after using the Koch preparation, and not a single instance of cure or even of real benefit, yet he continues to flourish.

Such examples could be multiplied indefinitely. Do not think for a moment that we have enumerated all, or even a large number, of the fakers and their products. What do these swindlers have in common, besides the worthlessness of their preparations? One thing—the urge for big profits. In no single instance is there the slightest evidence of any desire to help the real or imaginary victims of cancer. It is entirely a matter of exploiting human suffering. Any honest doctor who felt that he had found encouraging results in the treatment of cancer would immediately submit his findings to be tested on animals, and on hopeless cases, under the careful supervision of highly trained specialists with the aid of good laboratories. When a doctor or anyone else maintains that he has a secret formula, it may be confidently stated that the man is a faker.

It should always be remembered that cancer can be cured only in its early stages. Therefore, anyone who suspects that he has a cancerous growth should immediately seek medical advice.

There are three methods of treating cancer which have been shown to be of value. These are surgery, and the use of X-rays and of radium. The treating of cancer with any kind of patent salve or lotion, no matter how impressive the claims and testimonials for it, can result only in untold suffering.

SINUS TROUBLE

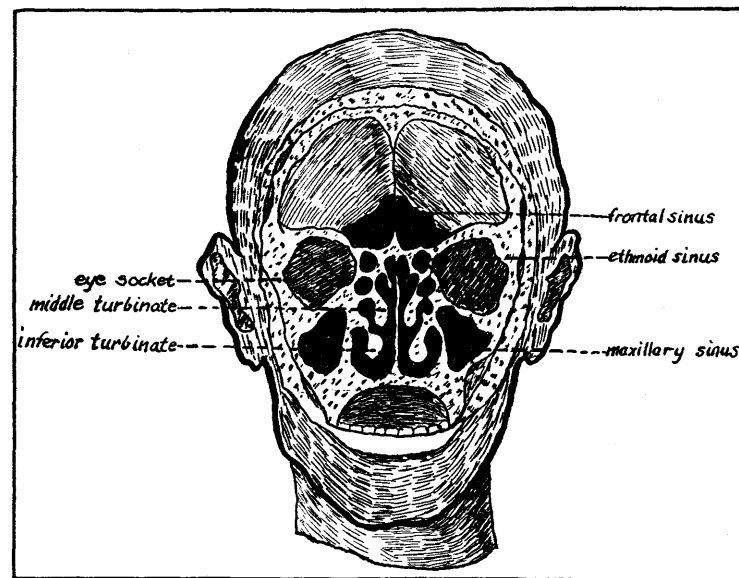
The causes and treatment of this distressing head ailment

One of the most common and distressing ailments of people living in moist climates where there is an abundance of fog and rain is "sinus trouble." As a rule, it appears most frequently in younger adults, though older people are often afflicted with it. Since the sinuses are not yet developed in infants, parents do not need to worry about their having sinus trouble, but it does occur in children, and quite frequently is responsible for a child's having a fever for which there is no apparent cause. Painful as it is, an attack of acute sinusitis is not very dangerous, but unfortunately one attack does not render a person immune to a succeeding sinus infection. Several attacks may result in a chronic sinus infection, which can become serious, sometimes affecting remote and seemingly unrelated parts of the body.

To have a clear understanding of sinus trouble, its causes, effects, complications, and prevention, some knowledge of the structure of the nose and its communicating sinuses is helpful. The nose consists of two *canals*, separated from one another by a partition of bone and cartilage known as the *septum*. On the outer wall of each canal are three small structures covered with mucous membrane, called *turbينات*. These structures are of great importance because they aid in the filtering and the warming of the air. The two nasal canals communicate with a number of air cavities known as the *sinuses*, which drain into the nose, and which are arranged in pairs on each side of the nose. In the forehead, just above the eyes, are the *frontal sinuses*. Well back in the nasal canals are the *sphenoid sinuses*.

Within the cheek-bones are the *maxillary sinuses*. All these sinuses are air-containing hollows within bones. The interior of the nose, as well as these communicating sinuses, are covered by a continuous mucous membrane lining, which makes it easy for an infection in the nose to spread into the sinuses.

The main functions of the nose are *respiratory* and *olfactory*, that is, breathing and smelling. In addition to these, the nose also plays a part in taste, speech, and hearing. As an organ of respiration, the nose performs a vital function which is of paramount importance to



Some of the sinuses are shown in the diagram. The sphenoid sinuses are behind the ethmoid sinuses.

the entire body. It prepares the outside air, before it enters the lungs, by warming, moistening, and filtering it, thus acting as a protective barrier to the entrance into the lungs of particles which may prove injurious to them.

The sinuses in man were once important organs of smell. In his primitive state, man needed an acute sense of smell, but in the course of evolution a very keen sense of smell became less and less necessary. Originally, the sinuses were an integral part of the nasal canals joining them through large openings. But as the usefulness of the sinuses as organs of smell lessened, they became gradually closed off from the nasal chambers until only very small openings are present in man. In order to provide the necessary ventilation and drainage of the sinuses, it is essential that these small openings not become closed. The nasal canals and the sinuses are so closely connected that any disturbance which affects the nasal canals may simultaneously, or in a short time, affect the sinuses, and an inflammation of the nasal canals can easily spread into all the sinuses.

Causes of Sinus Trouble

The causes of sinus trouble are numerous. The most common is the common cold. Whenever a cold is very severe and persists with unusual obstinacy, or has a tendency to recur, you can be almost certain that one or more of the sinuses are infected. Among the other causes of sinus disease, are all the abnormalities which frequently occur within the nasal canals, and which tend to interfere with the ventilation and drainage of the nose and sinuses. These abnormalities include crooked septums, enlarged turbinates, and also *polyps*, which are soft, gelatinous-like masses growing within the nasal cavities or sinuses. Any cavity lined with mucous membrane is apt to become inflamed if it cannot drain properly, and for this reason, any obstruction within the nose will cause an inflammation and infection of the nose and sinuses.

The most common cause of nasal obstruction is a crooked septum which closes the side of the nose toward which it is inclined, thus interfering with the ventilation and drainage of the nose and causing sinus infection. Polyps are also frequently a cause of sinus disease. In all cases of chronic sinus disease where the

cause is an obstruction of the nose, the only way to cure this condition, is to remove the obstruction by operation.

The most common symptom of sinus trouble is pain or headache. The condition is often mistaken for eye strain. Sinus headaches recur frequently and may be more pronounced on one side of the head. The pain may be sharp and run through the eye, or it may be a dull feeling in the forehead. Giddiness or a momentary sense of blurred or darkened vision is frequently present. These symptoms may be aggravated or produced by stooping forward. There may also be a disturbance in the sense of smell as well as in hearing. There may or may not be a discharge from the nose. If there is a discharge, it is usually thick and yellow-greenish in color. Very often the discharge, instead of coming out through the nostrils, drips down into the throat, causing an irritation which frequently results in a cough.

Within the past few years the medical profession has been stressing the importance of preventive medicine. How can sinus disease be prevented? As stated above, whenever sinus infection is due to an obstruction within the nose, such as a crooked septum, polyps, or enlarged middle turbinates, there is no way of preventing it except by removing the obstruction surgically. But, since most sinus infections are due to colds, prevention of sinus trouble will come only with the discovery of the method of preventing colds. The subject of colds, and their proper treatment, was dealt with in an article appearing in the November issue of HEALTH AND HYGIENE, entitled "The Common Cold."

The successful treatment of sinus disease depends upon the following principles: the establishment of free drainage and ventilation of the sinuses; the removal of the abnormal growths in the nose; and the increasing of the patient's resistance by diet and occasionally by vaccines, and other means.

In acute sinusitis, the interference with drainage and ventilation is due to a simple congestion and swelling of the mucous membrane lining of the nose and sinuses, and the local application of medicines which temporarily shrink the mucous membranes, such as epinephrine or ephedrine, combined with suction of the nasal secretions with a special apparatus, may be quite sufficient to establish a cure. The

application of heat over the face from an electric baker for from twenty to thirty minutes may afford relief.

Chronic Sinusitis

In chronic sinusitis, the treatment is much more difficult, because here we find various anatomical barriers, such as a crooked septum, enlarged turbinates, or a polyp formation, which interfere with the ventilation and drainage of the sinuses. However, even in these cases, it is advisable to try the more simple methods first before resorting to surgery. The swelling of the mucous membrane may be somewhat reduced by the local application of epinephrine or ephedrine. This is followed by suction of the stagnant nasal secretions, and then by the packing of the nose with pledgets of cotton soaked with argyrol. If these measures fail, irrigation of the sinuses with antiseptic or alkaline solutions will often give excellent results. If after a few weeks of treatment with irrigations, the patient does not greatly improve, these measures should be discontinued, and the anatomical barriers which interfere with the aeration and drainage of the sinuses must be removed surgically.

In those cases where there is a destruction of the mucous membrane and bony walls of the sinuses, extensive surgery of the sinuses is sometimes tried. Although marvelous progress has been made in the various extensive surgical operations on the sinuses from a mechanical point of view, actually the results are very often unsatisfactory as far as the patient is concerned. An operation may be a triumph of perfection from the standpoint of the operator, yet the same operation may be pronounced a colossal failure by the patient, who has the

same, or perhaps worse symptoms after the operation. Enthusiasm for extensive surgical operations on the sinuses has waned decidedly within the past few years, and, in fact, fewer extensive operations on the sinuses are now done by most nose and throat specialists who are guided by many years of clinical experience. They know that these operations, no matter how skillfully performed, are sometimes followed by results that are anything but satisfactory to the patient. However, there are conditions in which extensive operations on the sinuses are necessary, such as for example in chronic asthmatics whose asthma is due to a chronic sinus infection, and where it has been definitely established that there are no other causes for the asthma. These patients may experience marked improvement following an extensive sinus operation.

A warm, dry climate is sometimes recommended for the treatment of chronic sinusitis. The value of residence in Arizona or Florida where such a climate is obtainable is disputed, however. Some feel better, and others are entirely unimproved. There is no question, however, but that sinus affections appear to be relieved somewhat during the summer when the weather is warm.

Diathermy, the application of heat internally by means of a special electrical instrument, has been tried in the treatment of sinus trouble. While it is sometimes useful in certain selected cases, it is not generally valuable.

From the above brief discussion of the treatment of sinus disease, we can readily see that not all patients suffering from this ailment can be treated alike. The treatment depends upon the type of sinus infection, and upon the various causative factors which contribute toward the infection.

"The successful treatment of sinus disease depends upon the following principles: the establishment of free drainage and ventilation of the sinuses; the removal of the abnormal growths in the nose; and the increasing of the patient's resistance. . . ."

WHY MOTHERS DIE

Causes of the high maternal death rate in the United States; diseases of pregnancy and childbirth and their prevention

TWENTY-FIVE thousand women die every year in this country as the result of pregnancy and childbirth, according to conservative estimates. During the two years 1927-1928, in the area where births are registered, there were 67 deaths for every 10,000 live births.

Probably more mothers die in the United States in proportion to the number of births than in any other country with the exception of Scotland. Furthermore, although there has been a decline in the death rate from most of the communicable diseases during the past 20 years, there has been practically no decrease, if any, in deaths from pregnancy and childbirth.

As might be expected, considering the conditions under which they are forced to live, the maternal mortality rate among Negro women was nearly *twice* that of the white women. This flagrant difference is tragically revealed in Alabama, where the mortality rate was 118 for Negro women, and 68 for white.

In New York City, a committee of the New York Academy of Medicine reported 2,041 maternal deaths during 1930, 1931, and 1932, with a 20 per cent higher death rate for the poor than for the well-to-do.

What are the causes of these deaths? Medically, the two outstanding causes, responsible for 66 per cent of the deaths, were puerperal septicemia (blood infection or poisoning) and toxemia (kidney damage and convulsions). Of these two, the most frequent cause of maternal death is puerperal sepsis, a general term which includes all types of infection which originate in the birth canal and affect the woman *after* she has given birth to her child.

Puerperal sepsis is known to have existed for thousands of years and there have been many

theories attempting to explain its cause. An American physician, Oliver Wendell Holmes, showed in 1842 that puerperal sepsis was a contagious disease which can be carried from one patient to another by the unclean hands of the physician. Later investigation, especially by a Hungarian physician, Ignatz Semmelweis, led to the knowledge of the bacterial nature of puerperal sepsis.

Prevention

Puerperal sepsis is prevented by such scrupulous cleanliness on the part of both the doctor and the patient that no harmful bacteria are introduced into the birth canal. For the doctor this means the proper scrubbing of hands, the use of sterilized rubber gloves and instruments, and the delivery of the woman in a surgically clean environment—to mention but a few of the fundamentals in the prevention of sepsis. For the patient it means that her fingers be kept away from the vulval parts; that toilet paper be used correctly so that the motion is always away from the vulva and there is no possibility of contaminating it with matter from the anus; that there be no sexual intercourse in the last month of pregnancy; that vaginal douching be done *only* on the advice of the physician; and that a tub bath not be taken just prior to delivery.

Even with all of the above precautions fully carried out, the woman is not entirely free from the danger of puerperal sepsis. There are many potentially dangerous bacteria normally present in the birth canal, which may cause puerperal sepsis if the woman's resistance is seriously lowered. No discussion of puerperal sepsis is complete, therefore, without mention

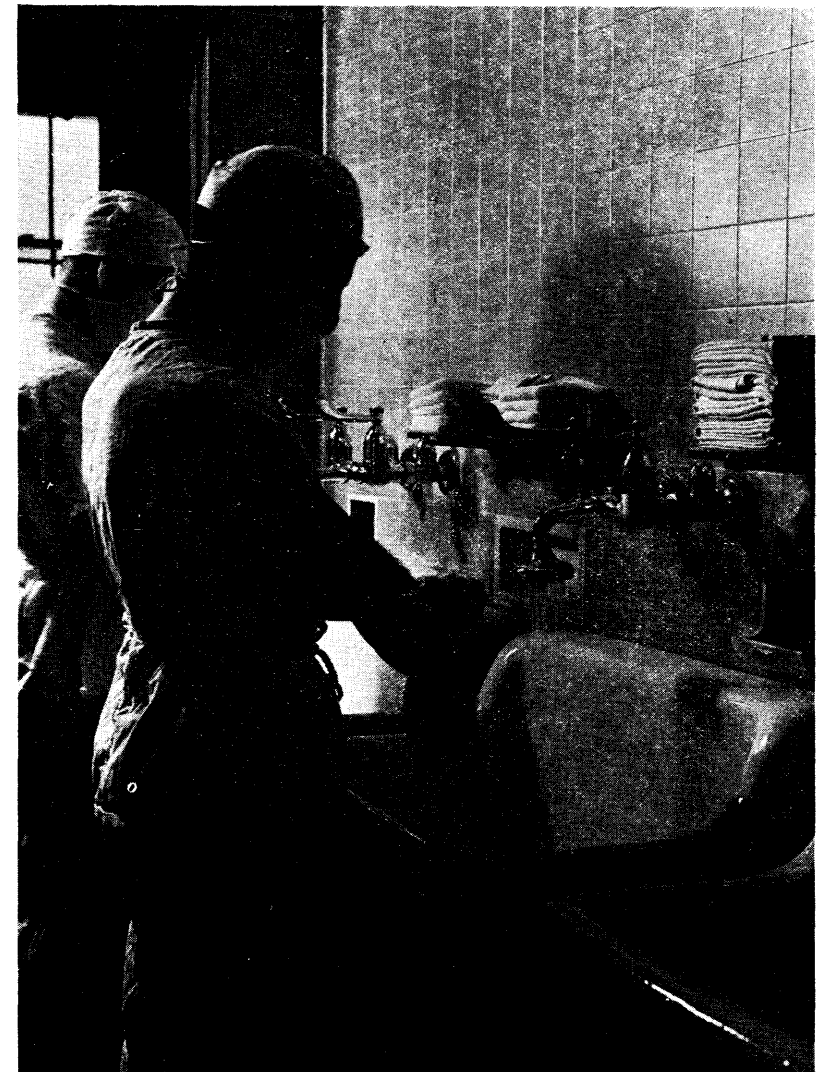
of the necessity for building a vigorous, healthy body.

The next most frequent cause of maternal death is eclampsia or convulsions. Convulsions may occur during the latter half of pregnancy, during labor, or during the first day or two following delivery. In most cases, however, they occur before labor pains set in. Eclampsia itself (convulsions) is not a disease, but a symptom that something is radically wrong somewhere in the body. Usually, eclampsia is preceded by warning signals, although occasionally an attack of convulsions may come on without any preceding symptoms. The warnings vary with the underlying cause of the trouble. The very first symptoms may be vague, such as weakness, nervousness, slight mental confusion, and cramps in the legs. Later, the symptoms become more definite: persistent se-

vere headache, disturbances of vision (such as spots before the eyes), scanty urination, persistent constipation, swelling of the feet and hands, and, most ominous, nausea, vomiting, and pain in the pit of the stomach. These danger signals should be known to every pregnant woman so that when they appear, she can immediately seek competent medical aid.

Workers in the medical sciences have been unable to discover the exact cause of eclampsia. Autopsies on women who have died of eclampsia practically always reveal a badly damaged kidney, or liver, or both. It is generally believed that a toxin or poison causes this damage, but the source or nature of the toxin is not known. Without such knowledge, prevention is difficult. In the past, protein has been eliminated from the diet in the treatment of eclampsia, but the most recent medical research

The Doctor Must Achieve Rigid Cleanliness



indicates that an insufficient protein intake may itself cause the edema (swelling of the body) which is associated with eclampsia. The rest of the diet should be well balanced and should include an abundance of fresh and cooked vegetables, fruits, and milk.

Other Causes

Other important causes of maternal death are hemorrhage, and conditions requiring Caesarian operation, and other surgical and instrumental deliveries, as well as improper handling of operative and instrumental cases. Prevention of maternal deaths from these causes lies almost entirely within the province of medical workers. The proper handling of cases of hemorrhage by doctors and a knowledge on their part of the correct time for, and method of, performing a Caesarian operation, or any other kind of operative delivery, undoubtedly can save many women. This calls for proper obstetric teaching and adequate obstetric training. As was pointed out in the report of the White House Conference, in view of the fact that about thirty-five per cent of the work of a general practitioner is in obstetrics, entirely too little of his training is given in this field. Dr. James Knight Quigley states in the *New York State Journal of Medicine* for September 15, 1935, that the preparation of medical students in obstetrics in this country does not compare favorably with the training even of midwives in Holland. Better training of physicians in obstetrics is one of the chief means of reducing maternal mortality.

What else can be done to reduce the death rate among the mothers of this country? The responsibility rests chiefly with the state. The government should put on an intensive, nationwide educational campaign which would impress upon every woman the necessity of receiving medical attention while she is pregnant. Every working-class woman, as soon as she suspects that she is pregnant, should register in the maternity clinic of the nearest hospital. Those who can pay for the services of a private physician may inquire of the local county medical society about the doctor's maternity training.

But such an educational campaign constitutes only a minor part of the program which the government would have to carry out were

it to fulfill its obligations to mothers. In the first place, the maternal mortality rate will continue to be high until the standard of living of the working class has been raised. As was pointed out in the first part of this article, there is a high correlation between poverty and the death rate of mothers. Really adequate "prenatal care" does not consist only of medical care during pregnancy. Adequate prenatal care of a woman must start with her early infancy and be carried through the trying years of growth and development. A sturdy, vigorous, general health cannot be developed at the last minute. It is, therefore, absolutely essential that the standard of living of the working class be raised. The doctor's prescription for good health, "a quart of milk a day, plenty of green leafy vegetables, rest, don't worry," cannot be carried out on a subsistence income.

Government's Responsibility

In the second place, the government must see that adequate and competent medical attention is available to every woman in this country, and not only to the economically fortunate. Thousands of working-class women, at the present time, are unable to pay for proper medical care during pregnancy and childbirth. The possibilities in socially planned care of mothers are apparent in the article by Dr. Quigley mentioned previously. He says: "Whether one believes in the Russian program or not, the care of the parturient [pregnant woman] all through pregnancy and the puerperium [period after childbirth] is far superior to the treatment accorded in any other country. During the last two months of pregnancy and the first two of the puerperium the parturient case is taken from work and sent home. At delivery she is hospitalized and on return to work the child is under medical and nursing care for three years in a day nursery at the place of employment. One may say that the State does this from a purely selfish motive. Perhaps that is so; but the results will bear watching." Comparable care of mothers in this country will come only through the socialization of medicine, with competent medical care and nursing service available to every family.

Cosmetic Problems

Discussed by a Dermatologist

For its many readers who have been asking questions regarding the care of the skin and hair and other beauty problems, HEALTH AND HYGIENE begins, with this issue, a special page devoted exclusively to such questions conducted by a skin specialist. The page will be devoted to discussion of common problems, and to the answering of particular questions from readers what happen to be of general interest. Letters relating to the care of the skin or hair should be sent to HEALTH AND HYGIENE, 41 Union Square, West, New York. A stamped, self-addressed envelope should be enclosed for personal reply.

A QUESTION of interest to many women is that of bleaches and dyes for the hair. What about peroxide? And henna? And color restorers? Are they safe to use? Which are the best?

On the whole, it is best not to use any hair dye or bleach. Avoid them, if you can. If, however, for professional or personal reasons, you find it necessary to use a dye or bleach on your hair, the following suggestions will be of help.

Peroxide: This is the common hair bleach. The best way of using peroxide as a bleach is to take one ounce (equal to two tablespoonfuls) of peroxide and add to it 20 drops of common household ammonia. After the hair has been shampooed with soap and water, it should be divided into strands and the peroxide and ammonia mixture applied with cotton swabs to one strand at a time. Peroxide should be applied until the desired shade is reached, and then the hair should be thoroughly rinsed. Care should be taken not to get any of this mixture into the eyes as ammonia is very irritating. The effect of continued use of this bleach is to make the hair dry and brittle. Sometimes, there also results an irritation of the scalp and nearby skin. This is the cheapest and easiest way to bleach the hair, but you must remember that long continued use of peroxide will eventually make your hair unattractive

in color and will injure the texture as well.

White henna: This is a misleading name. There is no henna in "white henna." It is really a mixture of peroxide and ammonia and a chemical called powdered magnesium carbonate. What was said about peroxide applies to "white henna" as well.

Henna: This is the oldest of all known hair dyes. It is made from the leaves of a plant found in India, Persia and Africa. Henna does not often cause scalp or skin irritation. Its continued use will, however, cause the hair to lose its lustre and become brittle. Henna is most suitable for natural red hair which has begun to fade. It is not effective on white hair because it results in an orange red color. Henna is not good for mixed white and colored hair because the white hairs will stand out like copper wires. In these cases, another dye should, if necessary, be used.

Camomile tea, sage tea, indigo, wood and nut extracts: These dyes last only a short time. They also dull the lustre of the hair. Repeated applications make the hair stiff and produce unnatural colors.

Metallic dyes: Dyes of this type, such as Kolor-Bak, Farr's for Gray Hair, and Mary T. Goldman's, are advertised widely in newspapers and magazines. The advertisements grossly exaggerate their qualities and never mention their dangers. They produce unnatural shades of color and make the hair dull and dry. They are made from metals like silver, lead, copper and iron. The silver salts contained in some of them can be absorbed by the body and give a permanent blue color to parts of the skin. The other metals used in hair dyes are also hazardous. Of course, the manufacturers dislike mentioning these dangers because they would interfere with business. Our drug control laws are so ineffective that the manufacturers are able to sell dangerous cosmetics, and even advertise these products as "harmless."

Synthetic dyes: (like Inecto Rapid Notox): These are generally less harmful than other

hair dyes, and provide the greatest variety of colors. They are quite expensive, however, and must be applied by an expert, which may put them beyond reach of the working woman. The cheaper, poorly prepared ones often give poor results, and frequently irritate the skin.

There is a serious danger to be watched for in the use of synthetic dyes. Some people are sensitive to dyes of this type, and they can cause severe inflammation sometimes affecting large areas of the body. It is necessary, therefore, to have a small area of skin tested with the dye before it is used on the hair. This test must be repeated before every application of the dye, since sensitivity may develop after it has been used for a time. If the tested area shows signs of irritation, the dye must not be used. These dyes are advertised as harmless, though they are very injurious to some people.

There are various products advertised as "color restorers." There is no substance which will restore natural color to hair, and any product advertised as being able to do so is nothing but a hair dye.

In general, it may be said that there is no perfect bleach or dye. Some dyes injure the hair, and others cause severe reactions in the skin. The least harmful is the plain henna dye, but this has a limited use. The best effects are obtained with the better grades of synthetic dyes, but the possibility of dangerous consequences for some must be remembered.

Book Reviews

PAYING THROUGH THE TEETH, by Bissell B. Palmer, D.D.S., Vanguard Press, New York. \$2.00.

DR. PALMER, who is former president of the American College of Dentists, and present editor of the *New York Journal of Dentistry*, demonstrates in this book, plainly and thoroughly, how the consumers are once again victimized by business, in this instance, through the advertising and sale of tooth pastes, tooth bleaches, mouth washes, teething lotions, etc. He has shown conclusively that when a consumer buys any of the above products, he is paying for more than its true worth and that a tooth powder could be made up for the

consumer by his druggist at one-third of the price of the commonly advertised tooth powders.

One of the valuable things, Dr. Palmer has done in his book is to show the dangers present in some of the tooth bleaches such as Tartaroff, Ekay, Bleachodent, Ex-Tartar, and Snovy-White. Many of these preparations contain hydrochloric acid. Five of these bleaches, according to the study made of them by the Research Council of the New York Academy of Dentistry, caused "severe destruction of enamel when applied to teeth for from one to five minutes." Another tooth bleach, Ex-Cel, was found by the American Dental Association's Bureau of Chemistry to be "essentially a 16 per cent solution of hydrochloric acid in water," and its use was shown to be very destructive to the enamel of the teeth. As Dr. Palmer says: "Since, even in 1929, half of our American families were too poor to afford medical and dental service, many in the low-wage group were naturally 'taken in' by the seductive advertisements of the tooth-bleach makers; and it is quite probable that widespread injury has thus been inflicted on the underprivileged."

Dr. Palmer also has done an excellent job of debunking the various advertising claims of well-known brands of toothpastes. He asserts that the "most common approaches to prospective consumers are through vanity and fear," and taking up separately the popularly sold toothpastes, he shows that the claims made that these dentrifices will make their users more charming and attractive, or that they will ward off or cure any disease of the gums or teeth, are sheer hokum. Thus, according to Dr. Palmer, those who buy Forhan's "in the hope that it will prevent or cure pyorrhea are being 'taken in' as mercilessly as are the gullible and desperate consumers who buy 'cancer cures'"; Listerine toothpaste is not cheaper than some other well-known brands; and "there is nothing in Ipana or in its principal ingredients that will prevent or cure any disease of the gums, or even 'pink tooth brush.'" Perhaps the most important thing workers can learn from Dr. Palmer's book is that it is the brushing of the teeth that is of value, and any dentrifice, either toothpaste or toothpowder, is little more than a pleasant adjunct to the process.

ECONOMIC PROBLEMS OF MEDICINE, by A. C. CHRISTIE. Macmillan Co. \$2.00.

DR. CHRISTIE'S book is an "SOS" signaling that all is not well with the medical profession. Unfortunately, basic to his thinking regarding the economic problems of medicine is the idea that such problems can be solved within the medical profession itself, without reference to the economic structure of our society.

The inadequacy of Dr. Christie's thinking on the problems of medical economics can be seen when he echoes the cry of the New Dealers that the supply exceeds the demand. He says: "It is important that the number of physicians in practice at any particular time be reasonably near to the number required to furnish adequate medical care to the people. . . . An over-supply of physicians produces . . . bad effects. The country is suffering from this condition at the present time."

The falacious reasoning behind such a remark can be realized only by looking the facts of the present-day world squarely in the face. If what Dr. Christie affirms is true, then we must assume that all the people in America are so well taken care of medically that the need for physicians is on the decline. If this is true, why must the New York State Commissioner of Health issue the statement that 50,000 people in New York State alone die each year for lack of medical care? Why is one worker out of every six who is on relief in New York City in such poor physical condition that he is unemployable? Why must the Committee on the Cost of Medical Care, of which Dr. Christie himself was a member, conclude that in 1929, 50 per cent of the population went without medical care? To any person facing reality, it is obvious that there is not an over abundance of doctors in the United States.

Possibly Dr. Christie is not aware of the incongruity of his speaking about the physician's duty to society, and at the same time wishing to reduce the number of physicians in a country where half of the people are not receiving medical care.

That he realizes how poverty is responsible for the paradox of doctors without any patients, and millions without medical care, is shown by his offering approvingly various plans such as

the Alameda County Medical Plan, the Santiago County Central Clinic Plan, the Detroit Plan, and others. The striking element about them all is their similarity of purpose. Practically all of these plans divide patients into the indigent, the semi-indigent, and the paying patients, who, by means of some sort of central bureau, are routed along various channels for treatment. The Alameda County Plan provides that indigent patients, classified as such after an exhaustive "means" test, are referred to county or district institutions for treatment. "No provision is made to reimburse the doctor for his service in the county clinic or hospital." In this way the burden of caring for the indigent is relegated almost entirely to the private practitioners, who are also to care for the semi-indigent patients at 25 per cent below the usual rates. Paying patients are sold the idea of group hospitalization, although this means that they are entitled only to bed and board in a hospital. Even this hospitalization is denied patients if they are suffering from certain diseases, many of which, such as tuberculosis, are the diseases most commonly afflicting workers. Dr. Christie's statement that, "It is true that the Alameda County plan does not solve all the problems of medical care to all people, . . ." is indeed an understatement.

What do these plans accomplish? They thrust the non-paying patients upon the indifferent or impoverished community, or else upon the private practitioners, many of whom cannot, or will not, give them adequate medical care.

Fortunately, there are many doctors and workers who understand that the phenomenon of uncared for sick people amidst an abundance of physicians stems from the same cause as starvation amidst an abundance of food, and that the profit system of economy is a barrier to the full utilization of our abundant material and scientific resources.

Perhaps the only value of such literature as Dr. Christie has given us is that it serves to illustrate the confusion which results when a problem, such as medical care, is treated without taking into consideration the fundamental inadequacies of the capitalistic system.

Health and Hygiene's new address is
41 Union Square New York City

REMOVAL OF OVARIES

Bronx, N. Y.
To the Medical Advisory Board:

I am a woman 33 years old. Several years ago it was necessary for me to have my ovaries removed. I am now very much in love with a man who wishes me to marry him, but I am troubled by the following questions which I wish you would answer for me. Is it true that a woman without ovaries is never really able to love a man like a woman, and that she can only love like a mother? Can a man find sexual satisfaction from intercourse with a woman in my conditions?

—J. R.

J. R.—It is not true that a woman whose ovaries have been removed can love a man only as a mother and not as a mate. A woman without ovaries has exactly the same

"SEX"

To the Editor:

I hope you have run out of sex topics and will publish a decent magazine in the future. While I am in sympathy with your general program, I am disgusted with your overemphasis on sex. Surely there are other subjects that are worth writing about. If you plan to continue on your present path, I suggest you change your name to "Sex Hygiene" so that no one will be deceived. Yours for more health and less sex.

—L. S.

To the Editor:

I think your articles on "Facts and Fallacies About Masturbation" and "A Sex Problem Before Mar-

riage" were fine and I wish you would publish more like them. I don't know where else one can get such intelligent information on these difficult problems. I am glad you are not afraid to handle the subject of sex in an honest, fearless way. For a long time I have been reading such tripe on this subject, that I thought it was part of the subject. It is very refreshing indeed to read your articles which deal with sex—not as filthy or scandalous, but as an important human problem. More power to you! I am enclosing three subscriptions which I am sending as gifts to my friends. I hope all your subscribers will do likewise.

If you love this man we would advise you to marry him. However, you will safeguard your marital happiness if you tell him beforehand you are unable to have children.

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—A. B.

Cleveland, Ohio

TO THE EDITOR:

Please tell me if the following ready-mixed foods are all right for a child 13 months old: Junket, Pablum, the pre-cooked cereal, and Jello, made with fruit juice instead of water.

* * *

D. I.—Junket, Jello and Pablum are all perfectly good foods for a child of 13 months. Pablum, while an excellent pre-cooked cereal, is rather an expensive products. There are many inexpensive cereals that will serve the purpose just as well, as for instance, Farina, Cream of Wheat, Wheatena, Ralston's and oatmeal.

New York.

To the Medical Advisory Board:

I am bothered by bunions on each of my large toes. When the weather is changeable, they swell and cause me great discomfort. A chiroprapist has advised me to have them removed. I hesitate to do this as the circulation of blood in my feet is not normal. It causes discoloration of the skin, and I am afraid that this may interfere with healing after an operation. I am anxiously waiting to hear what you think I ought to do.—W. R.

* * *

W. R.—You are quite right in assuming that an operation for removal of the bunions would be dangerous if blood circulation is poor.

We suggest that you consult an orthopedist or an orthopedic clinic attached to a large hospital for the following purposes: (1) to determine the circulatory condition of your feet; (2) to discover whether shoes of a certain special kind would aid you; (3) to find out if in the light of the above facts an operation is indicated.

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