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The **Fight** AGAINST WAR AND FASCISM

Passed With Honor . . . Sylvia Townsend Warner
A psychological story of Wilfred, an English boy who joined the Fascist ranks . . . and then.

The Nazi Inferiority Complex . . .

Dr. George A. Coe

Why this show of superiority on the part of Hitler towards all so-called non-Aryans? . . . The author examines the Fascist mind and also explains why the people of the United States have the "good fortune not to be able to call themselves a race."

FRICK'S MILLIONS . . . Keith Sward

A steel baron who willed to a museum his forty million dollar art collection, and to the people of Pennsylvania a shrine of company towns, spy systems, low wages and machine guns.

BURNING FUSES . . . Pierre van Paassen
An American foreign correspondent who covers the Ethiopian front and is now in Europe writes about the war . . . Mussolini . . . Rhineland . . . Soviet Union.

AS LABOR GOES . . . Heywood Broun
The popular columnist and president of the American Newspaper Guild discusses here the dangers of Fascism to the trade union movement and American liberties.

LETTERS FROM SOLDIERS . . . Walter Wilson
ATTABOY! BE A FENCE SITTER! . . . Hoff

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HEALTH and HYGIENE

*The Magazine of the Medical Advisory Board of the
People's Health Education League*

Volume 3

MAY, 1936

Number 5

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Editors: EDWARD ADAMS and JOHN STUART

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Editorials:

Tuberculosis--A Growing Menace

Newspaper Health Experts

THE journalists and editors in the employ of big publishers have never been noted for an honest interpretation of current events. In an economic depression, especially one as prolonged and severe as the present, their pens become more eloquent in defense of the existing order. This is conclusively illustrated by the treatment newspapers have given to the publication of mortality and sickness statistics of the national and state health agencies.

In 1933, when mortality statistics revealed the lowest gross death rate on record, editors and journalists became public health experts and crowed about the high standard of public health service in the United States. They declared that the depression was a good thing since it made people return to "simpler and saner living." They were certain that adversity and falling standards of living had a toughening effect upon the mind and body of the American people. "Tightening the nation's belt has apparently been beneficial to most of us."

As further proof of the benefits of depressions, these copy-boy experts cited the steady decline in the incidence of tuberculosis, a decline which began about 1900 and continued through the early years of the crisis. Had they consulted any reputable public health worker they might have swallowed their hollow proclamations. They would have learned that the death rate alone is an inadequate index of the extent of sickness and impairment and that it does not reveal decreased resistance to disease or the extent of malnutrition.

Their optimistic fervor might have been dampened had they taken the trouble to examine the reports of the United States Public Health Service which showed that families that had suffered the most severe decline in income during the period 1929-32, had a disabling sickness rate over fifty per cent greater than those whose economic status was not materially re-

duced; or a typical survey made in 1934 of one hundred families handled by social agencies in which it was found that fifty-six persons were temporarily ill, twenty-three tubercular, twenty-five suffering from chronic diseases and twenty-five from mental diseases.

The Poor Suffer Most

IF the editors and those for whom they write were not so smugly satisfied with the status quo, they would have reflected before gloating over the statistics on tuberculosis. Public health authorities were already warning that the declining incidence of tuberculosis was deceptive, and that the harmful effects of low standards of living and malnutrition may not occur until several years after the beginning of the depression. Evidence has now been brought forth which substantiates these warnings.

On April 8, 1936, the Department of Health of New York City reported a marked increase in tuberculosis in the city for the first quarter of 1936 as compared with the same period in 1934 and 1935. Cases for 1936 for the quarter totaled 2,955, against 2,568 last year and 2,785 in 1934.

It requires the most brazen sort of callousness to write as though tuberculosis, the scourge of the working and lower middle classes, was being wiped out, when not only in New York but in other American cities, the districts of the poor show a death rate from tuberculosis more than five times that for the city or country as a whole. The New York City report is an omen that should make the American people alert to the need for adequate relief and an effective system of social and health insurance. This need is satisfactorily embodied in the Frazier-Lundeen Bill now before Congress. It is incumbent on every man and woman to notify their representatives in Washington that they demand this bill become law.

Welcome, Consumers Union **W**HAT is the one best road to better health for the great masses of American people? It is not alone more doctors, or more hospitals, or more medicines. Nor is it just socialized medicine. But it is adequate income—money for enough good food, clothing for warmth and comfort, a good home, and even recreation. Yet one knows only too well that the miserably low wages of many industries or even the average wage of all workers will not supply the food, the comforts, the security which health demands.

It is possible, however, for those interested in the workers' welfare to serve the cause of health not only by increasing dollar wages, but also by assuring that his small wage will bring the greatest possible return in food and clothing and other necessities of all kinds, little as such return will still be.

It is for this reason that HEALTH AND HYGIENE welcomes the establishment of a new research organization—the Consumers Union of United States—which will devote itself to protecting workers from misrepresented, worthless and dangerous products. It will do this in the only practical way in an economic system which permits the manufacture and sale of such products. On the basis of careful research and tests by trained technicians, the Consumers Union will tell workers—in terms of the brand names under which the products are advertised and sold—which are good, and which are bad, which foods and drugs and cosmetics are safe, and which harmful. The Consumers Union, for example, will study many shoes on the market advertised as being all leather but which in reality contain a lot of paper and wear out very rapidly. A good deal of the hamburger sold in restaurants and butcher shops contains a poisonous preservative, sodium sulphite. Pills for headaches, colds and indigestion, as has been shown in past issues of HEALTH AND HYGIENE, are often worthless and may even injure the person taking them. Consumers Union will also expose tricks of advertisers and salesmen who take money away from buyers without giving them full value in return. Some of these tricks are: to package goods in such a way as to make it appear that

the buyer is getting more for his money than he is really getting; to label blankets and other goods as "part wool" when actually they contain only a few threads of wool; to color oranges and other fruits to make them look ripe when they are green and not fit to eat.

A Non-Profit Organization

NO category of useful consumer products, from razor blades to automobiles, is omitted from the field of work of the Consumers Union, which is established under the laws of the State of New York as a democratically controlled, non-profit, membership corporation. A monthly magazine—"Consumers Union Reports"—and an annual handbook will carry the recommendations to members.

Of special interest among the articles promised for the first issue of "Consumers Union Reports" from the point of view of health, are reports on the comparative value and economy of various advertised and non-advertised breakfast cereals, on tests of Grade A and Grade B milk to determine whether Grade A is worth the difference in price, on evaporated milk, and on other foods. The first issue will also include reports on breakfast cereals, silk stockings, soaps and other products.

Such a technical organization, pro-labor and set up to serve those consumers who are most in need of help, has been long overdue. Numbering among the members of its board such persons as Heywood Broun, Osmond K. Fraenkel, A. Philip Randolph, and Rose Schneiderman, and directed by Arthur Kallet, co-author of "100,000,000 Guinea Pigs," and Dewey Palmer, former head of the technical department of Consumers' Research, the Consumers Union can be counted on to serve the needs of American workers. The regular cost of membership in the Union, including subscription to the monthly magazine and yearly buying guide, is one dollar a year. The annual buying guide will list hundreds of articles used in everyday life showing which to buy and which not to buy.

OVALTINE BEDTIME STORIES

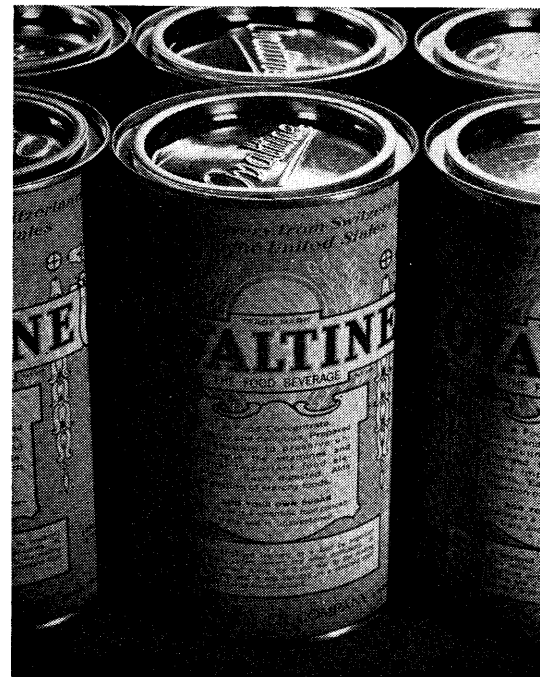
IF the millions who read the advertisements in magazines and newspapers could pry into the overworked brains of Ovaltine "ad" writers, they would find an elaborate set of screws, bolts and wheels geared to create the most fantastic fairy tales. Even the illustrious Peter Grimm would tremble in his grave. For there is little in the way of stretching the imagination which the Wander Company, manufacturers of Ovaltine, will not employ to palm off its product on a gullible public.

For example, Ovaltine claims "to curb children's nervousness." It also "adds weight at a surprisingly rapid rate." "Ovaltine," the advertisements modestly note, "is a remarkable discovery that is solving the problem of the never-hungry child." Furthermore, Ovaltine was "imported from Switzerland" and therefore must be good. It is "now made in America," therefore it is patriotic to drink it. "Ovaltine acts not merely by tempting the taste but by actually helping nature to create the natural sensation of hunger which makes children ready and willing to eat." "It is rich in Vitamin B; it aids in the digestion of starchy foods; it converts milk curds into small granules, thus creating digestibility. It breaks up the vicious circle that nervousness and underweight always tend to create." All this is for the benefit of the kiddies. For the grown-ups there is another message of salvation: "Ovaltine fosters natural sleep—it draws excess blood from the brain—it improves the quality of sleep."

There is no need to bore the reader with other samples from this encyclopedia of popular "science." If the reader is tingling with eagerness to learn the secret of this new, remarkable (Swiss) beverage, he is advised to buy a can and try it; especially, if he is sick of counting sheep every night or if his little Willie has a "vicious circle of nervousness and underweight."

The Committee on Foods of the American Medical Association bought a can of Ovaltine and analyzed it. It discovered that Ovaltine is a chocolate-flavored, dry-malt extract contain-

ing a small quantity of dried milk and eggs. If you take one or two teaspoonfuls of this chocolate powder by mouth you *will not cure nervousness and underweight condition*. You will probably choke to death. The specific directions on the can are to drop one to four teaspoonfuls *in a glass of milk*—hot or cold. There you have the real secret of Ovaltine. It is chiefly a flavoring agent for milk and nothing more. The amount of malt present cannot have any significant influence on digestion or appetite. There is no proof that Vitamin B is present in any amount. The value of Ovaltine in adding weight is due to the fact that it is taken with milk. The glass of milk supplies 175 calories, the powder furnishes about 100 calories—and that is all. The 100 calories are derived mainly from the carbohydrate or sugar present in Ovaltine. The same food energy value or calories can be obtained from one ounce of bread or apple or banana or two to three teaspoonfuls of ordinary sweet chocolate powder that costs much less than Ovaltine.



Now . . . A Remarkable Way To Build Up Your Child In Summer

A Way That Often Adds a Pound a Week While Curbing Nervousness, Too

How a Scientific Food Creation, Developed in Switzerland, May Almost Make Your Child Over During the Summer Months . . . And Send Him Back to School in the Fall Greatly Benefited in 3 Important Ways



MOTHER: — watch your child's weight in summer! Make certain he's gain-

Ovaltine's claim to curb nervousness is a downright fraud.

THERE is nothing in Ovaltine that will relieve indigestion and increase the appetite that is not available from the milk itself. Ovaltine is little more than a pleasant flavoring agent that may make milk more palatable for the child. Many mothers have long made use of similar flavors such as chocolate and malted powder. If a child lacks appetite or has indigestion, it may be suffering from one of a multitude of disorders many of which are serious and which require medical care. The physician may even find that milk or chocolate or egg is responsible for the indigestion and poor appetite. Omitting them from the diet may produce complete relief.

Ovaltine's claim to curb nervousness in children is a downright fraud. Nervousness in children is not due to the lack of chocolate-flavored, dry-malt extract and dried-egg powder. The nervousness is usually due to psychological factors such as training, home and school environment, the attitude of parents and relations. Discovering the cause and therefore the cure may require extensive study by child specialists or psychiatrists. It is not true as Ovaltine claims that "child specialists have long observed that underweight and nervousness usually go hand in hand." When occasionally the association of the two conditions does occur the under-

weight condition is caused by nervousness instead of the other way round. The ballyhoo of Ovaltine to curb nervousness reveals the low level of fraud and exploitation to which the manufacturer of foods and drugs has fallen.

Ovaltine's claims to relieve restlessness and promote sleep are not due to the presence of any sleep-producing agent. People who have difficulty in falling asleep are frequently helped by drinking a cup of warm milk or tea or a glass of wine. Any effectiveness Ovaltine may have in inducing sleep is due to the effect of milk in which it is mixed. The use of scientific patter such as driving "X's" blood from the brain, fostering natural sleep and so forth, is one of the many deceptions of present-day food and drug manufacturers. Excess blood in the brain is never the cause of the common type of insomnia. The condition can only occur when the heart has failed and the blood is dammed back or stagnates in the veins of the body. Physicians carry an ampule of adrenalin or digitalis in their bag for such an emergency and not a can of Ovaltine. Insomnia is a symptom of a wide variety of ailments. Readers are referred to the article "Do You Sleep or Count Sheep?" in the November, 1935, issue of HEALTH AND HYGIENE to learn about the complex problem that insomnia presents. It sweeps clean the last claims of a dishonestly advertised product.

GONORRHEA IN MEN

Is gonorrhoea in the male a very serious disease? Are there any patent remedies which will cure it? How can gonorrhoea be prevented?

MANY authorities believe that at one time or another, a majority of men in large cities develop gonorrhoea. In some of these men it is a mild disorder, annoying for a while, cured in a few months, and leaving not a sign in its wake. In others it is a long, drawn-out affliction, which leaves its victims with discharges that last for years, with lifelong urinary difficulty, and with sterility. And it can be flatly stated that of the latter group, more than three-quarters are there because of improper treatment. What are these complications and how can they be avoided? Let us see first how the disease is contracted, what its ordinary course is, and how a cure is achieved.

What causes gonorrhoea? During intercourse with a woman who has the infection, a drop of pus which contains gonorrhoeal germs, called gonococci, enters the tip of the canal. The germs take root there and multiply, and in two to nine days, usually, a discharge appears. A doctor examines this discharge under a microscope and finds gonorrhoeal germs—little fat dots—always, appropriately enough, in pairs. Occasionally a non-gonorrhoeal discharge will start from other causes: from having intercourse before the woman's menstruation has fully cleared up, or from using over-strong preventive injection, or from an old infection in the prostate; but these discharges usually start sooner than the true gonorrhoeal ones and they do not contain gonococci.

In the beginning the gonorrhoeal infection is confined to the front part of the canal, and in the fortunate patient never gets any further. These patients will get well rapidly and never have any complications. Usually, however, in a week or two, it spreads backward through the entire length of the canal. The patient will know it because he now begins to have

painful and frequent urination, he has to get up several times a night, and he may pass an occasional drop of blood. At this point the infection always involves the prostate, a firm, rubbery, sponge-like gland surrounding the bottom of the bladder and opening into the back part of the canal. It is at this time also, that there is danger of the disease spreading down into the testicles and causing a painful swelling. A testicle which has become swollen from gonorrhoea, usually, after it heals is unable to manufacture sperm, and if both testicles are so damaged, the victim will be unable to have children. His power to have intercourse is, however, not affected in any way.

During the stage of discharge the treatment consists of injections into the canal, or washing it out with continuous antiseptic irrigations. When the discharge stops, the prostate is treated by massages, by way of the rectum. Later on if the canal has become narrowed by the healing scar, metallic instruments called "sounds" may be inserted to widen it. Eventually there is no more discharge, the germ can no longer be found, and the patient is pronounced cured.

WHAT has brought about this cure? It is not exclusively the treatment because we know that whether gonorrhoea is treated or entirely neglected, within a period of two or two and one-half years at the utmost, the germs always disappear. This is because, given time, a patient develops an immunity to the germs that have invaded his body; his blood and tissues develop substances which kill off the germs, the same sort of substances as are formed in measles, for example, and which prevent persons who have had measles from ever having it again. In gonorrhoea, unlike measles, this immunity is potent only against the particular

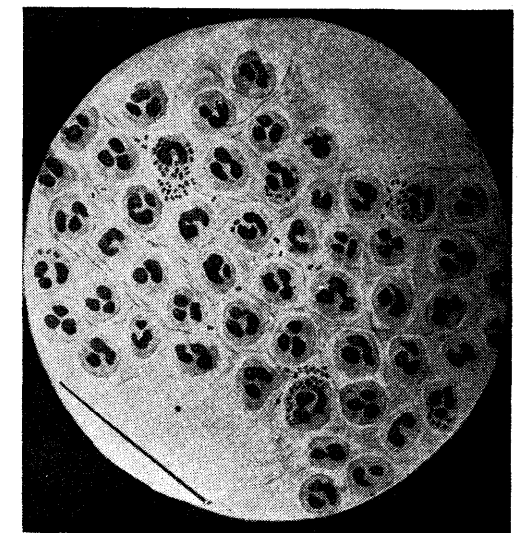
strain of gonococcus that the patient happens to harbor, and not against all gonococci, so that he is not at all protected against catching the disease again from another source. In every cure of gonorrhoea, therefore, it is primarily the self-developed immunity and not the medical treatment which has accomplished it.

The object of intelligent treatment is, therefore, to aid the body to build up this gonococcus-destroying immunity without which there can be no cure. The development of this immunity is a very delicate process which can be hastened or retarded by good or poor treatment. The progress of this immunity in thousands of patients has been carefully studied, and the medical profession is fairly well informed as to the factors which help it and harm it.

First, the use of antiseptic injection into the urinary canal is of tremendous aid. The effectiveness of injections is not in their power to destroy gonococci. Very early in the disease the gonococci have already burrowed deep into the tissues, far beyond the reach of the injections. Their effectiveness lies in the fact that they seem to stimulate the canal lining in building up a resistance. And here a word of warning: misguided people who reason that if an ordinary solution will do them good, and a stronger one will do more good, are preventing the very result they wish to attain. It has been shown that strong solutions only burn the canal lining, weaken it in its battle against the germs and prolong the discharge indefinitely. The best solutions to use are argyrol, 5 per cent; neosilvol, 10 per cent, or potassium permanganate, 1/5000 per cent. The pressure with which the solution is injected is also important. Obviously, the use of too great a fluid pressure will push the infection into the back part of the canal where it might otherwise never have gone. Bodily rest is also of great importance, especially during the first two weeks. The harder one has to work physically, the longer will his cure be delayed. (In the United States Army excellent results are obtained in gonorrhoeal patients by ordering rest in bed with very little other treatment.) In the later stages of the disease, the cure may be hastened by injecting into the arm solutions containing the bodies of killed gonococci called vaccines. Here again, when the vaccine is used in proper strength the results are often good; when they are too strong

the results are the opposite. It is possible that the disease will be prolonged for months if the vaccines used are too strong. The patient must avoid alcoholic beverages of any kind. Nothing so retards the progress of his immunity as the use of these beverages. There are cases on record where the discharge has been kept up for years despite excellent treatment, simply because of the habit of taking wine or beer with meals. It is not necessary to impose any other dietary restrictions. Contrary to general belief, there is no other food or drink that has any noticeably harmful effect. There must be avoidance of intercourse or sexual excitement. Every doctor has seen patients who have had all their symptoms start up anew after one such incident, even though these patients were proceeding steadily towards a cure. Masturbation must also be strictly abstained from. Fortunately, however, nocturnal seminal emissions (wet dreams) do no harm.

BUT the most important element in obtaining a rapid cure without complications is the avoidance of all rough or excessive treatment. More patients have been harmed by receiving too much treatment than by receiving no treatment. The latter is preferable to the former. The vast majority of the serious complications—swollen testicles, abscess of the prostate, infection of the seminal vesicles (the semen reservoirs, which lie alongside the prostate), and swelling of the joints can be traced to poor



Paired gonococci surrounded by larger pus cells

treatment. In such cases there has been use of too strong solutions, or irrigations under too great pressure, or massage of the prostate while it is still acutely inflamed, or the insertion into the canal of sounds or catheters while the discharge was still present. All of these modes of treatment, injections, irrigations, massages and sounds are valuable if used at the proper time, but deadly if used prematurely. There must be a fine balance between undertreatment and overtreatment. If intelligent treatment by a competent physician is not available, a patient is better off with no treatment at all. His disease will last longer than if intelligently treated, but at least he is more likely to avoid the serious complications. In ideally treated patients only 15 per cent will have anything beyond a discharge from the front part of the canal. In the majority of men who have had no treatment there will be a spread of the disease to the back part of the canal but they will probably not suffer the severe complications. In crudely treated patients there will probably be both the spread of the disease and the complications. This last is the result to be expected in a man who treats himself without guidance or submits to treatment at the hands of well-meaning friends or of the self-styled experts in the back room of the corner drug store.

Every year in this country, gonorrhoeal patients buy mountains of patented pills and oceans of liquid to take by mouth. As aids to cure they are of no value whatever. By the time they are excreted into the urine they are incapable of destroying gonococci. And even if they were capable, they would still be valueless because that is not the way the disease cures itself. These medicines lull men into a false feeling that they are helping themselves and serve only to enrich patient medicine manufacturers. Water is the only thing taken by mouth that is of any value, and the more of it the better.

A man with gonorrhoea owes it to himself to secure a quick and uncomplicated cure, but his paramount obligation is to others. To infect a woman with gonorrhoea is to inflict an appalling disaster. The cure in a woman is very difficult. It may doom her to a bitter choice between a lifetime of invalidism and an operation on her internal genital organs. A considerable portion of all genital operations in women are for the removal of damage caused by gonorrhoea. No

man deliberately infects a woman. These infections occur because men sincerely but erroneously believe themselves to be cured. *The idea seems to be widespread that when the discharge has stopped, it is no longer possible to transmit the disease. This is not true.* The gonococci may lurk in the small openings in the lining of the canal or in the prostate or in the seminal vesicles and produce no discharge to give warning of their presence. A man must *not* consider himself cured until he has been found by his doctor to fulfill certain requirements. These requirements are as follows:

1. There must be no discharge and the urine must be clear of pus.
2. The contents of the prostate and seminal vesicles must be free of gonococci and pus cells.
3. There must still be no discharge after the patient has submitted to the following routine: insertion of a sound the entire length of the canal and massage of the canal over it; the injection into the canal of a solution of one per cent silver nitrate; indulgence in a fair amount of alcohol, and injection into the arm of gonococcus vaccine.
4. The semen must be free of gonococci.

If all these conditions are fulfilled, the patient may consider himself cured. However, as a further safeguard, it is necessary to have intercourse for the subsequent three months after cure only with the use of a good condom.

There is one other danger. Adult women acquire gonorrhoea only through intercourse. Little girls, however, can acquire it from toilet seats, towels, and so forth. It is the duty of the patient to guard the little girls of his household against this danger.

Gonorrhoea cannot be inherited. It is true that a woman who has had the disease sometimes infects the eyes of her baby while it is being born. But this danger has been largely eliminated by the universal use of silver nitrate in babies' eyes at birth.

A man who has been pronounced cured after adequate examination need have no fear of marriage. His wife and children are entirely safe.

If a married man contracts gonorrhoea from extra-marital intercourse, it is his imperative duty to inform his wife regardless of how painful this may be. It is equally imperative


that they abstain from all sexual relations until the doctor pronounces the husband cured.

IN view of the time, money and self-discipline necessary for the cure of gonorrhoea, it is clear that prevention is altogether far better than having it treated.

The gonorrhoeal germ differs from the germ of syphilis in that it cannot gain a foothold in the skin; to cause the disease the germ must be implanted on the fine, pink, moist membrane that lines the urinary canal. Therefore, if the tip of the canal is protected there will be no infection. Obviously the best protection is a condom, provided it has been tested with air for leaks before it is used, and a lubricant, some vegetable oil, used to prevent its tearing. The condom should be put on early. In removing the condom, care must be taken not to let the outside of it touch the tip of the canal.

The following procedure is an almost certain preventive. Urinate immediately after intercourse. The passage of the urine will help wash out some of the germs that have already entered the canal. The canal is then gently filled with any of the following solutions; silver nucleinate, 10 per cent; argyrol, 10 per cent; or protargol, 2 per cent. Silver nucleinate is identical with argyrol and is much cheaper.

The solutions must not be more than a month old. The solution is injected with a hand syringe. The only kind that should be used is a glass hand syringe with a rubber bulb. An "asepto" syringe of one-half ounce capacity is recommended. It must be remembered that a rough injection of the solution may do more harm than good. No more than one teaspoonful of solution should be injected. The solution should be retained for about five minutes by firmly compressing the tip of the penis and then permitting it to drain out. Occasionally, the solution itself sets up a discharge which begins a few hours or a day afterwards and continues for a short time. This discharge need excite no alarm.

The so-called "prophylactic" ucts such as "Sani-tube," and "Andron" are not efficient.

It is also wise at the same time to take steps against possible syphilis. This is done by washing the exposed genital organs, including the penis and scrotum (the baggy covering of the testicles), with soap and water. After the genital area is dried, the entire area, including the penis, is rubbed with 33 per cent calomel ointment. The ointment should be left on for about six hours and kept from contact with the clothes by a cover of thin cloth or tissue paper.

Read Gonorrhoea in Women in June issue.

HEARTBURN

HEARTBURN is a common symptom of altered function of the stomach. Normally the stomach juices are acid, hydrochloric acid being produced in large quantity and used in the digestive processes. At times the production of hydrochloric acid may be excessive in the presence of certain diseased conditions, such as ulcer of the stomach, or gall bladder disease. The excess acid present may make itself present as heartburn, especially when the stomach contents flow back into the gullet. Bicarbonate of soda is frequently used as a simple means of neutralizing (counteracting) the acid to control the sensation.

By and large this is a bad habit, since this self-medication makes many people neglect the underlying conditions causing the heartburn. Furthermore, bicarbonate of soda taken in ex-

cess can itself cause unpleasant symptoms. The relief that bicarbonate of soda may give at times has created a large army of "bicarb" addicts in this country who are a ready market for the widely advertised bicarbonate preparations.

Besides the actual diseases that give rise to heartburn, heartburn may also occur persistently because of poor dietary habits (overeating, eating an excess of sweets and rich foods, or fried foods). In people who are "on edge" or given to worry and emotional disturbances, heartburn is a common occurrence in association with other stomach complaints such as nausea, fullness, uneasiness in the stomach region and lack of appetite. One should have a thorough physical examination, including X-ray studies of the stomach and intestines. Then appropriate treatment will be advised.

STONES IN THE KIDNEYS

How waste products may deposit themselves in the human plumbing system and form tiny stone particles.

IN order to understand intelligently the formation and movements of kidney stones, it is necessary that the reader have a mental picture of that human plumbing system called the urinary tract. This consists essentially of the following:

1. *The kidneys.* These are bean-shaped organs about the size of a fist, located in the back on either side of the spine and just under the lowest ribs. Their function is the removal of waste matter from the blood, but they act somewhat like a filter and therefore can remove only those waste products which will dissolve in water.

2. *The ureters.* These are two pipes about ten inches long and a little thinner than a lead pencil. The upper end of each connects with its respective kidney, and the lower ends empty into the bladder. They serve to drain off the urine formed in the kidneys, and carry it to the bladder.

3. *The bladder.* This is a muscular bag in the middle of the abdomen near its lowest point. It receives urine from both ureters and acts as a reservoir. Its capacity in health is about sixteen ounces, but in many abnormal conditions it will retain only three or four ounces and thus the desire to urinate becomes much more frequent.

4. *The urethra.* The description up to this point applies equally to both sexes. In the female, the urethra is a simple short tube less than two inches long through which the bladder urine is emptied. In the male, however, the urethra is about eight inches long, runs an S-shaped course, and besides serving to empty the bladder, it is intimately associated with the generative organs.

As was mentioned above, the waste products removed by the kidneys normally remain dissolved in the urine. Under certain conditions—such as infection, obstruction to the free flow of urine, presence of irritant substances in the urine—tiny crystals of waste material, which should remain dissolved, are formed. These

crystals tend to deposit themselves about any tiny particle floating in the urine, and the process is continued until a definite stone is formed. The exact nature of this process has been the subject of much study, but unfortunately there are few conclusive results and many contradictory theories.

Let us suppose that a stone has formed in one kidney and it has grown to the size of a small pea. As long as this stone remains in the kidney, it will cause few or no symptoms other than an occasional dull backache, a slight discomfort while urinating, or a trace of blood in the urine. Provided that the stone is not attached to any part of the kidney, it will at some time or other be carried by the flow of urine down into the ureter. Now, the stone is in a narrow tube where it may easily become stuck, urine becomes dammed up back of the stone, the plumbing system is blocked and difficulties arise. It is quite generally agreed that the pain caused by a stone stuck in the ureter (called renal colic) is the most agonizing pain known to mankind. Peculiarly, the classic description of this pain was written almost 400 years ago, not by a physician, but by the French philosopher, Montaigne, who was himself a sufferer, Montaigne noted:

"Thou art seen to sweat with pain, to look pale and red, to tremble, to vomit well nigh to blood, to suffer strange contortions and convulsions, by starts to let tear drops from thine eyes, to urine thick, black and frightful water, or to have it suppressed by some sharp and craggy stone, that cruelly pricks and tears thee."

STRANGELY enough, a stone that is smooth and round generally causes much more trouble than one that is sharp and irregular. The smooth stone can stop up a pipe much more completely than one that is grooved or irregular, and the intensity of the pain is directly proportional to the pressure of the dammed back urine. If the ureter is wide enough, this pressure will force the stone through to the

bladder, and the pain ceases with the establishment of free flow of urine. Once the stone has passed into the bladder, the patient's troubles are practically over. The normal urethra, especially in the female, is sufficiently wide to pass any stone that has made its way through the ureter.

The uncomplicated passage of a stone, as outlined above, takes place in about sixty per cent of all stone cases, and requires no drastic medical or surgical treatment. Of the remaining forty per cent a small number (about two per cent) of stones never find their way down the ureter, but remain in the kidney and continue to grow. Once they have attained the size of a small cherry, there is little chance of their spontaneous passage. No known medicine will dissolve any stone, and this small group which remains in the kidney can be dealt with in only one way, that is by surgical removal.

The remaining group of stones comprises those cases in which the stone starts to descend through the ureter, but on its way meets with some obstruction and stays stuck until something is done about it. It is in this group that the greatest advances have been made in modern treatment. Formerly, all cases of stuck or impacted stones necessitated a major surgical operation to effect their removal. Today, the stone can be removed in over ninety per cent of this group by a much more conservative procedure.

The instrument which has contributed so much to the treatment of stone in the ureter, and has contributed much more to the study of abnormal urinary conditions in general, is called a cystoscope. Before the cystoscope was developed, a precise diagnosis of disease of the urinary tract was seldom made anywhere but on the autopsy table. The cystoscope consists essentially of a thin tube with a small electric bulb at one end which can be inserted through the urethra into the bladder. By a system of lenses the operator can look through the cystoscope, and besides observing the interior of the bladder, he can introduce tiny instruments and perform a variety of operations within the bladder.

The part this instrument plays in the treatment of stones is this: The ureter containing the impacted stone can be dilated or stretched sufficiently to allow the passage of the offending stone. This procedure is relatively simple, and in addition to obviating the necessity for

major surgery, it has for the patient an important economic aspect. It can be carried out in the doctor's office, thus saving the patient a hospital bill. The patient is not confined to bed and may continue with his usual routine.

DURING the past few years, with increasing knowledge of the mechanism of kidney function and its relation to stones, there has been a gradual decrease in the indications and necessity for surgery. At present, the indications for operation are only two in number, namely:

1. Those stones which are obviously too large to be passed spontaneously. In these cases, the kidney, if not already infected, will eventually become so, and destruction of the kidney substance will inevitably follow. If the patient is otherwise in good health, early removal of the stone is to be advised since delay may eventually cause the loss of a kidney.

2. The presence of infection above an impacted stone. Of first importance in fighting this infection is the establishment of free drainage of urine. This can be accomplished only by early surgical removal of the stone.

In all other cases, experience has shown that the stone will be passed spontaneously, or can be made to pass by manipulation through the cystoscope.

As to prevention of stone formation, there is regrettably little to be said. Drinking large quantities of water will serve a twofold purpose in this respect. By diluting the urine, it will help to keep waste products dissolved, and secondly, the mechanical flushing of the urinary tract will tend to move out any crystals or tiny stones in the process of formation. The urine should also be kept free from irritating substances which are introduced in the diet.

From what has been said, it should be obvious that obstructions due to stones are purely mechanical in nature, and must be dealt with by mechanical measures. Patent remedies, nostrums, "electric belts" and so forth can do no conceivable good in hastening the passage of a stone. The plumber who is called upon to cure an obstructed drain pipe tries to dislodge the obstruction by means of plungers, wire snakes and water pressure. We would consider his actions more than peculiar if he attempted to remove the obstruction by faith, incantations, sedative medicines, or massaging the pipe.

IF YOU ARE INJURED ON THE JOB

Every worker is entitled to compensation when through his work he is hurt or becomes ill.

WHILE workmen's compensation is a subject of great importance to every worker and to the trade union movement in general, it takes on added significance during a period of severe economic crisis. Employers everywhere have swelled the ranks of the unemployed by drastically reducing the number of men on the job. But in order to sustain the former levels of production made possible by the employment of a full force of men, employers have increased each worker's production quota. And this system has resulted in the terrific speedup which paves the way for more industrial accidents and ill-health among employees.

Added to this, old wornout machinery has not been replaced by newer models equipped with adequate safety devices. Surveys have shown that most industrial accidents can be traced to machines kept in poor repair or lacking the minimum safety equipment required by law. Fatigue caused by overwork often makes it impossible for the worker to exercise the vigilance necessary to keep life and limb together.

This article will try to answer some of the questions frequently asked about the operation of the various state workmen's compensation laws. The laws, of course, differ from state to state. The New York State compensation laws will be used as a general pattern and the reader will have to refer to the laws of his own state for the differences in details.

What is the Workmen's Compensation Law? It is a state law which provides that the worker be paid a part of his wages for time lost as a result of accident or ill health arising out of his employment. It further provides for the payment of a fixed sum for injury or defect which may be permanent; for payment to the wife and other minor dependents in fatal accidents or illness. It includes payment of all medical, surgical, hospital, and if necessary,

funeral expenses. *The law does not prevent the employer from dismissing the injured worker, nor does it concern itself with the re-employment of the injured worker after recovery from the accident or illness.*

Do all employers come under the provisions of the law? Every employer must have compensation insurance if his business is classified in the "hazardous employment" group. Since all industry comes under this classification the application of the law is almost universal. Farm and house workers and hospital internes, for example, are excluded. Workers engaged on boats, wharves, harbors and on navigable rivers usually come under the jurisdiction of federal compensation laws. P.W.A. and W.P.A. workers also come under federal jurisdiction.

During what periods of the working day is the law in effect? The law operates during the entire working period. If injury should occur during the lunch period and if it is taken on the grounds of the plant or if the injury occurs while coming to or returning from work while still in plant territory, the worker can receive compensation. If the job requires leaving the plant grounds and injury occurs during the performance of the job, that injury is compensable. The worker must assume that all injury, no matter under what unusual set of circumstances it may have been received, comes within the provisions of the compensation laws. *The question of blame or contributory negligence on the part of the worker does not have the slightest bearing on the decision as to whether or not the worker receives compensation for his injury.*

If the employer is not covered by compensation insurance, this fact should be reported to the State Labor Department. The employer is penalized for not having compensation insurance, and injuries which may arise in such a plant nevertheless fall under the provisions of

the compensation laws. If the employment is such that compensation insurance is not compulsory, the worker can bring suit against the employer in the common law courts. Where the employment is covered by compensation laws, the employer cannot be sued.

What is an accident? The definition varies in different states. Broadly, it is defined as "injury or disease arising out of and in the course of employment."

What are the most common accidents? Cuts, bruises, sprains, fractures, head injuries, infections and hernia (rupture). Operations for hernia are among those most commonly performed under the compensation law.

What to do when hurt on the job.

1. Report the accident to the foreman, superintendent or employer. If this cannot be done, inform a co-worker of the accident and tell him to report it to any of these persons. The report of injury may be telephoned or written to the employer any time within thirty days. It is best to report the injury as soon as possible after it occurs. Every injury no matter how trivial should be reported to the plant management. One can never foretell the outcome of the smallest cut. Even those injuries which do not necessitate loss of work-time should be reported for the same reason. A witness to the accident is not necessary for recovering compensation for injury.

2. First-aid treatment should be sought. This may be gotten from the factory first-aid station or from the factory medical attendants. If no medical facilities are available on the premises, it may be necessary to visit a local physician or a neighboring hospital emergency clinic. One should avoid, if possible, the industrial compensation clinic.

3. For further treatment the worker should see his family physician, and if he is unable to treat the type of injury he should be asked to recommend a physician who can. According to a new provision in the New York compensation law, the worker may go to any physician of his own choosing. He may tell his employer the name of the physician treating him. The worker may change his physician if he is dissatisfied with the treatment. He should notify the employer about the change. In New York State the employer may not choose the physician for the injured worker unless the worker, in writing, agrees with his employer's choice.

It is wisest to avoid physicians whom the employers recommend since the worker's interests may not be as fully served as by a physician of his own choosing.

What is the procedure in injuries requiring hospital care? In serious accidents as well as in accidents where filth has been introduced into the wound, hospital care will be necessary. The injured worker will be admitted to the hospital where emergency treatment as well as subsequent treatment is carried out by the hospital physicians. Following discharge from the hospital the worker may visit his family physician if further treatment is necessary. If he is dissatisfied with the treatment at the hospital, the worker may have his family physician transfer him by ambulance or vehicle to a hospital which may be more suitable to his needs.

How is the medical bill taken care of? The worker pays nothing. The physician's bill, the hospital bill, the drug bill, bills for trusses and other surgical appliances are all paid for by the compensation insurance company. The bills will be presented to the employer or to the insurance company directly. If any money has been spent by the worker for any medical items the worker can expect reimbursement from the employer or his insurance company.

The employer or the compensation insurance company can have the worker examined by their physicians at any time. The worker has the privilege, however, of having his own doctor present at any such examination. Failure to allow such examinations may be attended by some delay in collecting compensation.

How does one get his compensation; for how long does it run? In New York State, compensation is not paid for the first week of absence from work following the injury. This period is known as the waiting period. However, if as a result of the injury the worker must remain away thirty-five days or longer, the compensation will include payment for the first week as well.

When the accident has been reported to the employer, he will send in a report of the injury within ten days to the State Department of Labor. On receipt of this report the worker will be sent a form known as the "C3," which must be filled out and returned immediately to the State Labor Department. This form is the injured worker's claim for compensation. The doctor will fill out his form as

well and send that to the State Labor Department.

After all these forms have been received the worker may receive his compensation soon thereafter, particularly where the case is not a very complicated one. Usually, however, a hearing by a Labor Department referee will be called. At this hearing the "pros" and "cons" of the case are discussed. It is important that the worker present his case as forcefully as he can. Certain rights are his and he cannot guard these rights if he is shy or intimidated by the proceedings.

How much compensation money does the worker receive? He receives two-thirds of his weekly wages, the sum not exceeding \$25. Weekly wages refer to the average weekly wages for one year previous to the accident. Fixing the rate of compensation is a complicated procedure. Periods of unemployment and frequent shifting of jobs makes it difficult for the worker to present the true level of his yearly earnings. Thus, during the past few years, the rates of compensation have dropped to miserable levels.

For what period of time does the worker receive compensation? Compensation is continued for as long as the worker is disabled.

The date for returning to work is determined by the worker's physician and the worker should follow the advice of his physician on this point. Occasionally there may be disagreement between the family physician and the compensation insurance company's physician as regards the date of returning to work. In this event, a physician from the State Department of Labor may be called upon to decide the controversy.

What is permanent disability? If a worker is forever prevented from returning to his work because of his injury, he is considered permanently disabled. In New York State he receives compensation for life. In some states

he may get as little as 312 weeks, after which his family and he must shift for themselves. Medical expenses are paid for as long as they are necessary in some states; in others, a flat fee of \$100 is paid and beyond that the burden falls on the worker.

Loss of a part of the body or of its function is called permanent partial disability. The schedule for compensation in such instances is fixed by law. Thus, in New York State the loss of sight of one eye is scheduled for 160 weeks of compensation. If the weekly wage is \$30, the compensation rate, two-thirds of the weekly wage, amounts to \$20, which brings the total sum of compensation for loss of sight of one eye to \$3,200. If however the weekly wage is only \$15, the worker receives but \$1,600 for the injury. This illustrates the importance of fighting for the maximum rate of compensation in all instances of injury. Loss of a thumb or of its use calls for seventy-five weeks of compensation in New York State. In other states it varies between twelve weeks and 104 weeks. Loss of a foot is scheduled for 205 weeks of compensation in New York State.

Does the worker need a lawyer? For the simple and uncomplicated case, no lawyer is necessary. In the complex case it is wise to have the advice of a lawyer experienced in this field.

Who pays the lawyer? The worker pays the lawyer but not directly. The lawyer's fee is allotted to him by the referee and it is drawn from the money awarded to the worker. Private and secret agreement regarding additional fees is illegal.

These few questions and answers barely scratch the surface of the compensation problem. The failings and inadequacies of the laws are numerous and this aspect of the compensation problem will be dealt with in an article in the near future.

State laws provide that the worker be compensated for time lost as a result of accident or ill health arising out of his employment. The laws, however, do not prevent the employer from dismissing the injured worker nor do they concern themselves with his re-employment after recovery from the accident or illness.

Book Briefs

From time to time "Health and Hygiene" will briefly review books on health and personal hygiene. Books of distinction will be discussed at greater length.

AWAKEN YOUR SLEEPING BEAUTY, by LILYAN MALMSTEAD. E. P. Dutton & Co. \$1.75.

THE AUTHOR believes she has discovered the secret for health, beauty and success. The secret is "erectitude," a term coined by the author, which means the lengthening of the line from the chin to the waistline. Exercises are suggested for improving the beauty of the various parts of the body, and all the movements have as their prime purpose "backward bending" in order to achieve the perfect state—"erectitude." As the author states it, "Watch a person who has been given a responsible position—watch the owner of a factory as he makes his rounds—watch a lecturer as he comes on the platform—every one expresses erectitude—head is up, chest is high, body is erect; he is alert, he is confident, he is successful. You can be the same; for you are the most important asset you possess. Then why aren't you doing the right thing by yourself?"

Miss Malmstead forgets to take into account that exercise is a leisure luxury in which the hard-pressed worker cannot indulge unless the prime problems of economic security are first solved. The author's apparent solution for people living under an anarchic economy is "erectitude." Only those who believe it possible to "awaken their sleeping beauty" and own a factory in ten easy exercises should buy this book. All others are advised to save their money for better purposes.

INDIVIDUAL EXERCISES, by STAFFORD, DE COOK and PICARD. A. S. Barnes & Co. \$1.00.

THE ONE HUNDRED exercises presented in this volume are the essence of orthopedic practice, in themselves constituting a whole orthopedic library. The writers, who are three of the foremost authorities on corrective and preventive physical education, contribute in this book a wealth of material based on long years of laboratory research and practical experience. The exercises are devised for individual conditions and carefully illustrated. They are grouped for such conditions as postural deviations, constipation, foot troubles, heart insufficiency, hernia, menstrual disorders and so on.

Each exercise is presented very simply and does not require any special knowledge or experience to perform. The book has no equal at any price.

THE SECRET OF KEEPING FIT, by ARTIE MCGOVERN. Simon and Schuster. \$2.00.

ARTIE MCGOVERN is an ex-prizefighter who has had a "successful" career in catering to the exercise needs of the elite. He modestly points to this as his authority for advising the laity, while "humanizing" his book with touching stories of his relationship with the great and near-great of social life. The impressiveness of this sort of authority falls down when the book is submitted to tests for scientific accuracy. Besides making some points in physiology that cannot be supported by any experimental evidence, the book contains nothing that cannot be found in any library text on hygiene.

The author's fundamental thesis that exercise should be performed only in the supine position is without any scientific basis. In the millions of years of evolution from lower life, man finally assumed an erect posture by making very complex and delicate internal adjustments. While exercises in the supine position are valuable, the adjustments must further be made in the erect position, for it is in this position that man engages in most of his activities.

"Conservation of energy," claims the author, is one of the aims of his "system." With this he discards the physiological principle that the more vigorous the activity the greater the results in organic power. Fifteen minutes of exercise in twenty-four hours is as insufficient for maintaining organic power as is eating a spoonful of spinach each day for complete nourishment. Such advice for children is altogether foolish, inasmuch as growing children need at least four to six hours of big-muscle activity daily. The exercises presented do not involve any of the big-muscle groups, the activity of which alone can result in improved organic power.

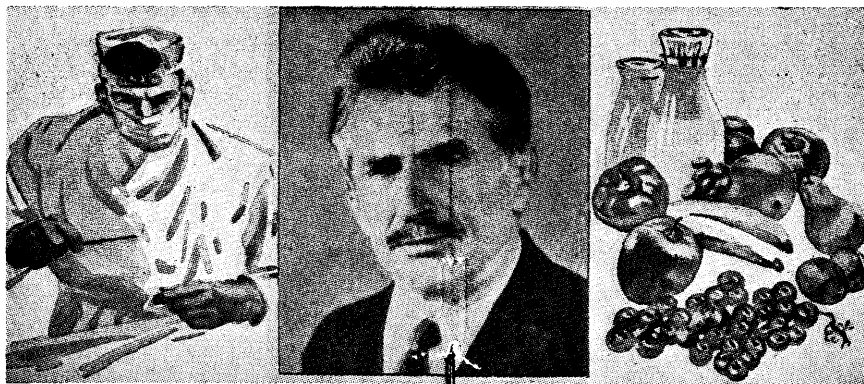
On the whole our friend, the ex-prizefighter, may have made a success of "handling" the run-down upper crust, but his book is not to be recommended as a guide for the worker.

BERNARR MACFADDEN'S

IN a recent number of *HEALTH AND HYGIENE* there were exposed a number of "cancer-cure specialists" who profit by exploiting the widespread fear of tumors and the ignorance or lack of availability of the proper means of treatment. It was pointed out that such swindlers are responsible for the deaths of many people because their "treatment" caused delay in obtaining proper medical care until it was too late.

In only a few instances, however, could it be said that these quacks had wide influence. In most cases their supposed talents and powers were advertised to very limited audiences. This audience sometimes numbered a few hundred thousand as it did in the case of Norman Baker who operated his own radio station until his license was revoked by the Federal Radio Commission. Bernarr Macfadden is obviously in a different class. He does not sell any patent product. All he sells is the magazine *Liberty*, and health treatment at his private health resort. Moreover, his "treatment" consisting of raw milk and raw fruits could be given cheaply anywhere. Yet because of his great audience, he is infinitely more dangerous than the outright swindlers.

What is Macfadden's contribution to the battle against cancer? He correctly points out that despite intensive study by many physicians over a period of years, cancer seems to be increasing. After a modest description of his career, Macfadden indicates pointedly that he has more knowledge of diet than the average physician. The next step is to correlate these two points and establish a connection between faulty diet and the occurrence of cancer. Once such a connection is demonstrated, it follows as a matter of course that, since he knows more about diet than does the physician, he is in a position of authority to deal with the cancer problem.



"In my opinion," says Mr. Macfadden, "the raw-milk-and-raw fruit diet has proved of the greatest value in numbers of cases."

Let us first examine the theory that faulty diet produces cancer. Macfadden refers to a number of individuals whose work or writings seem to confirm such a theory.

One of his authorities is a Mr. Barker, a layman, whose claim to speak with authority appears to rest on the fact that his father was a physician. Barker believed that cancer is due to "vitamin starvation and chronic poisoning." There is not the slightest scientific evidence to support such a theory.

Another is Dr. Parker, a noted physician who, as Macfadden himself states, "died many years ago." In Parker's time it was fashionable in medical circles to speak of "toxic conditions" and other entirely unscientific concepts as causes of a great variety of ailments. It was also the custom sixty years ago for surgeons—the best of them—to operate with no regard for the antiseptic precautions which are an essential part of surgery today. For his time, Parker was an excellent physician who made important contributions to medical progress, but he would be among the first to accept the discoveries of his successors, even when they disprove some of his own theories as happens to be the case in this instance. The history of medicine presents a series of such theories, acceptable to one generation, completely discarded later as further study brings new evidence and new facts to light.

WE search Macfadden's article in vain for some good evidence that faulty eating habits produce cancer. We find only vague ref-

erences to medical authorities who believe in "the constitutional theory concerning cancer." What does this seemingly impressive statement mean? Does the term "constitutional" used in this connection have the slightest bearing on the matter of diet? If so, the word is used in one sense by Macfadden and has an entirely different connotation for those who are qualified to write on the subject. When one speaks of "constitution" in relation to cancer, one means either that there is an inherited predisposition to the disease; or that the individual has a certain physical endowment which renders him susceptible to the development of cancer; or that in the late stages of the disease the cancer has spread throughout the body. But we challenge Macfadden or anyone else to demonstrate the slightest relation between diet and these factors, or to show that the dead scientists to whom he refers used the term "constitutional theory" with the distorted meaning he gives it.

It is no mere accident that Macfadden refers to such famous physicians as Astley Cooper (who was born before the American Revolution) and James Paget (who was born in Napoleon's time). Much of the work of these men is still valid and their opinions accurate; but it is no reflection on them to say that their notions of cancer are as outmoded as the transportation or communication system of their times. Why does Macfadden completely ignore the work of such modern scientists as Ewing, Regaud, Forsell, Warburg and others? The fruits of their labor are measured in terms of thousands of lives saved annually. They

DEADLY ADVICE

have at their disposal laboratories, technique, equipment such as were undreamed of even twenty years ago. Is it not significant that Macfadden turns to the era of the American Revolution for scientific opinion in support of his theories, and overlooks the authorities of today?

He does, however, refer to an American physician of our time, Dr. William F. Koch. No other information is given concerning this gentleman. We wonder if he has in mind the Dr. William Koch who has been repeatedly exposed and completely discredited by the Wayne County Medical Society (Detroit) and the American Medical Association; the same Dr. Koch who prepared a "synthetic anti-toxin" which he injected into cancer sufferers at the modest fee of \$300 per injection! Careful investigation by competent men has failed to reveal a single proved case of cancer aided by Koch; but it has revealed a list of people dead and dying of cancer. Is this the "scientist" to whom Macfadden refers for support of his theories?

LET us now examine the reasons for thinking that diet can cure cancer once it has developed. The "evidence" for this is even flimsier than the testimony that proper eating habits will prevent cancer.

Dr. Robert Bell, for example, is said to have cured six hopeless cases of cancer through fasting and diet. An indication of Bell's standing as a scientist and authority is afforded by several interesting details of his career. He has written a lengthy thesis proving to his satisfaction that diphtheria is not an infectious disease despite universal agreement among physicians and public health authorities to the contrary. He also maintained that diphtheria is due to drinking water which had been kept in dark places. Bell has treated cancer by giving a mixture of salt-

peter and molasses by mouth. Another method of treatment Bell recommended was the injection into the cancer of super-heated air under very high pressure. We refrain from making an obvious remark in connection with this hot-air treatment. This, then, is another of Macfadden's principal authorities.

We are next informed of the details of a case cared for by Macfadden himself. Yielding against his better judgment to the pleas of a frantic son, Macfadden consented to treat a woman dying of cancer. As evidence of the apparent hopelessness of the case, Macfadden makes a great point of the patient's "strong cancer odor." Search as we might, we have been unable to discover what a "cancer odor" is. Neither the term nor the odor is known to physicians. Macfadden placed the woman on a raw milk and raw fruit diet. She lived for three and a half years, and the implication is that she would be alive today, but for the fact that in the last six months of her life she refused to follow the diet.

How shall we evaluate this case? Granting that this was a real cancer, we must point out that it is not at all unusual for cancer victims to survive for this period or even longer, with no treatment. This is true even after the tumor has spread and involves other organs. Medical literature is full of such cases which become the prey and the sustenance of the quack. For, any quack, if he sees enough patients, will eventually see a few such cases which *in the nature of the disease itself* will survive for several years.

Another bit of evidence is offered by the charming story of a South African woman who claimed good results in the treatment of cancer with a grape diet. Macfadden readily admits that he did not investigate any of the supposed cures with this "treatment"—yet he accepts the fable and recommends the diet! Could there be more convincing evidence of his complete lack of critical approach to the entire problem? Above all things, a scientist must be cautious in accepting rumors, stories and fairy-tales of "cures." There is in this instance no more reason to believe the tale, than there would be to have faith in the incantations of a witch-doctor. This is typical of the support Macfadden rallies for his theories.

Nowhere does Macfadden mention that various animals and even plants sometimes de-

velop cancerous growths. Does he explain these growths also on faulty diet, and if so how would he correct the fault in relation to the lowly tobacco plant?

THERE are many different types of tumor included under the general name "cancer." These are very dissimilar in many respects.

For example, the *cause* of these growths is by no means always the same. There are certain families in which heredity seems to be an important factor. In other cases, exposure to chemical substances in industry produces the tumors. This is true of paraffin workers and people who handle aniline dyes. Again, the chronic irritation from frequent rubbing against tar will produce cancer. This was found to be the case in fishermen who, while repairing their nets, hold a tar-loaded needle in their mouths and develop cancer of the lip. One type of cancer of the tongue is due to excessive irritation. Neglected injuries and inflammation following child-birth, especially when pregnancies occur in too rapid succession, may predispose to cancer of the uterus (womb).

Quite diverse also is the manner in which cancers cause death. Some are deadly by virtue of their rapid growth and spread throughout the entire body. Others kill by affecting some vital organ like the brain, without ever becoming very large and without extending to other organs. Still others are fatal because of their tendency to cause severe bleeding, which can, of itself, cause death.

As indicated, any organ of the body can be the source of dangerous growths. We have already mentioned tumors developing in the skin, lips, tongue and uterus. Deadly growths of various glands, such as the pancreas or prostate, occur with relative frequency. Cancer of the breast is one of the commonest. No part of the body is immune.

It is clear, therefore, that when we speak of "cancer" we do not refer to one disease, but simply mean a deadly type of tumor. Cancer may be caused by a great number of entirely different factors. It can manifest itself in a variety of ways, and may affect any structure of the body. Some differ so much from others as to represent totally different diseases. The problem is obviously one of great complexity, requiring attention at the first hint of its appearance, and necessitating every aid in diag-

nosis and treatment. The treatment must be adapted to each case individually after careful examination; X-ray where needed and study of bits of removed tumor.

When the most modern methods of diagnosis and treatment are applied early, cancer loses much of its terrors. More and more lives are being saved each year as people become aware of the problem and receive treatment in the early stages. That this is not done on a much wider scale is an indictment of a society which limits this knowledge and these life-saving measures to those who can pay for them, instead of supplying them to all who require them. The situation is *not* an indictment of the medical world, some of whose most brilliant workers are constantly studying the problem of cancer and making steady progress in its conquest.

Much has been learned concerning the prevention of cancer. As mentioned above, cancer of the uterus can be prevented in a great number of cases by simple treatment for the repair of injury following childbirth, or by proper care of the resulting inflammation. Careful attention to mouth hygiene, with the avoidance of irritation from badly fitting dental plates, or restriction of pipe-smoking, will frequently prevent the development of cancer of the mouth. In industry, adequate safeguards against chemical irritants are of the greatest importance. The problem of prevention holds great promise for the future.

WHAT is the danger of Macfadden's type of charlatanry? After all, milk and fruits are good food (though raw, unpasteurized milk which Macfadden recommends is very dangerous and responsible for much disease).

But, we repeat, any delay in seeking competent medical care, when there is a suspicion of cancer, may mean the difference between life and death. There is not the slightest particle of evidence that Macfadden's advice has any merit. There is overwhelming evidence that surgery, radium and X-ray can cure cancer in its early stages. Every *Liberty* reader who follows the advice of Macfadden, every victim or potential victim of cancer who temporizes with diet on discovering a lump in the breast or a growth on the skin, plays a losing gamble with life.

How many *Liberty* readers will die an unnecessary and avoidable death as a result of reading Macfadden's article? The exact number will never be known, but that there will be a considerable number can hardly be doubted. It is undeniably true that a certain number of readers of the *Liberty* article, who have or who develop cancer, will not turn to surgery or radiation (X-ray or radium) while their condition is still completely curable by these means, but will use a raw fruit and raw milk diet until the disease has spread to the point where treatment is futile and where certain death awaits them.

Above Macfadden's article is a picture of the choice before the cancer patient. On the left is a surgeon ready for operation, on the right some bottles of milk and a few fruits. Between them is a picture of the "cancer expert" Macfadden, and beneath it his statement, "In my opinion the raw-milk-and-raw-fruit diet has proved of the greatest value in numbers of cases." How many readers will choose to their utter destruction milk and fruit for cancer instead of surgery. How many will try the grape diet cure, about which he has heard "a number of very favorable reports" and which "is worth some consideration." Can any warning against such misinformation be too strong, or any condemnation of its advocate too harsh?

The truth is not as alluring as fiction. To those wearied by the grind of poverty and lack of money for medical care, it is pleasant to believe that a rosy apple and a glass of milk, symbols of nature and health and comparatively available, can cure cancer. The truth is not so easy and the fight must go on to secure for all those safeguards of health which today can prevent and arrest cancer; adequate medical care at all times for all; the finest diagnostic means, and when needed, expert surgery radium and X-ray treatment. We venture the prophecy that if Macfadden or someone dear to him should develop cancer, that is what he would buy—and he would buy it with those nickels he gets from the millions of readers he advises against such treatment.

We call on the American Society for the Prevention of Cancer and all other agencies striving to spare the sufferings of cancer victims and save their lives, to raise a mighty protest against Macfadden's article.

"Why Keep Them Alive?"

Granville Hicks reviews Paul de Kruif's stirring book.

PAUL de KRUIF is mad, red-hot, boiling, fighting mad. He is, very specifically sore at himself, disgusted because he has been so blind, so easily deceived. And, in a more general way, he is enraged against the economic system under which we live, a system whose evil he has just begun to realize.

It happened this way. Paul de Kruif was always interested in science, and, discovering in himself a certain talent for reporting, he made it his job to tell the world what the great microbe hunters and hunger fighters were doing. The achievements of science were so great and so important that it seemed to him the world could be made over if people only learned about what the scientists were doing. The chief obstacle to progress, he thought, was ignorance, and against this enemy he declared war.

Then, after several years of the depression, he made a discovery. It was so simple and obvious that he could not understand why he had not made it before. "I don't know why," he writes, "it took me so long to see that the strength-and life-giving results of the toil of these searchers were *for sale*; that life was something you could have if you bought and paid for it; which meant that you could have your share of it if you'd been shrewd, or crafty, or just lucky."

He is still a little amazed at his own blindness, and his account of the opening of his eyes is a revealing record of the workings of class prejudice. Here was Paul de Kruif, successful author, a prosperous man with plenty of everything. How could he bring himself to attack the civilization that made him so comfortable? It was much easier to dodge the issue or to find ways of blaming unhappy individuals for their unhappiness. He couldn't make himself admit that the same system that made him rich and contented was making millions miserable and was actually negating the achievements of the

science he loved so well.

How slowly he abandoned his position! First he used statistics as a blinder. The death rate was falling during the depression. "Wasn't this mass-misery a great, natural experiment?" he asked himself. "Weren't we learning that this out-at-elbows and tightening of belts were actually making millions of parents and their forgotten children—removed from any temptation of gluttony!—live longer and grow stronger?" Now he jeers at himself: "I know now that nothing could have been more moronic. But it's strange how comforting such sophistry sounds over breast of guinea-hen under glass with a bottle of Burgundy."

Then there was the Christian form of myopia, which attacked his faculties of sight when he had come to admit that poverty did exist. "I kept insisting," he reports, "that the real trouble was not this sickness (i.e., poverty) but that the real lack was the lovely spirit of Saint Francis of Assisi and of Jesus. In short, it seemed to me that good will was the one thing wanting."

Finally he suffered from professional astigmatism. Like most of the scientists, he discusses in this book, he assured himself that, though poverty was a serious evil, it was not his business to deal with it. The scientist should stick to his laboratory and go on making his wonderful discoveries, just trusting that in the long run these discoveries would somehow benefit the people.

But de Kruif happens to be one of those honest intellectuals about whom Karl Marx wrote nearly a century ago. It took him a long time, but at last he forced himself to realize that capitalism was sabotaging science. And once he faced the facts squarely, he knew what he had to do: he had to tell the world, no matter what it cost him personally and no matter what interests he offended.

SO HE wrote this book, partly a record of his own development, as I have just summarized it, and partly a sketch of what science could mean to America and the world once capitalism was out of the way. De Kruif knows how to write, and, in his previous books, his fine enthusiasm has given us the vivid drama of science. Now, with all his journalistic skill, he has let his fiery anger show us the terrible tragedy of poverty.

He emphasizes the horror of poverty by telling of just a few of the scientific discoveries that ought to be making life better for every American—but aren't. There is, for example, the story of the discovery that tannic acid will cure burns, a discovery that could prevent the suffering and death of thousands of children. There is the story of the new and marvellously effective way of treating tuberculosis. There is the story of the hidden hunger, of the frightful diseases that result from malnutrition. Finally, there is the magnificently told story of the Dionne quintuplets, those children that hadn't a chance in a million to live and yet came through to robust health because public curiosity brought money and money placed at their disposal all the achievements of science, achievements that ought to be and could be the birthright of every child in the world.

And against this he sets the account of his own researches into the actual conditions of millions of American children. In Pennsylvania he found devoted doctors giving their time and energy to try to neutralize the effects of the depression. He saw infinite misery and at the same time he learned how blind doctors could be, for these admirable men and women never stopped to ask why, in a country of abundance, they should work themselves to death, absolutely unrecompensed, to teach mothers how to make starvation as painless as possible. "Why," he asked himself, "did none of these brainy, devoted men and women at least bring up this most fundamental of questions; why didn't they ask how come that Pennsylvania, that America, is not allowed to buy all that it can produce?"

Everywhere he went he found magnificent death-fighters, but only here and there did he meet one who understood that "microbes are not so much to be feared as men." The almost miraculous accomplishments of these men and women made him realize once more how

much science could achieve, but he saw the death-fighters beaten at every turn by an enemy they did not recognize. This crazy economic system did not even have sense enough to listen to its own statistics and appreciate the simple cash value of preventive medicine. Two hundred thousand dollars a year would stamp out tuberculosis in Detroit, but this sum, so small in terms of battleship building, as Harold Ward has pointed out, was not forthcoming. Indeed, capitalism, far from having wisdom enough to prevent the economic waste of human suffering and premature death, was, de Kruif found, plunging into new absurdities: in a country that had never produced enough food for all its people—though it easily could have—crops were being systematically destroyed!

All this and more de Kruif saw, once he had learned how to use his eyes, and out of this new seeing of his he has made a probing, stirring, shocking book. It is a book that ought to be published, not at three dollars, but at fifty cents a copy. It could be and it will be if de Kruif means it when he says, "Just let them have light, just let the millions of honest, determined men like our aviators, our scientists, our engineers, our farmers, our mechanics, our workers, get seeing this scandal *all at the same time!*" (That is his job now, and he's going to learn that it's not an easy one. He will have to find out just how few people can buy a three-dollar book. He will have to realize that the same forces that sabotage science also sabotage education, and he will have to invent ways of smuggling his dynamite-information through the barbed-wire defences that the capitalists have set up around their millions of wage slaves.

He will have to clarify his mind, too, on a number of important points. In fact, little as he may like the idea, he is going to have to educate himself all over again. He knows now that the capitalist system is rotten; what he has got to find out is how to change it. He will do it, too; a man who has gone as far as he has can't be stopped. He has enlisted in a long and cruel war. He has many discoveries yet to make, most of them unpleasant ones. But he will, we can promise him, find satisfaction such as he has never known before. And there is, I suspect, a great joy coming to him when he realizes how many good comrades are fighting beside him in this battle.

FRIGIDITY IN WOMEN

The psychiatrist who wrote the article on Frigidity in the March issue discusses further the causes of sexual coldness in women. This article is one of a series on sex in modern society.

IN a previous article on frigidity, which appeared in HEALTH AND HYGIENE for March, 1936, some of the outstanding facts about this highly complicated subject were discussed. It was pointed out that frigidity was a very common condition, found, according to recent statistics, in about one out of every four married women. Frigidity was also defined as a diminished response to sexual relations, which can range from complete indifference or strong dislike to partial satisfaction. The cause of frigidity, it was noted, is practically always mental and emotional, rather than physical; the frigid woman feels inhibited and unable to "let go" sufficiently to enjoy sexual relations, and the treatment consists of discovering and removing the cause of this inhibition. It is important to remember, as was shown, that this cause is largely unconscious and unknown to the woman; that she is not to blame for her condition. She is usually surprised when she finds she gets no satisfaction from sexual relations; she often is resentful of the fact and unhappy about it.

In the previous article the simpler and more immediate causes were discussed. We are now concerned with one of the main factors that lies in the background of many cases: namely, the distorted attitude toward sex resulting from faulty childhood training. Events occurring in later life sharpen this distorted attitude and produce frigidity, or they tend to correct it and frigidity is avoided. Childhood training and impressions have a dynamic relation to the later experiences of life; if the childhood attitudes are very distorted, it will require only a small amount of difficulty in later life to result in frigidity; if the very early attitudes do not differ much from the average, it will require considerable difficulty to produce frigidity in adult life.

The source of these wrong attitudes toward sex, is the morality taught in childhood. Very

early in life the child is taught how to behave and what is right and wrong. It is not born with any moral sense, and has no ideas on either morality or any other subject. Much of childhood training consists in developing a sense of morality. By the time childhood is over this sense of morality has been instilled so deeply that its influence lasts for the rest of the individual's life.

It is important to remember that the wrong attitudes toward sex, developed in childhood, are a social product, and are found in varying degrees in all members of our society. Our system of morality, especially sexual morality, is largely derived from religion. Church dogma teaches that sex is sinful, and the idea that it is dirty, shameful and disgusting, easily develops from this. The influence of the church in this respect is felt even among those who do not follow religious teaching or have had no religious training, because the general morality of society for generations has been based on religious teaching.

LET us now examine in some detail the child's early experiences. Early in life the child exhibits a curiosity about its body, all parts of which it finds equally interesting; but the child soon learns from its parents that all parts are not the same, some are dirty and some are not, some can be touched and others must not, if it is to avoid punishment. Later the child wants to know where it came from, and the difference between the sexes. Sexual curiosity is a completely normal part of the child's desire for knowledge of the interesting world around it, but the parents do not regard it so. As a result of their own distorted attitude toward sex, they look on sexual curiosity not as they do on other forms of curiosity, but as something dirty and unnatural, particularly for a child, and do their best to stamp it out. Most questions are answered truthfully; those about

sex are answered with lies or the child is told not to ask such questions. All signs of sexual curiosity and activity are harshly curbed by warnings, threats or punishment. The child is forced to adopt its parents' wrong attitude toward sex. At first fear of punishment is the decisive factor, but as the child learns to love its parents it takes over their attitude as a token of its love for them and in order to keep their love. Sex to the child also becomes something filthy and sinful, something to feel uncomfortable and guilty about, something to be avoided at all costs. This training goes on throughout childhood, and by the time childhood is over, this reaction toward sex has been hammered in so deeply that it has become automatic, and is very hard to uproot. The attitude has become largely unconscious and is now a part of the personality.

This system of childhood training about sex encourages the development of many peculiar misconceptions. The refusal to answer the child's questions honestly, stimulates it to invent fantastic explanations of its own. Little children are very bright, as any parent will tell you, and very little escapes their observation. When the little girl notices how Mrs. Jones, next door, looked before and after the new baby came, she puts two and two together and knows that the baby formerly was in its mother. She doesn't know, however, how the baby got out nor how it got in. When her innocent and natural question is answered by a look of disgust and a fairy tale so lacking in plausibility that she can't help seeing through it, she sets to work to explain it to herself. She puts together her only experience with matter coming out of herself, plus the look of disgust on her mother's face, and concludes that the baby is born through the bowel and that it is a dirty and disgusting business. It is only a step from this to see how the child may develop the idea that eating and diet may have something to do with making the baby grow inside. From observation of animals, plus the belief that sexual relations are very wrong, the child conceives of sexual intercourse as a fight between the partners in which the woman is severely injured. Partly because of this misconception about sexual relations, the first appearance of the menses, without previous proper explanation, can be a very frightening experience. Another survival of childhood ideas about sex being

filthy is the idea that during menstruation the women is unclean and is getting rid of poisonous matter.

THESE infantile theories, beliefs and fears regarding sex are conscious at different periods of childhood, but they are no longer conscious, though still active in the adult as far as their effect goes. We do not realize we still have these attitudes, yet long after we consciously know better, contact with sex still arouses feelings of fear, shame, guilt and disgust; in fact the unconscious attitude is often more important in influencing our adult reactions than the conscious attitude. Consciously sexual activity may be regarded as normal and healthy, or, as a reaction against the childhood training, it may be regarded as pure and holy; yet the unconscious reaction may be one of fear and disgust. When this "education" has been particularly successful, when sex has been bound up with feelings of fear, guilt, and disgust, and the bond persists to a marked degree into adult life, a healthy, grown-up reaction to sex is impossible.

If the experiences of later life tend to accentuate the feeling that sex is unpleasant, frigidity is more likely to develop. If a married woman has had the type of early training described and has seen poverty and destitution increase with each addition to the family, fear of finding herself in similar misery may lead to fear of becoming pregnant, and hence she may react against the act which causes pregnancy and become frigid. If there was discord between her parents, her early reactions to their marital situation will tend to cause her to develop sexual frigidity should her own marriage not be satisfactory in other respects.

At times there is a strong reaction away from the early training. Upon discovering that she has been taught one thing but that the world often does not take this teaching seriously, the young woman may turn to promiscuity, regarding sex lightly as a trivial thing. Turning away from the old feelings of shame, she may suppress all feeling about sex, may cheapen it by making it something without significance, robbing it of its rich human values. Such a person can be as truly frigid as the one who still retains too strongly the old feeling of shame and disgust.

ANOTHER way of reacting against the early training is by clothing sex with too much sanctity and holiness. Too much is expected from it. The young woman is disappointed at finding a human relationship instead of a heavenly one. Such types of reaction are frequent among middle-class girls. Books greatly glorifying sex stimulate false expectations which are inevitably doomed to disappointment. Anything that tends to dehumanize sex and make it filthy, trivial, or holy, interferes with a healthy reaction to it.

A woman who is frigid as a result of these feelings of guilt about sex is usually too timid to say anything about it. She loves her husband

and is afraid that her lack of pleasure from sexual relations will be discovered, and that following this discovery her husband will no longer love her. In this situation the husband's attitude can do much to overcome these feelings. Such a woman responds to gentleness, kindness, and affection during the daily round of life as well as during sexual relations. Encouraging her to express herself, giving her the feeling that her place in her husband's affections is secure, encourages her to discard these relics of childhood. Tact and patience on the husband's part will often result in the gradual development of an adult reaction to sex. At times a psychiatrist's help may be necessary.

Cosmetic Problems

Moles Discussed by a Skin Specialist

MOLES, when properly placed on the body, have often been regarded as aids to beauty. In fact, a thriving business in artificial moles was carried on in the court of Louis XVI of France. Nature, however, is not always kind in her distribution. In addition, not all moles are pleasing to the eye.

Are all moles dangerous? Is it safe to remove them?

There are several different types of moles. Some are smooth and brown while others are smooth and of a blue-black color. Then again, there are those which are warty in appearance and those which sprout hairs.

Some moles, especially the blue-black variety, are known to have a tendency to become cancerous. However, the other types are, in most cases, not dangerous. When one remembers that hardly an individual lives who has no moles, the relative infrequency of their developing into cancers becomes evident.

When moles are irritated by the pressure of collars, belts, shoes, and so forth, or when they show signs of growth, they should be removed. Where a mole detracts from one's appearance, it may be removed, if in the doctor's opinion it is of the non-dangerous type.

The smooth, brown moles may be taken off by using either the electric needle, carbon dioxide snow (freezing) or trichloroacetic acid.

The removal of the hairy brown moles is a little more difficult. Here, the hairs must first be individually taken out by means of electrolysis. Sometimes the electrolysis treatment for the hairs is sufficient to make the mole disappear. If any part of this kind of mole remains, it, too, may be removed with the electric needle.

The warty moles are best treated with the electric needle. When soft, they may be well destroyed with carbon dioxide snow. X-rays and radium should not be used in any of these three varieties. In some cases, the moles of these three types, because of great size or difficult location, are best removed by a surgeon.

The smooth, blue-black mole is dangerous. If it is not rubbed against, or not in an irritated area, or not growing or being irritated, it should not be treated. Where treatment is necessary in this type of mole, it must be cut out some distance beyond its borders.

One important thing to remember is that only an experienced skin specialist should decide whether to remove the mole, and only such a competent person should remove it. Those who have moles removed in beauty parlors expose themselves to danger.

For its many readers who have been asking questions regarding the care of the skin and hair, "Health and Hygiene" is devoting space each month to such problems. Letters should be accompanied by a stamped, self-addressed envelope for personal reply.

WHAT PRICE DOCTOR - PATIENT RELATIONSHIP?

WHENEVER any plan is brought forward for making medical care available to the majority of our people, the leading officials of the American Medical Association and the State Medical Societies rush forward and shout in chorus, "This is revolutionary. It will destroy the personal relationship between patient and doctor." They explain that there exists today, between them and the patients they treat, more than a cold, scientific relationship in which the doctor merely examines, diagnosis and treats the patients; that in order to assure thorough medical care, it is necessary for the doctor to know the patient and his family, to know his likes and dislikes, his troubles and the details of his personal life. It is further necessary for the patient to want to be treated by his particular doctor, to have confidence in him, to prefer him to other doctors. Anything that will imperil such a fine relationship, the officials are quick to condemn.

Just how beautiful a thing this personal relationship can be, is well illustrated in a recent article by Dr. Stokes, one of America's leading skin and syphilis specialists, in the *Journal of the American Medical Association*. Dr. Stokes reported on some cases of scabies, a skin ailment due to a little parasite that burrows in the skin, causing a rash and itching. While scabies is an annoying ailment, it can hardly be called a very serious one. General health is not affected and the treatment, the application of sulphur ointment, usually results in a swift cure. Scabies is decidedly one of the minor ills of man, usually a by-product of poverty, lack of bathing facilities and infrequent changes of linen. Stokes was reporting, however, on a group of his private patients, and he showed that even bankers, brokers and manufacturers can get scabies occasionally—sometimes from failure to avoid, in a moment of carelessness, too close contact with the poor. One of his patients, a syphilitic millionaire, was relaxing from his troubles in Europe when he caught scabies. At first he consulted a continental physician, but realizing the lack of personal relationship between him-

self and the foreign doctor, he jumped aboard the fastest transatlantic liner and in a few days appeared with his scabies in Dr. Stokes' office. He got his prescription for a box of sulphur ointment and was happy. It had come to a big price for a fifty-cent box of sulphur ointment, but it was well worth it. He had confidence in Dr. Stokes. Certainly this touching example of the fine relationship between the patient and Dr. Stokes is nothing to be laughed at, but rather to be envied.

Unfortunately Dr. Stokes omitted from this interesting case report, the name of this patient, the list of factories he owns and the number of men, women and children who work for him. It might be of some interest to inquire into how much personal relationship exists between his workers and their doctors, to say nothing of a similar inquiry about those of his former workers who were discharged for union activity or because they had grown too old in his plant for further profitable employment. Such an inquiry would show the social cost of this man's excellent medical care.

IN 1927, former President Hoover appointed a committee headed by Dr. Wilbur, then the Secretary of the Interior, to investigate the cost of medical care. Even this committee, packed with conservatives, was forced to report that over 75 per cent of Americans do not get adequate medical or dental care and that nearly 40 per cent get hardly any medical care at all. When the committee made a few mild and totally inadequate recommendations for making medical care available to the people, the *Journal of the American Medical Association* denounced them as "Socialistic and Communistic," "inciting to revolution." They felt that the personal relationship, of which we have just given an example, was threatened. They further stated that the inability to pay doctors' bills is due, in considerable part, to poor management of the household budget! Finally they pointed out that when a really poor person gets sick, he has nothing to worry about because he

can go to the free clinics. In fact during the last ten years, free clinics attendance increased 300 per cent. In 1934-35 about 2,000,000 people in New York City alone made 6,000,000 visits to the clinics. Since such a large proportion of the people, especially in the big cities, get their medical attention in the clinics, it seems fair to inquire about the personal relationship between patient and doctor in the clinic. Does the clinic doctor know the background and family of the patient? Does he examine him leisurely, speak to him kindly, break the bad news to him diplomatically? To ask these questions is to answer them.

The patient enters the clinic under a cloud of suspicion. The clerk questions him about his earnings to make sure that he really cannot afford to see a doctor privately. Given his card, he waits his turn on hard benches, in a depressing atmosphere. The doctor, compelled to get through his quota of patients in the two hours or so allotted to him, asks a couple of questions, makes a brief examination and orders medicine. Next case! The doctor is hurried, often angry and resentful. He knows that in his office he sits idly waiting for patients. To the clinic they flock in an endless stream. He feels the clinic is taking away his practice. Yet to keep up his professional standing he must nourish this monster which he believes devours his dwindling income. A more impersonal relationship, devoid of any human bond between patient and doctor can hardly be imagined.

We agree with Dr. Fishbein of the American Medical Association and Dr. Sondern of the New York State Medical Society that the

personal relationship is a wonderful thing. Our complaint is that it does not exist for the great majority of the people. Our task is to fight for it, even though it means limiting the financial resources that makes possible a millionaire's return across the Atlantic to receive his own doctor's treatment for a minor skin disorder.

It is easy for workers to understand the need for fighting for unemployment and health insurance. Such insurance financed by direct taxation of those best able to pay would enable the sick worker to visit the doctor of his own choosing in the doctor's office, and buy the medical care he needs.

It is easy for the doctor to understand the need for compensating doctors who work in clinics. Such compensation also financed by direct taxation of those best able to pay, accompanied by much larger medical staffs in clinics, would introduce the personal relationship into the clinic by eliminating the doctor's hostility to the clinic and by permitting each patient to get the necessary time for an adequate examination. These two measures supplement each other. A combination of unemployment and health insurance with a system of pay in clinics would be an important first step in solving the common problem of patient and doctor. United political action by workers and doctors can achieve this step. The Frazier-Lundeen Bill now before Congress provides for such unemployment and health insurance. A strong Farmer-Labor Party will force its passage over the opposition of a Roosevelt or a Liberty Leaguer.

THE HUMAN TELEPHONE SYSTEM

MANY people have marvelled at the speed with which a cable message can be sent to any part of the world, or have puzzled over the complexities of wireless communication. Few of these people realize that they too possess an intricate and elaborate communication system designed to acquaint them instantly with every physical change in the environment and to enable them to respond appropriately to such change.

This apparatus for receiving and relaying a great variety of different sensations is known to physiologists as the "sensory system." Each

type of sensation has its own "receivers" in the skin and elsewhere, its own "wires and cables" in the nerves and spinal cord, and its own automatic switchboard to sort the messages and distribute them to the correct terminal. The rapidity with which such messages are handled compares with the speed of electricity.

It is with one part of this system that people feel the presence of a fly on the cheek even when they are asleep and brush it away without awakening. When a housewife compares the feel of several samples of linen, it is with her sensory system that she determines their

texture. It is another part of this system which enables people to draw away with lightning speed when they touch a very hot or a painfully sharp object, thus protecting themselves from more severe injury. It is obvious, therefore, that this system is of fundamental importance not only for comfort but for life itself.

There are other senses such as hearing, vision, taste and smell, but this article will only concern itself with other specialized forms of sensation.

Scattered throughout the entire body are millions of "end-organs" or receiving stations. They are found in very large numbers in the skin, in the muscles and joints, in the bones and elsewhere. Each of these organs serves only one of the numerous sensations: touch, pain, temperature, the position of our joints, vibration. In some parts of the body there is a multitude of such organs, in other regions they may be relatively few in number.

In the skin of the fingertips, for example, we find in great numbers end-organs of touch, but none of position. Conversely, in the knee and ankle joints, and in the muscles moving them, there is an abundance of the special organs for change in position but none for touch.

To express it somewhat differently—the sensory mechanisms of the body are so distributed as to provide the maximum number of special endings where they are most useful.

IT is with the sense of touch that we distinguish between the skin of an orange and that of an apple. The ability of people to determine the quality of linens or other textiles has already been mentioned. Experts develop this ability to a very high degree. The sensation of light touch is so delicate that in a medical examination the physician tests it by stroking the skin with a few wisps of cotton. When this is done the end-organs are stimulated and send an "impulse" or message along the particular nerves to the spinal cord where it is then routed through specific pathways conducting this type of message to the brain. It is only when the message reaches the brain that we become consciously aware of the stimulus.

A similar train of reactions is started when the knee is bent or a muscle stretched. In such cases the "muscle-tendon-joint" end-organs are stimulated and send the appropriate message through nerves and spinal cord to the brain, so that the position of the joint or the degree

of tension on a muscle can be judged without looking. This function is of importance in many respects. Consider, for example, the process of choosing the correct key from one's pocket. Not only does the sense of touch inform us of the key's grooves and notches, but the sense of position assists in revealing the distance between our fingers as the key is held, in this way giving a clue as to the key's size and shape. A blind man feeding himself knows exactly in which direction and how far he must bring the fork in order to reach his mouth.

This division of the sensory system is particularly susceptible to damage when syphilis affects the nervous system. In the disease known as "locomotor ataxia" or "tabes dorsalis" the spinal cord pathways carrying the position sense are blocked and the individual is then at a complete loss in sensing the relation of his limbs to each other, or to the rest of his body, or to the ground. And unless he watches the pavement as he walks he tends to sway and slap his feet against the sidewalks because he can no longer accurately gauge the distance between his feet and the sidewalk. All his other movements show a similar loss of normal precision.

THE vibratory sense is also "deep" in that its nerve endings are situated not in the skin but in the bones. Only when some vibrating object comes in contact with the ankle, the elbow or elsewhere do we feel this particular type of sensation.

The temperature sense enables one to distinguish between different degrees of warmth or coldness and is of great importance in protecting against burns. In certain diseases this sense is lost and the individual may sustain severe burns. For example, while smoking a cigarette, such an individual may smell burning flesh and only then discover that the cigarette is burning his fingers.

Similar protection is afforded by the pain sense. When a workman comes in contact with unguarded machinery and is bruised or cut, he immediately draws away before more damage is done. People who lose this protective mechanism may suffer severe injuries. One such person, who was paralyzed as well as insensitive to pain, spent an evening playing cards. At the end of the game it was discovered that the leg of the heavy table was resting on his foot, crushing it. He had felt nothing.

Our Doctors Advise:

The doctors of the Medical Advisory Board, including specialists in almost every field of medicine, will answer readers' questions on health and personal hygiene. All questions must be signed and accompanied by a self-addressed, stamped envelope.

Menopause

Toronto, Canada

To the Medical Advisory Board:

About eight months ago my wife suddenly became sick. She had been feeling well and had no trouble or disorders until then. She then became weak and was not able to sleep. At a hospital clinic she was told that she is experiencing a period known as change of life coupled with a high blood pressure. She visited the hospital several times when she was told to remain in the hospital, which she did for two weeks. After leaving the hospital she once again broke down. She is at present not able to sleep and is very weak.—B. D.

Answer—Symptoms of menopause (change of life), as a rule, last four or five years, but are most severe during the first year or two. They are due to the stoppage of the glands, the ovaries, and this lack of ovarian secretion causes the symptoms your wife suffers from. At this time, high blood pressure also begins to show up, but it is an independent condition and the cause of it is unknown.

The treatment for both is rest, in surroundings free from care, in fresh airy rooms, good food. (No special diet is necessary.)

The glandular condition may be relieved by an expensive product taken by mouth. Other less expensive remedies are sedatives such as phenobarbital, a half-grain several times a day. This also helps the high blood pressure.

Tuberculosis

Wheeling, W. Va.

To the Medical Advisory Board:

My wife has been ill for six weeks and the doctor has just told me she has tuberculosis. The state sanatorium is filled up now so we cannot move her there for about three months. Being a poor man, I am not able to send her to a higher priced one. Please advise me what I am to do in the meantime.

Answer—You state that your wife has been ill with tuberculosis of the lungs for the past six weeks and that she is awaiting admission to the sanatorium which has a three months' waiting list. This problem, which is so widespread throughout this country, is indeed a serious commentary on the bankrupt state of the U. S. Public Health Service.

Since your wife has been pronounced a case suitable for sanatorium care, the best that you can

do while waiting, is to attempt to approximate the care that she should be receiving in the sanatorium. If your wife has any fever, she should be in bed alone twenty-four hours of the day in a room which is well ventilated and, if possible, one in which she is the sole occupant. She must be given nourishing food, such as eggs, milk, freshly cooked vegetables, meat in moderate quantities and cooked cereals. She should be attended by a physician who visits the home at least once weekly, more often if conditions allow it.

She should eat out of her own dishes, which must be boiled and scoured after use. She should use paper napkins for handkerchiefs and should spit into a paper sputum cup, both of which must be burned after use. If there are any children in the family, they should not be allowed to come in contact with your wife; better still they should be sent to live with relatives until your wife is admitted to the sanatorium. You, your children and other members of the household should have a chest X-ray taken to determine the condition of your lungs.

A more complete discussion of the treatment of tuberculosis and some information about the disease will be found in the September, 1935, issue of HEALTH AND HYGIENE.

Birth Control

Erie, Pa.

To the Medical Advisory Board:

I would like some advice on birth control as there is no birth control clinic around here and our family doctor cannot give anything that can be relied on, as I have found out through use. I have a family of four children and under the present system they are more than I can take care of properly, so I would like to know something that I can depend on and where I can get it. I am sending the name of a contraceptive. I would like to know if this can be depended upon.—B. L. M.

Answer—Veralin, for "feminine hygiene," like all hundreds of other medicines advertised for this purpose, is not dependable. To put it more strongly, there is no article or medicine advertised to the public which is effective for marriage hygiene (all advertisers, in using this phrase, are quite certain that the buying public understands it to mean birth control). This statement is based upon

careful and accurate investigation of various products by birth control clinics throughout the country. Only methods advocated by clinics or physicians specializing in this field are most effective. As soon as all of our readers get together and flood their Congressmen with demands for passing adequate birth control laws, not until then, will we be able to open these columns to scientific information

High Blood Pressure

Brooklyn, New York

To the Medical Advisory Board:

I am a woman, thirty-nine years of age, height five feet seven inches, weight 180 pounds. I have high blood pressure of 180 and at times it goes down to 140.

For years, my heart has been missing beats and this has made me feel very weak. If you think that my overweight affects my heart and pressure, will you please send me a reducing diet. Although I have refrained from heavy work for the past six months, I still feel weak. Will you tell me the cause for this weak feeling and the remedy.—G.F.

Answer—A blood pressure which varies between 140 and 180 is not particularly high. However, a heart which must maintain such a pressure does have to work harder than if the pressure were 130 or less. Remember also that your pressure may be high when the doctor takes it and lower during most of your sleeping and waking hours.

Missing beats are not a sign of heart disease and are not dangerous. Many patients have them without knowing it. Sometimes they are caused by tobacco, coffee, alcohol, excitement, or an infection such as a head cold, an abscessed tooth, or sinusitis.

You are overweight. You would probably feel better if you lost 30 or 40 pounds. It would mean less work for the heart. You would think twice, we are sure, before you walked around all day with a 30 or 40 pound sack of potatoes over your shoulder. It would tire you by the end of the day. That is what overweight does.

Reducing is primarily a mental problem. It involves controlling the will to eat when you are hungry. Anyone can reduce provided less food is eaten than is burned up by the body.

In our July, 1935, issue, there is an article called "Eating to Diet" which lists the foods that are fattening.

Carbuncles

Mobile, Ala.

To the Medical Advisory Board:

About two months ago I got a group of boils under the armpit. They rapidly developed into a carbuncle, then, several carbuncles in a cluster. I was treated by a doctor during this time, under whose care the condition failed to improve. This

week the doctor told me that I couldn't be helped. I have spent about \$200 for the doctor's services and drugs. I have been unable to work during the past month and the condition, naturally, is very distressing.—N. D.

Answer—It often happens that a crop of boils occurs in a patient and is very resistant to treatment. These crops may recur in different parts of the body and may even form carbuncles.

In such cases it is very important that the general condition of the patient be studied. Certain diseases, such as diabetes, may be the cause of the persistence of the boils, and such underlying conditions, if found, need special treatment.

Besides the general attention to the general condition of the patient, boils and carbuncles can be treated in various ways. The simple boils may be opened and kept clean with a dressing. The crops may be treated with hot applications until some surgical treatment is necessary. In persistent cases, and also when carbuncles have formed, one type of treatment is the so-called short-wave treatment or treatment by the X-ray. In some cases it is necessary to operate and remove the infected tissue. These two types of treatment are very efficient. We would suggest this treatment. There are also certain types of injection treatments based on the idea of developing in the patient an increased resistance to the specific type of infection that results in the formation of the boils.

We suggest that you apply to the nearest hospital and try to get the short-wave treatment.

Sausages

Chicago, Ill.

To the Medical Advisory Board:

Will you please give me some information about the type of meat used in sausages? Is it as cheap as that used for the making of hamburgers? I pay over thirty cents per pound for my sausage, still my husband refuses to eat it, insisting that it is poison. Will you be good enough to advise me inasmuch as I like sausages and deny myself because of my husband's attitude.—F. S.

Answer—Your husband has taken a very sensible attitude toward the eating of sausage, as the meat and other materials used for filler are of the cheapest. The sausage makers purchase the ordinarily inedible portions of the hog, such as the snouts, ears, cheeks and other parts of the hog's head, to go into the product. This pork scrap is put through the grinder and mixed with very low-grade cereal. Water is then added to the extent of five to twenty per cent, and the whole mixture is rammed into the sausage casings. The total cost of the ingredients is probably not more than two or three cents per pound, for which you will pay around twenty

Menstruation

Kenosha, Wis.

To the Medical Advisory Board:

At thirteen I started a normal, painless menstruation lasting three to four days.

Early responsibility and work gradually increased the flow, pain and the length of the period. I am twenty-four, unmarried. I have had no sicknesses and do not suffer between periods.

Eight months ago after a period of ten days, rushing flows, clots, pains in the pit of the stomach and right leg with a severe purging of the bowels and fainting, I put myself in a doctor's care.

The doctor treated me several months for anemia due to loss of blood and a possible fibroid tumor. She said the womb was very congested. I was sent to a hospital after one period lasting fourteen days which was succeeded eleven days later by another period. There the womb was cleaned and scraped. Then I was sent home to continue treatment with the doctor.

As a result of the operation I have the "whites." My weight has remained about the same. I am nervous and easily upset.

I am now in the third month of twice-a-week one-unit insulin injections. For five months I have done no kind of work at all, just resting. My first period after returning from the hospital was practically the same as before, the second one day less and the third and last another day less. There was less pain and a more even flow. All during the period I stayed in bed.

I take pills to ease the pain a week before the periods. I also take calcium pills, Haliver oil and Knodremul. This last period I was very constipated and still am. I have always been constipated and had a severe case of acne treated by X-ray. This time my face broke out again.

The doctor says if in the future the congestion doesn't decrease, the womb must be removed. Also that another year will be required for complete recovery.

A doctor cousin of mine, checking my hospital records, finds me listed as "bleeding from unknown causes" and no mention of a possible tumor.

He doesn't ascribe my improvement to the insulin injections. Sometimes I myself wonder if the rest is the thing that is helping me. He plans to give me daily injections.

I would appreciate your advice and your opinion of the insulin injections.—R. G.

Answer—You are apparently suffering from functional bleeding which is very common in young girls. In this type of bleeding, there is usually nothing found by the ordinary examination as the trouble is usually glandular in origin.

With modern methods of treatment, removal of the uterus or womb is absolutely not necessary. The

use of insulin for such bleeding is a new treatment, the value of which has not been established. The injection of gland products from the pituitary or from a part of the ovary called the corpus luteum is worth trying, but this is also of uncertain value.

If this fails, a small dose of X-ray will temporarily stop menstruation and it will gradually come back in normal amounts. The treatment of your condition should be in the hands of a specialist in gynecology.

* * *

Piles

Montreal, Canada

To the Medical Advisory Board:

In your magazine you ask your readers to feel free to write. I have a question I would like to have answered.

I have been suffering with hemorrhoids for several years and have been getting medical care. My doctor recommends operative care. While I have confidence in his recommendation, I would feel more assured if your medical staff would advise me whether operative care is the only and best treatment or whether there is any other treatment that would be as effective without use of the knife. I have always had a fear of operations.—S. M.

Answer—Hemorrhoids that cause trouble should be treated. It may be possible that by proper attention to diet and to regular bowel movements, the condition may subside sufficiently as to cause no further trouble. However, in your case, since you have had trouble for several years and have undergone the usual medical attention, we would suggest that more radical treatment be attempted.

This may be either the injection treatment or operation. The operation is not serious, and when well done does not necessitate much after-treatment nor a long hospital stay. The usual hospital stay would be about one week. The results of a well-performed operation are good. The operative treatment is applicable to both internal and external hemorrhoids.

The injection treatment is applicable only to internal hemorrhoids. This type of treatment is ideal in that it does not put the patient to bed and so eliminates a hospital expense and loss of time from work. It is not painful, and it is done in the doctor's office and the patient can go right home and resume his duties. The results are as a rule good and in case of recurrence, re-injection is easily done. This treatment cannot be done if there is any great amount of secondary inflammatory reaction. We should think that in cases of internal hemorrhoids, it is far better to inject than to operate. The idea of the injection treatment is to close the dilated vein (the hemorrhoid). There are no bad after effects.

Psoriasis

San Francisco, Cal.

To the Medical Advisory Board:

Several months ago I developed a scaly rash on my elbow, which gradually spread over my entire body. I applied for treatment at a hospital and the doctors diagnosed it as psoriasis. I am receiving two injections a week as treatment. (I do not know what chemical is used in the injection.) At another hospital Lamb's ray was prescribed for me, but unfortunately this ray is too expensive. My condition has improved slightly, yet after about twelve injections it is not wholly cured. At times this rash almost disappears but comes back in a few days. Do you think the ray treatment would be more effective?—R. D.

Answer—Psoriasis is a chronic, obstinate disease which does not affect the health but is a great nuisance because of its effect on the general appearance. We do not know the cause and there is no cure for it in the sense that if cleared up it will never come back. Even if cleared up one must expect that it will return at some time or other.

Since there is no one specific form of effective treatment, many kinds are tried and some may work in one case but not in another. Therefore, the type of treatment must be suited to the individual patient.

We have never heard of Lamb's rays and are sure there is some mistake. There are no injections which are known to cure psoriasis. Any such injections are of an experimental nature, and you should not be disappointed if they fail to work.

* * *

Multiple Sclerosis

Butte, Montana

To the Medical Advisory Board:

I am twenty-five years old and have been told by my doctor that I have multiple sclerosis. He says that if I am very careful to get plenty of food and rest the condition may clear up in the course of a few years. Right now I feel very weak and cannot keep my balance well in walking. As I must work to live and cannot afford to rest indefinitely, I should like to know something definite about this disease. Please let me know if there is any quicker treatment.—M. C.

Answer—We regret that we are unable to recommend any better form of treatment for multiple sclerosis.

You will, in all probability, improve without any treatment. But there is no guarantee as to how long this will be maintained. This disease affects young people exclusively and produces damage in the spine.

If you are physically able to do so, return to work immediately and you may rest assured that the natural forces of the body will take care of

the disease.

A great deal of research is being carried on constantly and there may some day be a good cure. Avoid chiropractors and osteopaths.

* * *

Severe Headache

Iron River, Mich.

To the Medical Advisory Board:

I am 42 years old and for the last ten years have suffered with headaches. It always started with the beginning of my menstruation. My stomach was most upset and I would vomit until the "gall" came up. For days in a row, I could not eat a thing and this made me so weak that I could not even do my light housework. A few times I consulted a physician, but after taking the medicine, the same illness came back. I know that I am not the only woman who is tortured by these terrible headaches. What I should like to know is whether there is any chance of getting rid of this malady.—F. N.

Answer—There are dozens of causes of headache, and only a thorough medical examination will reveal the cause in your case.

However, you may be suffering from a condition known as "migraine," which is a special type of headache, usually affecting only one side or even one spot of the head. It is an extremely severe headache, lasting hours or even days and is often associated with vomiting and with spots before the eyes, dizziness and other symptoms.

The treatment is not very satisfactory. It is necessary to avoid mental, physical or emotional strain. The diet should be light and simple, with an extra meal added to the schedule if the light meals do not provide sufficient nourishment. Some people are sensitive to special substances in the environment, just as "hay-fever" victims are, and in such cases special treatment to reduce the sensitivity is of value. For the attacks themselves, you should lie down in a dark and quiet room with an ice cap to the head. Take codein one grain every three hours (a prescription by a physician is necessary for this).

In your case, with the association between the headaches and menstruation, it is possible that gland treatment might help.

* * *

Thank You

Montclair, New Jersey

To the Editors:

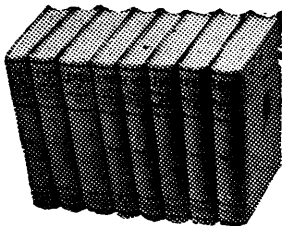
In sending in my renewal for one year, I want to congratulate you upon your past efforts to make the magazine a real guide to health and proper living for the worker and his family. My wife and I learn quite a lot from your timely articles and suggest that you print articles on sunshine cures, bathing and summer recreational activities.

HENRY TOWMAN

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