

# HEALTH AND HYGIENE

JUNE  
1936

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CENTS

**THE TRUTH ABOUT SMOKING**

**SEX AND THE WOMAN**

**LYDIA PINKHAM: QUEEN OF FAKES**

**DO ALL FOODS MIX?** by Carl Malmberg

**ASTHMA AND HAY FEVER**

**HOUSING AND HEALTH** by Sidney Hill

*Also Vital Information on*

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GONORHEA IN WOMEN • SUNBURN PREVENTIVE**

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# HEALTH and HYGIENE

*The Magazine of the Peoples' Health Education League*

Volume 3

JUNE, 1936

Number 6

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*Editors: EDWARD ADAMS and JOHN STUART*

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## Editorial: Building Men on Starvation

Heil, Depression Diets!

DR. JAMES S. McLESTER, president of the American Medical

Association, in a speech before the Medical Society of New York (reported in the *N. Y. Times* of April 30, 1936) took his stand as apologist for the crushing semi-starvation relief and low-wage diets that have been forced upon the unemployed and a large part of the laboring population of the United States. Dr. McLester stated that the results of a questionnaire, not of first-hand investigation, indicated that "economic misfortune was the mother of a more enlightened and practical viewpoint toward survival." We recognize this remarkable statement as a direct steal from Hitler and Mussolini who preach that an empty stomach breeds patriotism, warriors, and successful imperialism. "We have, on the one hand," said McLester, "the fact that the American people have suffered great material losses; while, on the other, there is no clear evidence that the nutritive state of an appreciable number of people is inferior to that of pre-depression days."

How easily McLester could be refuted! Has he looked into the backyard of his home town, Birmingham, Alabama, where there is plenty of pellagra and other nutritional diseases? Has he carefully examined Dr. Elda Robb's report in which the famous nutritionist states that "in the last five years the average weight of children between six and nine has decreased and malnutrition has increased, particularly among children in that part of the population affected adversely by the depression"? Has he scrutinized reports by physicians, social workers and health workers, attesting to the vicious effects of depression diets?

No, it is not necessary to refute McLester. He has only to recall his own address delivered ten months ago at his inauguration as president of the American Medical Association, to do so.

The following are largely direct quotations from his speech: "Man's place in future history will depend in no small degree on the food he eats." And because animal stocks have been improved to a surprising degree by appropriate diets, can man similarly influence his development? "There is reason to believe he can. . . . Children living under improved nutritive conditions in Hawaii grow to greater stature than

people of the same racial strain in China. . . . Such improvement in racial strain is not limited to those people who emigrate to more favored lands, for like superiority of development is seen to accompany better living conditions among the children of natives both in this and in other countries. Witness the study of children of different social groups in this country made by Gray and Nicholson in Eastern private schools, indicating that those of the more favored groups grow to a greater height. . . . It should be emphasized, however, that larger stature is not the sole advantage that comes from improvement in diet, for there is abundant evidence that greater physical efficiency also follows."

Who Calls the Tune, "EXPERIENCES Dr. McLester?"

Such as these have brought physiologists to the realization that a diet which appears to be adequate is not the optimum diet." McLester then quotes the famous English physiologist, Sir Frederick Hopkins, to the effect that the social-economic level of the community is dependent on an environment in which the food supply is an important factor and that "the community, while managing to survive, may yet be functioning at levels below those possible to its innate capacity."

McLester then resumes, ". . . Any plan to elevate racial (sic!) standards by means of improved nutrition must give serious consideration to political and economic factors, for food must be produced in adequate amounts and marketed at a price that the public can pay. . . . It can be said that something like twenty million people are living near or below the level of nutritive safety. . . . The income of these people must be raised or the price of food lowered."

We now ask Dr. McLester why he has changed his tune? Why within ten months, has his praise of the benefits of plenty shifted to the familiar fascist howl of the beauty of starvation and poverty? Why, in short, has he, the official leader of American physicians, turned traitor to the highest ideals of medicine? The doctors of HEALTH AND HYGIENE who are also members of the American Medical Association demand that Dr. McLester explain this sudden change in attitude.

## LYDIA PINKHAM: QUEEN OF FAKES

By AVERY HENDERSON

THE name Lydia Pinkham is a by-word in the American household. It has something of the flavor of a Mother Goose rhyme or an Æsop's fable. It is celebrated in the doggerel of the wobblers and in the flippant verse of college beer songs. We remember one that began "Here's to Lydia Pinkham; drink it down, drink it down." We realize now that there was more truth than poetry in that song. The merry-andrew who adapted Lydia Pinkham to an old drinking song had more than an unconscious insight into the composition of Lydia Pinkham's Vegetable Compound. We suspect that he once sampled the contents from his sister's Pinkham bottle and was surprised that it tasted like a fourth-prize winner in a national home-brewing contest. For the fact is that Lydia Estes Pinkham's Vegetable Compound is and always has been a fourth-rate alcoholic mixture, a cocktail containing a small amount of vegetable compound and nothing more.

The story of this queen of the nostrums begins in 1883, when the old lady died. No news of the death of this eminent benefactor of humanity was permitted to reach the world. Her family found it profitable to continue the impression that she still lived and would be glad to answer any questions sent in by sufferers of any of the numerous female disorders the Vegetable Compound was supposed to cure. Even in 1903, twenty years after her death, advertisements appeared in newspapers imploring mothers and sisters to "Confide in a Woman." And that "Any woman, therefore, is responsible for her own suffering who will not take the trouble to write to Mrs. Pinkham for advice." One hundred thousand letters were answered every year. This correspondence with what must have been Lydia's ghost continued until the late Edward W. Bok started his futile crusade against patent medicines. He debunked the false correspondence by publishing a picture of Mrs. Pinkham's tombstone.

The next chapter in our story begins in 1912. The stuff was being sold in England,

but the British Medical Association couldn't swallow the medicine or its claims. And the Association instructed one of its chemists to analyze it. The chemist reported as follows: "Analysis showed it to contain 19.3 per cent by volume of alcohol, and only .6 per cent of solid substance; the ash was .06 per cent and consisted of the constituents usual in vegetable preparations; traces of tannin and ammonia were present, and a small quantity of reducing sugar; no alkaloid was present, and no evidence was obtained of any active principle except a trace of bitter substance soluble in ether; the remainder (0.3 or 0.4 per cent) was vegetable extractive, possessing no distinctive characters." In other words, this so-called Vegetable Compound consisted of 80 per cent water, almost 20 per cent alcohol and less than one per cent of solid substances, chiefly vegetable extractive "possessing no distinctive characters." The American Medical Association then called the attention of the Commissioner of Internal Revenue to the fact that Lydia Pinkham's Vegetable Compound properly came within the list of those alcoholic medicinal preparations for the sale of which a special tax was required. A year later the Commissioner went into action but the Pinkham family jumped the tax by reducing the alcoholic content to 18 per cent.

In September, 1915, the United States Attorney for the District of Massachusetts started action against the Lydia Pinkham Company, charging that the claims made on or in the package were false. These claims make up as extravagant a hodge-podge of downright fraud as the writer has ever encountered in his travels through the wonderland of patent-medicine advertising. Nowadays the frauds are palmed off with a little finesse and sophistication but ten to twenty years ago no holds were barred. This vile-tasting alcoholic vegetable soup was advertised as being effective for prolapsus uteri or falling of the womb, leucorrhœa, inflammation and ulceration of the womb, irregular and painful menstruation; for curing all female ailments, diseases of the bladder, or-

ganic affection of the kidneys, displacement of the uterus forward, uterine tumors, diseases of the ovaries and as preventive of miscarriage or abortion.

**T**HE PINKHAM COMPANY refused to contest the charges of the United States Attorney. The court found the company guilty of false and fraudulent claims and imposed a fine of \$50. The effect of the court decision was only to compel the company to comply with the 1906 Food and Drug Act. This act, however, did not control fraudulent statements made elsewhere than on or in the trade package. The Pinkham Company simply changed the package label and continued advertising its false claims in newspapers and magazines without restraint. By 1925 the Pinkham business had mounted to \$4,000,000 a year.

On May 13, 1935, the Bureau of Food and Drugs of the Department of Health of Kentucky analyzed the compound and reported the following figures: alcohol by volume, 14.18 per cent; solids, 3.5 grams per 100 cubic centimeters; vegetable extractives, 2.02 grams per 100 cubic centimeters. The alcohol content had been reduced from 18 to a little less than 15 per cent and more vegetable sauce had been added. The directions on the package were to take a tablespoonful every four hours through the day. A tablespoonful is half an ounce and if a woman begins taking the stuff when she rises she can achieve a pretty satisfactory state of alcoholic exhilaration. If taken five times a day it is the equivalent of two to two and one-half ounces of a strong wine.

We don't think it necessary to take up in detail the fraudulent claims of Lydia Pinkham's. It is sufficient to say that neither the alcohol nor the vegetable extractives have the slightest influence on any one of the female generative organs for which Lydia Pinkham's is supposed to be effective. Alcohol or vegetable

soups have never cured or relieved a fallen womb, leucorrhoea, diseases of the kidneys and so forth. Many of these disorders require operation or the scientific application of certain specific drugs. In many of these diseases alcohol can do a great deal of harm. For example, alcohol can increase the discharge due to a gonorrhoeal infection and spread the infection to new areas.

Now the package no longer contains the old lies. The label states that Lydia Pinkham's Vegetable Compound is "Recommended as a Vegetable Tonic in conditions for which this preparation is adapted," whatever that may mean.

The Kentucky chemist who analyzed the Vegetable Compound reported at the same time the results of an analysis of Lydia Pinkham's Tablets. These are described in the Pinkham advertising as "A uterine sedative for the relief and prevention of monthly pain and associated disorders." Each tablet contains 1.28 grains of amidopyrine, sodium valerate, magnesium carbonate and a small amount of vegetable extractive coated with chalk and colored brown with iron oxide. Almost every woman experiences a slight amount of discomfort during the menstrual period with or without slight pain. As a rule the pain is not severe enough to require drugs. When the pain is very severe it means that there may be definite disease of the generative organs. Painful menstruation (dysmenorrhea) has a great many causes and requires expert study by a specialist in women's diseases to determine the causes of the pain. If a drug is required to relieve the pain, the physician will not, as a rule, choose amidopyrine since he knows that amidopyrine is the chief cause for a serious and often fatal blood disease known as agranulocytosis. The Lydia Pinkham Company, however, is not interested in the health of the women who buy its products. It is interested, like all patent medicine manufacturers, in profits and therefore has no qualms about including in the tablets a dangerous drug.

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## GONORRHEA IN WOMEN

**G**ONORRHEA, as was pointed out in last month's article on *Gonorrhoea in Men*, is an infection caused by a germ called gonococcus. The disease is practically without exception conveyed to the woman as the result of sexual contact with an infected man. (Little girls, however, may get it from contact with freshly infected material such as towels or bedding.) Gonorrhoea in the woman is always an extremely serious condition. Cure is possible, however, with proper care.

There are numerous references to gonorrhoea in the ancient literature of the Romans, Greeks and Jews. It seems to have been very prevalent and greatly feared from the earliest times. The disease became common in Europe in 1520. At certain periods it was confused with syphilis, although a definite distinction was made between the two conditions in 1838.

The onset of gonorrhoea is usually three to six days after exposure and begins with a vaginal discharge and discomfort in passing urine. At first the infection is situated in the urethra (entrance to the bladder) and cervix (neck of the womb). The germs penetrate into the tiny glands and as long as they are situated or confined to the external generative organs there are no additional symptoms.

A vaginal discharge or leukorrhoea may be caused by many other conditions other than infection by the germs of gonorrhoea. There is nothing distinctive about the discharge of gonorrhoea and its nature, therefore, must be determined by examination under the microscope.

A frequent cause of leukorrhoea even in young virgins is a harmless parasite called *trichomonas vaginalis*. It supposedly enters the vagina by contamination from the rectum and while harmless causes an annoying discharge accompanied by itching. Its presence is easily determined by examination of a drop of secretion from the vagina under the microscope. *Trichomonas* infection has frequently been mistaken for gonorrhoea. Vaginal discharge also occurs quite commonly as the result of mild inflammation of the neck of the womb following childbirth, especially where the mother has received inadequate after care.

The diagnosis of gonorrhoea is based upon

laboratory tests. These consist of examination of smears of the discharge under the microscope, a culture of the discharge in which an attempt is made to grow the germs outside the body, and a test of the blood called a complement fixation test. The most generally used test is the smear. This test is repeated several times, since one negative smear by no means proves the absence of the disease. A woman suffering from a vaginal discharge should always seek examination including a smear.

**D**URING the early stage of gonorrhoea, when the disease is confined to the external generative organs, efforts are made to help nature to overcome the condition by general treatment and if local treatment is used it is only of the gentlest kind. The patient is put to bed, urged to drink plenty of fluids, given a light diet and the bowels kept open by mild cathartics. The patient is also impressed that she must avoid sexual relations. No other treatment is necessary at this time as too active treatment may cause harm. After six or eight weeks the symptoms subside and the disease enters the chronic stage. What happens next in the individual case always depends on the strength or virulence of the germs on the one hand and on the local resistance of the body tissues on the other. Where the particular strain of germ is of low virulence or the woman's tissue resistance high the infection may be confined to the external generative organs. Indeed in the most favorable cases the disease is self limited and nature effects a cure. If the germs are still present, as determined by smears and a persistent discharge, the infection can be eradicated by proper local treatment by the physician. Such treatment during the chronic stage may consist of the application of mild antiseptics or the use of an electric cautery. While douching is not advised during the acute stage, it may now be prescribed.

A much more serious train of events takes place in a patient with low tissue resistance. In this event the germs spread or ascend through the cervix into the uterus (womb) and from there to the tubes and ovaries. An inflammation of the internal generative organs now takes

place involving especially the tubes and ovaries. Such an inflammation is called salpingitis or pelvic infection. During the acute stage there is severe pain in the lower abdomen, the woman is extremely ill with fever and digestive upset, and possibly increased discharge. A long period of bed rest is needed, in some cases many weeks. With proper care, a nourishing diet and good nursing the condition may entirely subside. In less fortunate cases permanent damage is done leading to chronic ill health.

One of the most lamentable results of inflammation of the tubes is sterility or inability to become pregnant. The ends of the tubes are sealed off in nature's effort to prevent the spread of pus into the abdomen, and the tubes remain permanently closed. Even though the woman may become free of all symptoms she finds out that she is unable to conceive.

**WHERE** damage to the internal generative organs has been extensive such symptoms as chronic pain, backache and menstrual disturbances continue. In such cases operation is resorted to and an attempt is made to repair the damage while conserving the pelvic organs.

Surgery is never resorted to in the acute stages of gonorrhoea and is only undertaken in the chronic stage after all conservative methods of treatment have failed. Among the new conservative methods of treatment may be mentioned diathermy, the Elliott treatment and the application of heat to the body by means of a special cabinet. These methods are all based upon the fact that the gonococcus will not live in a high temperature. The value of these treatments has not been finally determined and at the present time they are not available to most patients. Concerning the use of vaccines in gonorrhoea there is no general agreement as yet among experts as to their value.

How long does it take to cure a case of gonorrhoea? The answer is that this depends upon the individual woman. One of the most important factors in obtaining a cure is the continuous cooperation of the patient even when she is free from symptoms. How can a woman be sure she is cured? Freedom from symptoms is not enough. Negative smears must be obtained several times over a period of months. A woman who is pronounced cured may wish to know if she is capable of becoming

pregnant. This may be determined after all signs and symptoms have disappeared and the smear remains negative. By means of gas or the injection of oil which will show up on X-ray, it is possible to determine with accuracy the condition of the tubes.

**GONORRHEA** and syphilis are often called "social diseases." The ordinary use of this term is a hypocritical attempt to avoid calling these diseases by their correct name. It is also a source of confusion and helps to obscure the fact that both these diseases are very different in all respects except that they are usually contracted during sexual intercourse. The term, however, also conceals a deeper truth. Venereal diseases are social diseases, that is, diseases of society. Great progress has been made in the scientific aspects of these diseases. The means are at hand to completely eliminate them, and yet the United States Public Health Service reports an appalling incidence in venereal disease in this country. During the past year more than half a million new cases of syphilis and more than one million new cases of gonorrhoea were reported. It is estimated that at least fifteen per cent of the total population is suffering from venereal diseases.

Public health authorities are becoming aware of the seriousness of the situation and have begun a cooperative publicity campaign in the larger cities such as New York. New clinics have been organized and anti-venereal disease propaganda is being conducted through the radio, press, schools and through health literature. Informing the people about the prevention, diagnosis and treatment of venereal disease, although of great importance, is not enough. Venereal disease cannot be wiped out by educational campaigns alone. This can only be done through fundamental changes in our social structure. It is necessary to eliminate the economic and social causes of prostitution, to give all women the opportunity to obtain work and decent living conditions, to give all men the opportunity of earning a livelihood so that they can marry when they wish to and feel confident that they will have economic security for themselves and their families. When society is so organized that economic security is assured to all and when medical care is universally available, venereal disease will become a medical rarity.

# HOW TO RELIEVE ASTHMA

*The treatment of asthma and hay fever are in many respects similar. Individuals suffering with these allergic diseases show an over-sensitiveness to some substance which if detected and avoided brings relief.*

**I**T has been estimated that about two and one-half per cent of the country's population, 3,175,000 people, suffer with asthma. What is the cause and cure of this distressing disease?

Asthma is characterized by difficulty in breathing. Many diseases of the heart and lungs also cause difficult breathing, but the difficulty due to asthma differs in that along with it wheezing sounds come from the chest. Furthermore, the breathing difficulty usually occurs in spasms or attacks and is not continuous. Once the attack is over, breathing returns to normal.

The first asthmatic attacks are few and far between and last but a short time. Usually, however, the attacks become more and more frequent, last for longer periods and become continuous if not treated.

The affliction strikes at both men and women in equal proportion. The white race is more subject to asthma than the Negro. There is no age that escapes this disease. Cases of asthma are found in infants to extremely old individuals. About one-third of asthmatic patients are between the ages of one and ten. Thereafter, asthma occurs less frequently. And the older one is, the less chance there is of developing it.

*The most important single factor in the cause of asthma is heredity.* About forty to sixty per cent of all asthmatics give a history of a parent or some close blood relation who has at one time or another had asthma, hay fever or hives. The stronger the inheritance factor (maternal and paternal influence) the earlier in life is asthma developed.

Like hay fever and hives (see **HEALTH AND HYGIENE**, July, 1935) asthma is a disease characterized by "allergy" or an over-sensitiveness to some substance, be it food or inhalant material. For example, "A" has asthma which is definitely caused by eating eggs. But all of us eat eggs and do not get sick. Yet "A," because of a certain inherited susceptibility, cannot tolerate eggs—he is allergic to eggs—and gets an attack of asthma.

In addition to the inherited tendency toward asthma, the exciting cause of the asthma must be considered. In the case above, the eating of eggs is the exciting cause of the asthmatic attack. Without an exciting cause there can be no asthma.

**T**HE exciting causes of asthma are varied and numerous and may be grouped as follows:

A. *The substances (inhalants) breathed in from the air.* This important group may be subdivided into:

1. *Dusts* both in the home and shop.
2. *Dander (hair) of all animals.* Patients with asthma should not have such household pets as dogs, cats, canaries or parrots. Pillows and mattresses made of feathers, rabbit fur, goat hair, wool and horsehair may cause asthma. Furs should not be used.

3. *Pollens.* From April to October pollens of flowers, shrubs, trees, grasses or weeds may cause asthmatic attacks which are generally associated with symptoms of hay fever. Special treatment by pollen injections helps to eliminate or reduce the frequency or severity of these attacks. It is characteristic of these attacks that they are worse at the height of the pollen season (usually from August 15 to October 1, when large amounts of ragweed pollen are in the air). During the winter these asthmatic patients, as a rule, are free from attacks.

4. *Powders.* Face powder, tooth powder, insecticides, cornmeal, mustard, pepper, flaxweed, cottonseed, tobacco and so forth are the important ones to be avoided. The list, however, is endless. It shows the necessity of avoiding any and all powders or dust-like materials.

The above groups of inhalants are the most common cause of asthma in the adolescent and in the young adult.

B. *The ingested substances, taken by mouth either as food, drink or medicine.* This group is the most common cause of asthma in infants and children. The foods which most often

cause asthma are, arranged in order of frequency, wheat, eggs, milk, chocolate, spinach, beans, potatoes, pork, beef, oats, rice and so forth. It must be remembered that any food may be the causative factor in any particular case. The most common offenders among the drugs are aspirin, ipecac and quinine.

**C. Infection.** This cause plays a most important role in bringing on asthma. Many attacks of asthma trace their origin to a cold, bronchitis and sinusitis. Sometimes the infection itself (the presence of bacteria) is the primary or sole cause of asthma. At other times, infection seems to lower the tolerance of the individual and causes attacks which otherwise would not occur. Possible infection of the sinuses or infections in any other parts of the body should be searched for and treated.

**D. Physical agents.** That heat, cold or sunlight may cause asthma has been only recently discovered. Their role, however, is relatively unimportant.

**E. Psychic causes.** This includes excitement, nervous shock and so forth.

In addition to the causes listed above there are other minor ones which either aggravate or bring on attacks of asthma. These are undue physical exertion such as running or walking up hills, exposure to cold, constipation, menstruation and "change of life."

**KNOWING** that asthma may have many causes, how can the specific cause be found? Also, in finding the cause a clue as to the method of treatment may be arrived at. First, a careful history of the asthmatic attacks sometimes gives the physician an idea about the cause. For example, the nature of one's work may be involved in the cause of asthma. Bakers, millers, furriers, pharmacists, chemists, stablemen and teamsters are particularly subject to asthma. A change in occupation will often effect a cure. Second, it is possible, by the use of skin tests, to determine the sensitivity of the individual. These tests are performed in one of several ways.

A. The *scratch test* is done by applying the suspected material in a powder form to a superficial skin scratch.

B. The *intracutaneous test* is performed by injecting the solution into the superficial layers of the skin.

C. The *patch test* is made by directly applying the gross test material to the unbroken skin

and leaving it in place for twenty-four hours.

All of these tests can be done with very little discomfort to the patient. They also, in a great many cases, definitely point to the substance to which the patient is sensitive.

Where the skin tests do not furnish the clue as to the cause of the asthma in a particular case, special diets called "elimination diets" are resorted to. These diets consist of a few foods balanced as to carbohydrates, proteins and fats which are known to be infrequent offenders. Through trial and error, and judicious use of these diets, an offending food or foods may be discovered.

The doctor is often asked whether asthma can be cured. In a great many cases, it can. It depends upon the cause. Where it is definitely possible to find the cause or causes and remove them, relief is obtained immediately. Where it is impossible to remove the offending agent, such as pollens or house dust, good results may be obtained by frequent injections with solutions of the offending substances. These injections, as in hay fever, abolish the individual's sensitivity to the inhalants.

Should infection play the dominant role as the cause of asthma, it must be treated. Ninety per cent of these infections are in the sinuses. In addition injections with vaccines (bacterial solutions) are given. These injections may serve to decrease the frequency of such infection and may also desensitize the patient to the bacteria involved. At times, special injections (autogenous vaccines) are made of the bacteria present in the sinuses. This has no particular advantage over the regular stock vaccines. There are patients with a definite focus of infection in the nose and throat who frequently do not respond to the most competent treatment. If these patients show no positive skin tests, they should change their residence to a region where the climate is steadily warm and dry.

**WHAT** about medicines? Can they cure asthma? Judging from the number of patent medicines on the market—all of them "sure cures"—the disease should be non-existent by now. There is hardly a more fertile field for fakers and their fraudulent products. The asthmatics, and there are three millions of them, suffer so severely that they are ready to try anything. And so there are a host of drug firms preying on the misery and fears of

the asthmatic sufferers who readily become victims. These patent medicines usually contain solutions of iodides or ephedrine, both of which are quite cheap, but when endowed with a special name and false claims, sell at huge prices.

*The truth is that there is no medicine that will cure asthma.* There are medicines which will give relief, and even stop the attack, but unless the cause is found and removed, or unless the patient is desensitized to those things to which he is abnormally sensitive (allergic), no cures can be effected and the attacks will recur.

During an actual attack of asthma, relief is usually obtained by a physician injecting adrenalin solution. Sometimes it is necessary to repeat the dose in a half-hour. There are very few patients in whom the drug does not work. Very recently, inhalations of adrenalin (1/100) given off in a fine spray by means of a special glass vaporizer, has been introduced with effective results in some cases. Occasionally asthma powders, composed of stramonium leaves and potassium nitrate in equal proportions, burned on a plate and inhaled, afford some relief. Ephedrine, a drug closely related to adrenalin, but which can be taken by mouth, is frequently used with good results. Ephedrine will often cause palpitation of the heart and sleeplessness, and so a sedative is frequently added. It must be remembered, however, that these medicines are not cures, they merely relieve the symptoms.

What happens to asthmatics who are not properly treated? What are the complications? Rarely does asthma—no matter how severe the attack—cause death. Asthma does cause, in cases of a great many years standing, a permanent stretching of the lungs which in later life puts a strain on the heart and which may lead to heart failure.

It is also true that some asthma patients become well even if not treated. That is due to the fact that asthmatics learn accidentally to avoid those foods and inhalants to which they are particularly sensitive. Also, the sensitivity of the individual may decrease and he can tolerate things which caused considerable trouble before. This accounts for the statement that a child may outgrow its asthma. It is advisable, however, not to wait for a spontaneous, natural cure; they are too infrequent.

*Asthmatics should observe the following rules:*

1. Keep away from dust. Do not do any sweeping; but if you must, protect your nose and mouth by several layers of damp cheese cloth. If it is available, use a vacuum cleaner. Try to clean your house of all dust and keep it clean.

2. Do not allow cats, dogs, birds, or other pets in your home.

3. Sleep in a well-ventilated room, not too cold, and as free of furniture as possible. Remove all carpets, curtains, clothing and so forth. An army cot, a silk-floss pillow and a small, washable floor rug are ideal. Do not sleep on pillows, mattresses or bedding made of feathers, hair or cotton.

4. Do not overeat. Take your heartiest meal at noon.

5. Move your bowels daily.

6. Take things easy. Do not rush; walk slowly, stop occasionally.

7. Avoid worry and excitement.

8. Protect yourself against wind, wet and cold.

9. When you catch cold, stay at home for a few days and thereby prevent the development of a more severe cold.

10. Avoid drugs. Take only those specified by your doctor.

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# DO ALL FOODS MIX?

By CARL MALMBERG

*An exposé of the Hay diets.*

DOCTORS have a word for it. Those of their colleagues who make of the profession a business rather than an art they call "separators," which is to say that they separate you from your money.

Few doctors in this country have engaged in "separating" with more success than William Howard Hay. Wherever diet fans gather the Hay theories are discussed pro and con, and the healthy and ailing flock to his sanitarium to pay \$45-\$75 a week for lodging and the meagre rations that the Hay regime prescribes. No guest may expect medical treatment, for Hay makes it plain that he has no use for this branch of the healing art. All cures are accomplished solely by diet, and there is no disease that cannot be cured in this manner. It matters little to the doctor if you arrive at his Pocono Haven with a ruptured appendix; he will merely make you stop eating entirely, give you a series of enemas, and in a few weeks you will be able to go home—if Hay is to be believed.

Who is this Dr. Hay, before whom all diseases vanish so magically? He received his medical diploma from New York University in 1891, and he has been licensed to practice in Pennsylvania and New York. He practiced in Pennsylvania for a number of years, and in 1927 went to Buffalo, N. Y., to become medical director of the East Aurora Sun and Diet Sanatorium. This institution was presided over by a Mr. Oliver Cabana, a Buffalo paint manufacturer who decided to branch out into the health business. It was while Dr. Hay was connected with the Sun and Diet Sanatorium that he wrote *Health via Food*, a book incorporating the tenets of his "system." The book was dedicated to Mr. Cabana, whom Hay described as "one of nature's noblemen," and an altruistic soul who was "not content to enjoy selfishly" his knowledge of proper dietetics, but who was determined to pass this knowledge on to his fellow men even though it meant running considerable financial risk. That Dr. Hay overestimated his employer's altruism is evident from the fact that when Hay left Buffalo to set up his own sanitarium in the Poconos, Cabana brought a \$200,000 damage

suit against Hay and petitioned for an injunction to restrain him from employing the therapeutic methods used at the Sun and Diet health factory.

In 1930 Hay resigned his membership in his local medical society after the American Medical Association objected to the ethics of his advertising. It is not surprising that the A.M.A. should have wanted to get rid of him at this time, for *Health via Food*, published in 1929, contains an appalling collection of medical misinformation, a collection which Hay offers to the public as his "system."

What, then, is this much-publicized "Hay System"? Strictly speaking, it is not a system at all. It is merely a conglomeration of faddist theories, almost none of which have the slightest scientific validity. Like a great many quacks Hay embraces every one of the ideas which have a perennial appeal for the confirmed food faddist. Throughout the book he advocates vegetarianism, "natural food" regimens, raw food diets, low-protein diets, fasting (both absolute and moderate) and fads such as going without breakfast or eating only one meal a day. Thus he manages to be all things to all faddists.

ACCORDING to Hay all diseases, both chronic and acute, are brought about by an accumulation of "acid wastes and debris" that are the results of faulty eating habits, and diseases are nothing but the effort of the body to "clean house." As such, Hay claims that every manifestation of disease should be encouraged rather than suppressed. Small-pox is a "salubrious affair," he says, and losing sight of the numerous complications and high death rate that arise from this dreaded disease, he makes the ridiculous statement that the "whole man" is always in much better health after having had it. All one has to do is let "old Mother Nature" take her course.

Perhaps no medical bugaboo during the last ten years has enjoyed more of a vogue than the so-called "acid condition." How many times have you heard a friend announce that he has an acid condition? But acidosis is rela-

tively rare and people who have it aren't able to walk around talking about it. Nevertheless, it has been a favorite scare-all among quacks, and William Howard Hay has done a great deal to popularize it. The word ACID screams at you from every one of his turgid pages, and, according to him, all known diseases, including insanity and senility, as well as all crimes, spring from it.

But with all this emphasis on acidosis, there is nothing to indicate that Hay understands its nature—or at least that he wishes his readers to understand. He prattles about acidity, acid condition, acidosis, accumulation of acid wastes, so that it is almost impossible to find out just what he means. For instance, he speaks of "a system well saturated with acids," and "vast quantities of acid-laden serum" in the blood, when it is an indisputable fact that no living system could possibly be saturated with acids, for even the slightest concentration of acid in the blood would cause instant death. Similarly, he speaks irresponsibly about the condition known vaguely as an "acid stomach." In one place he says: "Men have complained that they never eat a single meal without an acid stomach." There is more truth in this statement than in most of Hay's, for the stomach juice of no person in normal health ever was anything but acid. The stomach juice is *always* acid, and has to be in order to carry out its functions. If the stomach is not acid a person is sick and has to have acid provided before the stomach can do its work.

Since all disease is due to acidosis, and since all acidosis is due to wrong eating habits, it follows that all sickness can be cured by proper eating. There is a great deal of confusion in Hay's writings as to just what constitutes proper eating, but out of the morass of misinformation he provides it is possible to gather one or two definite suggestions.

One is that proper eating in any sickness is *no eating*. Hay is a firm believer in the virtues of fasting. He declares unequivocally that no food of any kind is ever needed during any form of illness. The height of foolishness in this respect is reached when he states that "... in the absolute fast, the body calls in and rearranges its own stores, balancing the needs of every part and function, so that recovery from what we call deficiency conditions is accomplished while fasting, without introducing any fresh material from without." Thus, when

the body is sick for lack of some certain food element, Hay would have us believe that the way to remedy the situation is to deny the body all food. The claim that in the absolute fast the body calls in its own stores and balances the needs of every part is absolutely false, as may be seen from what happens in only too many cases of fasting. In the fast the body utilizes its own stored fat, and because there is no ingestion of carbohydrate to aid in the oxidation of this fat, the person fasting is likely to develop acidosis—*real* acidosis, the kind that will knock him out in a hurry, not the vague ailment that Hay talks about.

HAY is so enthusiastic about the fast, both in disease and in health, that he says: "The 40-day fast is very usual and excites no comment." Again: "... cases who have gone 90 days without food of any kind not being unusual, while 80 days without food is very common." He cites one case of a girl who maintained a strict fast for 180 days. Truly, Hitler would do well to import the sage of the Poconos as his national food expert; the *Fuehrer* could then go on making history instead of butter with a clear conscience.

However, fasting is dangerous not only because of the risk of the acidosis mentioned above, but also because it is likely to aggravate or render fatal any of a number of diseases from which a person may unknowingly be suffering. The life insurance companies, who might be expected to know their business, universally condemn the practice of fasting.

If fasting and the consequent "detoxication" that Hay is forever talking about are the means of ridding the body of disease, proper eating habits, that is, "non-acid forming" eating habits, are the magic formula that keep us from getting diseased. Hay names four causes of acid formation:

1. The use of ten times as much protein as is needed.
2. The use of refined and processed foods.
3. The mixture of incompatibles—carbohydrates with either protein or acid fruit.
4. Retention in the colon of fermenting food more than 24 hours after ingestion.

The first of these, the use of too much protein, has been the cry of almost every faddist in the history of the game. The ideology behind it is probably that of the moralist, for proteins are largely animal products and some-



times require butchery, and faddists are usually moralists because any stand on the side of morality, no matter how far-fetched, has usually proved a paying proposition. However, if we disregard these questionable moral values, we find that the most competent and up-to-date scientific research indicates that a liberal protein allowance is best for man's health.

The second factor, the use of refined and processed foods, is not much to the point because the average person who has an adequate diet—the kind that Hay would condemn because it was too plentiful—would get enough fresh foods to offset any possible deleterious effects of the refined foods in his diet.

The third factor is the one upon which Hay's fame rests. If most of the Hay devotees were aware of the ridiculous extremes to which their mentor goes they would probably never have had anything to with any theory that emanated from him. But, unfortunately, a great many diet fans do not bother to read. They get their information by word of mouth, and by the time Hay's doctrines have been passed around several times all that is left is this one warning: Do not mix carbohydrates and proteins. This is simple and easy to grasp; consequently it appeals to the thousands who are always looking for something new in the way of diet.

However, simple as the precept is to understand, it is almost impossible to put into practice, for the simple reason that nearly all ordinary foods contain both carbohydrates and proteins. In fact, meats and eggs are about the only foods that do not contain both. Not even Hay himself is able to concoct a menu that is consistent with his theory, as is shown by the fact that a meal picked at random from a series of menus published in one of his books contains about 15 per cent protein, about 30 per cent carbohydrates, and the rest fats. (Since no amounts are specified in these menus, the percentages given are computed on the basis of the composition of each food, regardless of the amount of that food in the meal.) Incidentally, this is supposed to be the *protein* meal for the day in question.

On this ground alone Hay's theory of incompatibility collapses completely, but even if it were possible to separate proteins and carbohydrates in the diet the theory would still be false because it is based on a mistaken no-

tion of physiological chemistry. Hay points out that starches (carbohydrates) are acted upon by the alkaline saliva in the mouth, whereas proteins are digested by the acid pepsin in the stomach juice. Therefore, he reasons, since starches require an alkaline environment for their digestion and proteins require an acid environment, it is folly to combine the two foods at one meal. Furthermore, he claims that starches should not be eaten with acid fruits, because presumably the acid in the fruit will counteract the alkalinity of the saliva and thereby interfere with the breaking up of the starches.

Thus, he tells us constantly that starches require "an alkali condition throughout" for their digestion. However, such a condition is an impossibility, for the stomach juice is *always* acid, and no amount of carbohydrate eaten can alter this fact.

He speaks of foods "requiring either acid or alkaline conditions in the stomach," and goes on to say that "even the schoolboy realizes that nothing can be both acid and alkaline at one time." True, and if the schoolboy happens to be at all bright he will realize that the stomach cannot be alkaline *at any time*. Hay's utter refusal to recognize this fact when it does not suit his purpose to do so is further demonstrated when he writes, in reference to eating proteins, ". . . So the gastric juice begins to contain acid for the digestion of the protein, as it must, and *away goes the alkaline condition* necessary for the digestion of the starchy foods . . ." (italics mine—C.M.). The fact that the alkaline condition was never there to begin with does not bother Hay at all.

**I**N view of Hay's disregard for both scientific accuracy and common sense it is perhaps not surprising that he should stoop to distort the work of Pavlov, one of the greatest scientists of all time. In order to bolster up his theory of incompatibility, Hay cites Pavlov's experiments on the gastric reactions of dogs, and says that the Russian physiologist found that until meat actually entered the stomach there was no hydrochloric acid in the gastric secretion. This statement, however, is a plain distortion of what Pavlov actually showed. The fact is that Pavlov proved that the dog's stomach pours out hydrochloric acid no matter what food enters the stomach, but Hay for his own purposes chooses to quote only the experiment with protein (meat). In this work Pavlov was

only confirming the previous discovery of the great American physiologist, William Beaumont, who more than a century ago gave to the world the first and still the most authoritative study of the physiology of the stomach. When an Indian in the wilds of Michigan accidentally had a permanent hole shot into his stomach, Beaumont had the brilliance to see that by introducing foods taken through the opening and then sampling the stomach contents he could find the secrets of digestion—and this he did in scores of painstaking experiments lasting over twenty years. The results, since known to every medical student, demonstrated conclusively that the stomach greets all foods with acid; and Pavlov and other scientists have shown that it continues to do so despite William Howard Hay.

Hay's fourth factor in the causation of acidosis, the retention of fermenting food in the colon, leads him to advocate the use of a daily enema! It is never quite clear whether he thinks that the daily enema is as beneficial in health as in disease, but since he cites with approval the case of a woman who had employed this method steadily for 22 years it is evident that he looks upon it as a very satisfactory method of emptying the bowels. This is a strange quirk for a man who is constantly lauding nature and nature's ways, even to the extent of advocating a diet of raw food. Hay apparently forgets that while Adam and Eve had no cook stove, they were probably not provided with an enema bag, either.

Insofar as Hay advocates fasting, raw foods, the drastic limitation of proteins, reliance upon "old Mother Nature" in the cure of disease, and the constant use of enemas, he is capable of doing untold harm to the health of his followers. His theory of incompatibility—the one for which he is most widely known—is just so much nonsense, and probably does as little harm as it does good. On the whole, to apply one of Hay's own favorite terms, his system is "an accumulation of debris" that is likely to wreck any one who places faith in it.

In speaking of surgery, Hay says: "When you consider the thing, it is ridiculous to go to a surgeon for an opinion on the advisability of an operation, for surgery is his business, and he is quite apt to think that everyone should have an operation." The same reasoning may well be applied to Hay himself. Remember, his business is diet, and it is certain that he will think you ought to be on one.

# HOW TO GAIN WEIGHT

*Do iron tonics, yeast tonics, malt tonics and alcoholic beverages improve the appetite and increase weight?*

**B**EFORE any dietary suggestions are made, it must be pointed out that a person, who despite a good appetite, loses weight for a long time or remains persistently underweight, should apply to his physician or to a clinic for a physical examination. This is stressed because sometimes the failure to maintain normal weight is due to improper functioning of the thyroid or other glands or to chronic infections such as tuberculosis. In such cases, obviously, the treatment must be along entirely different lines. Another stumbling block on the road to gaining weight is the fact that some individuals are just born to be thin as others are by heredity short, tall, fair or dark. Such people find it almost impossible to take on weight and they will have to wait until their later years when there is a natural tendency to take on fat. This tendency is itself probably in large part due to changes that with age take place in the glandular system.

Left to the kind advices of their friends or the direction of their parents, our too-slim friends are told to take this tonic or that tonic, a tonic with cod liver oil or another with malt or one with iron, seaweed, iodine or whatnot. Unseen "friends" over the radio bellow yeast, tasty or ironized. Even whiskey before meals is suggested; in fact, many patented tonics are nothing but wine or flavored alcohol.

Now what do underweight people expect from tonics? One of two things: either that it will increase their weight directly or that it will increase their appetite. It is true that some tonics, particularly the malt tonics, are extremely nourishing, but they will not help much in tablespoon doses. After all, a tablespoon of

malt is nothing more than a tablespoon of sugar. To get any results from tonics, one would have to take them by the bottle. However, when it come to such large doses, it is cheaper and just as effective to drink an egg nog, malted milk or ice cream soda. If one takes tonics to increase the appetite, again they are ineffective, or, if they are effective, the good result is due to the psychic suggestion conveyed by the bottle's label. In different issues HEALTH AND HYGIENE has exposed these tonics which are either wholly frauds, or, as in the case of Ovaltine, make false claims. In this class belong all advertised yeast tonics, malt tonics, iron tonics and so forth.

The conclusion is warranted that there is no tonic which will of itself aid appetite or make one gain weight. The only possible exception is the injection of insulin (usually given diabetics) which causes hunger by reducing the amount of sugar in the blood. But the use of insulin as a tonic is not generally practicable.

Alcoholic drinks also fail to stimulate the appetite except in habitual drinkers who feel that they cannot do anything, eating included, unless fortified by a drink. Yeast, ironized or unironized, will not bring back an appetite unless one is suffering from Vitamin B or G deficiency. But very few of those who have poor appetite have vitamin deficiencies. For similar reasons cod-liver oil and all other vitamin preparations are unnecessary. One other factor must be mentioned: poor appetite is often a holdover from childhood, the infant having noted that when it refused to eat it obtained a great deal of pleasurable attention. This attention-getting scheme lingers on in the adult's unconscious mind and is likely to be used as a source of pleasure and preoccupation when things are unpleasant. The best way to stimulate the appetite is to serve a light, tasty course first, such as a good fruit cocktail or an appetizing plate of soup.

A certain amount of exercise is also valuable. Setting-up exercises, a brisk walk in the open air or some form of sport are helpful. However, exercise should not be carried to the point of exhaustion for this often destroys the appetite.

A sufficient amount of sleep is required by all people, and particularly by those who are underweight. If on awakening one is tired, then he has not had enough sleep. The amount of sleep required varies with different people.

While six hours may be enough for some, others will need nine to ten hours. It is also unwise for people after a hard day of work to rush through supper and then rush out again. Such people should arrange their time so that they can rest for at least a half hour before and after meals.

**WHAT** foods should be eaten to get the greatest numbers of calories per mouthful? The following should be favored:

*Vegetables:* Potatoes, avocado, peas, lentils, beans, lima beans, carrots, beets, olives.

*Fruits:* All, but particularly plums, prunes, figs, raisins, bananas, apples, pears.

*Cereals:* All, including bread, rice, spaghetti, macaroni, noodles.

*Dairy products:* Cheese (except cottage cheese), butter, sweet cream, sour cream, eggs and milk (not too much of latter).

*Meat and fish:* All, especially fatty cuts; delicatessen in moderation.

*Soups:* Soups made with vegetables noted above and all creamed soups.

*Miscellaneous:* Ice cream, cake, pie, mayonnaise, olive oil, gelatin, custards, puddings, jam, marmalade, nuts, candy in moderation and so forth.

In addition some fresh green vegetables should be included every day to assure an adequate quantity of vitamins. Full breakfasts should be eaten and one should rise early enough to eat them leisurely. All meals should be taken slowly. It is also helpful to eat something about 10:30 P.M.

A sample menu for the day is the following:

*Breakfast:* Fruit with cream and sugar; milk-cooked cereal with butter, cream and sugar; two eggs with bacon; rolls, toast and so forth with butter, jam, cheese or honey; glass of milk, milk and cocoa or cocoa.

*Dinner:* Thick soup or creamed soup; bread and butter; meat or fish, potato with butter; vegetables with butter or cream sauce; salad with dressing; desserts—stewed fruit, cake or ice cream; glass of milk or milk with cocoa or cocoa or coffee with plenty of cream.

*Supper:* Egg or cheese dish or meat or fish; potato with butter; vegetables with butter or cream sauce; salad with dressing; pudding or stewed fruits; chocolate milk; plenty of bread and butter. At ten-thirty or eleven a sandwich with cocoa or malted milk may be taken.

# Cosmetic Problems

## Skin Irritations from Cosmetics

*For the many readers who have been asking questions regarding the care of the skin and hair, "Health and Hygiene's" skin specialist will discuss such problems every month. For personal reply, send a stamped, self-addressed envelope.*

**M**ANY persons visiting skin clinics and skin specialists often complain that they have annoying red, scaly or blistered itchy spots on their eyelids or spots behind their ears or over their cheeks. What causes these spots may be difficult to determine, but it frequently happens that cosmetics are the real offenders. While mascara, eye-shadow and eyelash creams are aids to beauty, they may also irritate the eyelids. This, however, does not mean that women should refrain from using cosmetics. It only indicates that some skins are sensitive to such substances and that the irritation of the eyelids will disappear when the offending substances are recognized and avoided.

Many women use a drop of perfume behind the ear or on the neck. Some women place perfume on their dresses where it soaks through to the skin. These women may develop brownish-red spots on the skin which take months before they vanish, particularly if the skin is exposed to sunlight. It has been found that these disturbing and obstinate discolorations are caused by the interaction of sunlight and the perfume. Of course this does not happen to all women or with all perfumes. Women who apply perfume to the exposed skin and develop such spots should, however, remember these facts.

Itchy, red patches are frequently seen on the cheeks and foreheads of women. Night creams, day creams, vanishing creams, skin foods and powder bases must be investigated as possible causes of such eruptions. The chemicals contained in these greases are very often found to be at fault. When such a cause is discovered, it is necessary to change to another brand. And this is equally true about soaps.

Rouges and face powders are known to be irritating. In these cases it may not be the brand, but rather the fact that *orris root* is usu-

ally present in such powders. This substance is a common source of facial irritations. There are powders and rouges on the market which do not contain orris root. These should be used when the skin trouble can be traced to rouges and powders.

Various scalp treatments may also irritate the skin. The mixture used to aid hair waving has often been found to cause distressing inflammations. Hair tonics, hair restorers, hair beautifiers and hair dyes are common causes of dermatitis (inflammation of the skin) of the face.

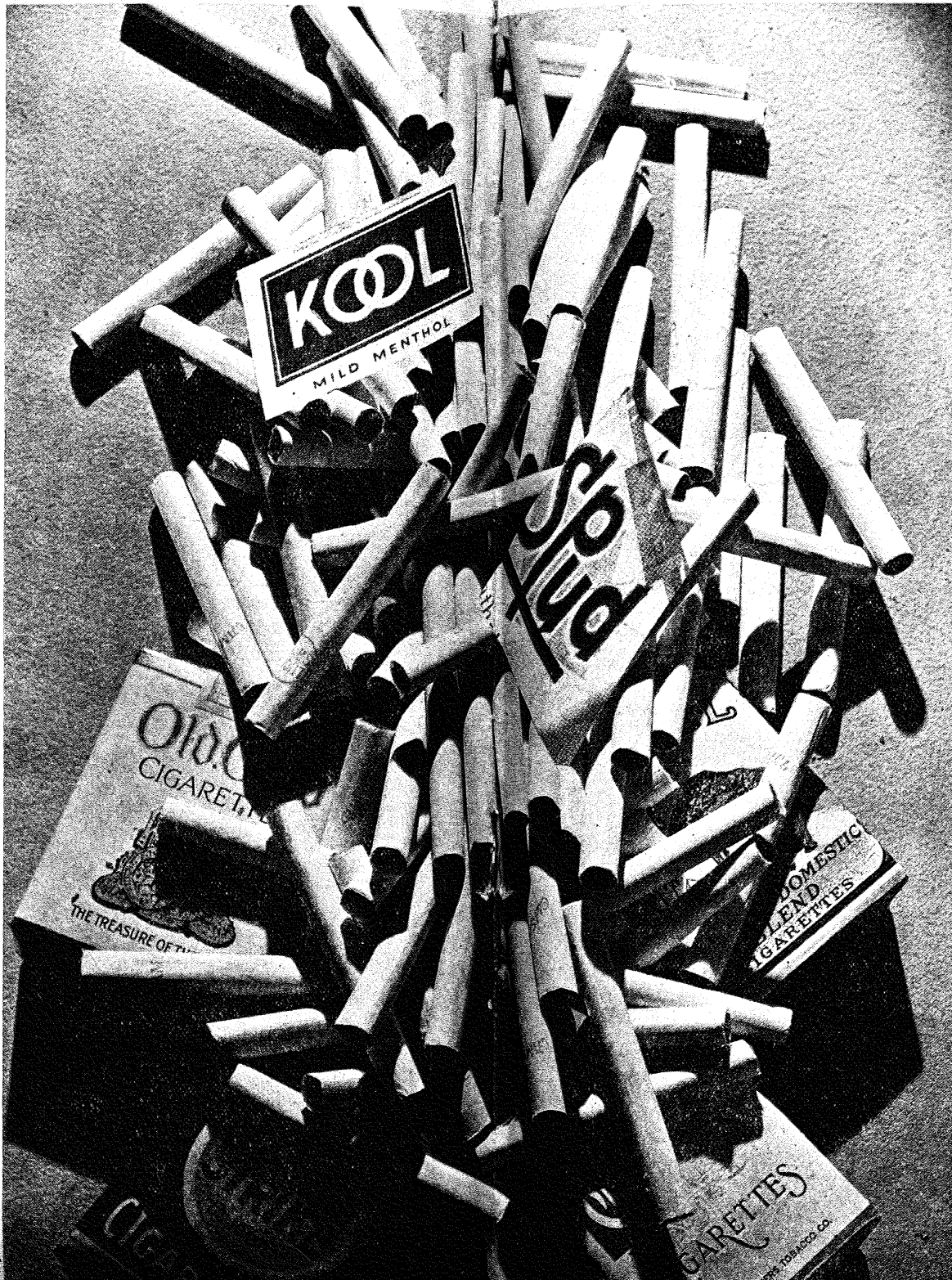
Women are not the only sufferers of dermatitis due to cosmetics. Men also allow themselves to be convinced by glib barbers of the need for different stimulating and astringent preparations, all calculated to produce magical effects. Shaving creams, lotions and powders are used by men with the same possibilities of irritation as in women.

**O**UR purpose in pointing out these possible causes of facial irritation is not to start a cosmetics scare. It is not our intention to warn all people against all cosmetics and all soaps. That would be carrying caution to a ridiculous extreme. Only those who are sensitive react badly to rouges, powders, creams, dyes and so forth; and persons having such an individual peculiarity must be careful about the cosmetics they buy and use.

It is important to know that if dermatitis of the face does appear, the possible cause should be sought among those mentioned above. The determination of the exact cause is often simple. If the irritation disappears when you stop using a particular cosmetic and reappears when you use it again, the problem is solved. When you cannot determine the cause by such simple tests, the wisest thing to do is to consult a skin specialist.

# THE TRUTH ABOUT SMOKING

*No popular cigarette sold today is justified in its claims.*



tempts to give up smoking is a mental reaction to being deprived of a form of activity he has enjoyed and a kind of gratification that has fulfilled some emotional need. For instance, in some individuals smoking provides the same sort of gratification that thumb-sucking gives to a baby. Put thumb guards on the infant and he cries bitterly. Take away the adult's cigarette, and he gets the "jitters."

Many smokers insist that smoking quiets the nerves or provides a temporary "pepping-up." Occasionally the psychiatrist may suggest to a patient who has a tendency to drum with his fingers or to tear up bits of paper, that he try smoking. That smoking may relieve nervous tension in moments of stress, or calm an excited person, is not to be denied, but the accepted theory among medical men is that these effects are all psychological.

Smoking dulls the appetite temporarily. A cigarette is not a substitute for food, yet women who are reducing claim that it is easier to cut down the diet when they smoke. This effect is not confined to Lucky Strike cigarettes as their advertisements at one time would have you believe, but holds for all brands of cigarettes and tobacco. Many persons who give up smoking have difficulty in controlling their waist lines afterward. It has been shown that immediately after a cigarette is smoked, there is a temporary increase in the amount of sugar in the smoker's blood. When the blood sugar is low, as before a meal, the stomach contracts more vigorously, giving rise to hunger pangs. It is probable that smoking diminishes the appetite by raising the blood sugar and lessening the contractions of the stomach. The very latest advertisements of Camel cigarettes, it may be pointed out, state that Camels improve the digestion and show fancy yet meaningless pictures of patients swallowing stomach tubes and "scientists" in white coats watching. There is no evidence that smoking improves digestion.

Although the pleasure a smoker receives from his use of tobacco is of importance from

IN school textbooks, the effects of tobacco are frequently erroneously described. Pseudo-scientific writers, physical culture faddists, fake medical advisors and columnists often lead readers astray with highly colored and lurid versions of the evil effects of smoking in health and in illness. Diseases which result from entirely different causes or in which the cause is unknown are often attributed to smoking. The dire effects of cigarette smoking on women, and mothers especially, are dwelt upon by these fakers until the perfectly healthy smoker who has hitherto enjoyed smoking in moderation becomes alarmed and begins to wonder if he had not better give up the habit entirely. Misinformation on the subject is constantly coming from various sources, and either tends to give the smoker an anxiety regarding the possible ill effects of his habit or to persuade him that no amount of smoking, however excessive, can possibly harm him in any way. Obviously, neither of these attitudes is warranted.

Smoking is not a habit which man acquires naturally. He has to learn how to smoke, often at the expense of considerable discomfort. His first smoke may produce headache, dizziness and nausea, he may even vomit or move his bowels suddenly. But he is rarely discouraged from further trial by these symptoms. The unpleasant effects soon disappear. Whatever motives impelled him to attempt to acquire this new habit, the gratification he soon receives from smoking proves quite sufficient to compensate him for his early troubles. He indulges cautiously a few times, and, in most cases, soon joins the ranks of the habitual smokers.

Just how smoking gratifies is not known. Most of the ideas advanced are rich in theory and poor in fact. While most regular smokers find themselves quite uncomfortable when suddenly deprived of tobacco, it is an established fact that the craving they experience is due entirely to psychological factors and not to any bodily need. The discomfort which the confirmed smoker may experience when he at-

a medical viewpoint, a more important phase of the question is the good or harm that may come to an individual through his use of tobacco.

Thus, while the cigarette manufacturer would like you to believe that the more you smoke, the happier, healthier, more popular you'll be, and the anti-smoking crusader would like you to believe that even the most moderate indulgence in smoking will bring tragedy in one form or another to your doorstep, the facts, obvious to any thinking person, prove that both these extremists are wrong. Smoking to excess is harmful, of course, just as is over-eating, over-exercising, over-working.

**H**OWEVER, with present-day knowledge it is not possible to say with scientific accuracy whether or not smoking in moderation is harmful to the healthy individual. The question is one which cannot be answered until a long and careful study lasting fifty years or more has been made. The medical history from birth to death of several thousand smokers and non-smokers must be studied and compared. Up to now this research has not been conducted.

In the meantime, there have been several superficial studies made, in which the physical condition of young men smokers and non-smokers was compared. The chief difference between the two groups was that the throats of smokers were red and congested, while the non-smokers had normal pink throats. So far as we know, also, smoking does not shorten life. Many smokers live to a ripe old age.

Tobacco smoke is composed of a number of unpleasant substances including several usually grouped together as "tobacco tar." There are carbon monoxide, prussic acid, ammonia and "tar." It is the irritation caused by these substances that reddens the smoker's throat. Many smokers have had the experience of smoking too much over a week-end, developing a "raw" throat and curing the condition by refraining from smoking for a few days. However, it has not been shown that smokers develop infections of the throat more often than non-smokers. Nor does smoking cause an increased sensitivity to head colds or to other acute infections of the upper respiratory passages.

Dr. Walter Bastedo of New York, who has written a pamphlet entitled "What the Physician Should Know About Tobacco Smoking,"

says that the smoke of American cigarettes contains many times more formaldehyde and furfural than oriental brands, and to the latter substance he attributes tobacco headaches. This substance is present in the fusel oil of alcohol and Dr. Bastedo reports that in a series of analyses done by the *London Lancet*, a medical journal, it was shown that a single cigarette might contain as much furfural as two ounces of whiskey. He also maintains that arsenic has been blamed for a tobacco dermatitis (inflammation of the skin) reported in tobacco buyers and workers in raw tobacco, but he concludes that, of the active constituents of tobacco smoke, other than nicotine, practically none are present in sufficient quantity to have measurable effects beyond local irritation.

Since tobacco smoke is irritating, a smoker may irritate the larynx (voice-box), the trachea (wind-pipe) and the bronchial tubes by inhaling. Aside from the fact that it extends the irritated area from the throat down into the air passages, inhaling does not differ from smoking without inhaling. The same poisonous substances are absorbed by the mouth as lower down in the respiratory passages. People with chronic bronchitis or laryngitis, pulmonary tuberculosis and other lung diseases are advised not to smoke in order to avoid further irritation of the diseased passages.

While the question of whether to smoke or not to smoke is generally left up to the healthy individual by his physician, the decision is quite different for an unhealthy individual. The matter is decided by the physician on the basis of whether the disease from which the patient suffers will be aggravated by smoking.

Some individuals can never smoke without developing symptoms of poisoning. Such persons may develop headache or diarrhea, they may have temporary disturbances in vision, they may have skipped beats of the heart. These individuals are easily cured when they stop smoking.

Then there are "allergic" persons—those who have sensitive noses, hay fever, and asthma. Some of these individuals are sensitive to tobacco smoke. Such "allergic" individuals must avoid tobacco smoke.

**T**HERE are a number of diseases in which the use of tobacco is definitely to be avoided. Even the moderate use of tobacco may cause

the patient's condition to become much worse. The chief diseases which fall in this category are Buerger's disease, hardening of the arteries of the legs, and angina pectoris.

Buerger's disease (thrombo-angiitis obliterans) is a disease of the blood vessels of the legs in which both the veins and the arteries become narrowed and are unable to supply the limbs with a sufficient amount of blood. It rarely, if ever, occurs in non-smokers and may sometimes be cured by having the patient leave tobacco strictly alone. Smoking decreases the circulation of blood through the legs in normal individuals. In patients with Buerger's disease, this decrease in circulation lasts for hours. For a sufferer from this disease to persist in smoking is a very serious matter and may result in his legs becoming gangrenous. A condition similar to Buerger's disease occurring generally in older people, but causing the same symptoms, is arteriosclerotic disease (hardening of the arteries) of the blood vessels of the legs. Smoking is harmful in this condition.

Angina pectoris is a disease of the heart caused by diminished circulation to the heart muscle on account of hardening of the arteries of the heart. Tobacco is extremely likely to aggravate this condition, increasing the frequency and severity of attacks. Occasionally, however, a patient with angina pectoris is able to tolerate smoking without suffering any ill effects, in fact, getting relief from the attacks of pain by smoking a cigarette. When this occurs such a patient is usually permitted to smoke moderately.

Many physicians forbid patients with ulcer of the stomach to smoke. Others permit smoking. One thing is certain, stomach ulcers are not caused by smoking. Nevertheless, most ulcer patients are more uncomfortable when they smoke and they should, therefore, avoid tobacco. Similarly, patients with piles (hemorrhoids) are often advised not to smoke. It is questionable whether tobacco has anything to do with piles, but a definite answer cannot be given until our fifty-year study is carried out. It is a fact, however, that a cigarette may encourage a bowel movement.

Tobacco has been accused as one of the causes of the tremendous increase in cancer of the lung although no proof that this is true has as yet been brought forward. The accusation is based on the knowledge that long continued irritation causes cancer, that tobacco

smoke is an irritant, and that during the period in which the incidence of cancer of the lungs has increased so greatly, there has been a corresponding increase in the use of tobacco. More people are inhaling tobacco smoke into their lungs, more people have cancer of the lungs—this much is true. But, non-smokers develop cancer of the lung, too, and among this group the disease is also occurring more often than formerly. Only time plus intelligently compiled statistics will supply the answer to our question.

While we are on the subject of cancer, we may also mention that cancer of the tongue occurs most frequently in smokers, particularly among those who neglect to care for their teeth and gums. In the days when the clay pipe was popular, cancer of the lip caused by holding the pipe constantly in one place was known as "clay-pipe smokers" cancer. This has almost disappeared today.

A great deal of research has been done in the course of studies to determine the relationship between cancer and smoking and pulmonary tuberculosis and smoking. The New York Department of Health exhibited charts in 1934 which showed an actual decrease in the number of deaths from cancer of lip, tongue, mouth and jaw with the greatly increased use of tobacco in the last few years. Moreover, cancer of the mouth is no more frequent among women in countries where women have always smoked than in other countries.

As for pulmonary tuberculosis, the oft-repeated statement that this disease is more prevalent among smokers has been entirely discredited. In over 3,000 men discharged from the army for tuberculosis, there were no more smokers than non-smokers. In another investigation, it was shown that of 1,768 American soldiers invalided for pulmonary trouble, mostly tuberculosis, 33 per cent were non-smokers, while of all soldiers only 20 per cent were non-smokers.

**A** DISCUSSION of the effects of smoking should not be dismissed without mention of the most widespread of all the many misconceptions regarding this habit. What youngster, upon flaunting his first few cigarettes in the presence of his family, has not been subjected to long lectures on how smoking will surely "stunt his growth." As a matter of fact, this admonition rarely dissuades the young man or woman from

smoking, and studies of the height records of college students during the last few years show that despite the great increase in smoking among boys and girls, the student of today averages more than an inch taller than his father and mother did while at college.

Further, in 1929, experiments on young rats and mice showed that animals who received repeated doses of nicotine large enough to produce convulsions were slightly heavier than those receiving no nicotine or were about even with them in weight.

However, while blasting the popular belief that the use of tobacco by the young will retard the growth, it is well to remind the reader that there are other effects of smoking that are quite as undesirable for the adolescent.

The "lift" that is supposed to come with the Camel, the "mildness" and "satisfaction" of the Chesterfield, and all such selling points are usually meaningless. Lucky Strike manufacturers insist that their tobacco is "less acid" while Camel claims "costlier tobaccos" and other brands advertise improved methods and conditions of manufacture and similar reasons why you should buy their products. We have no figures available but are confident that the acidity of Lucky Strikes plays no role in the irritating qualities of the smoke. Luckies irritate the throat just as much as Old Golds which are supposed not to have a cough in a carload. And while we have not examined the books of the manufacturer of Camel cigarettes, we doubt that the "costlier tobaccos" have cut in on their profits. As for conditions of manufacture, there are only two companies whose cigarettes are entirely union made, the Axton-Fisher Co., turning out Clown, Spud and Twenty-Grand, and the Brown and Williamson Tobacco Corporation, manufacturers of Raleigh, Kool, Wings, and the new filter tip cigarette, Viceroy. The last named has a porous packing inside the tip in somewhat the manner of the Russian cigarette, and its advertised purpose is to filter out the objectionable elements in the smoke and provide a cooler smoke. As a matter of fact, the filter cannot hold back more than a very small portion of the tobacco "tar" and while the idea is a good one, it is doubtful if the amount of irritating substances caught in the tip is large enough to make any difference.

In the last analysis, however, regardless of the brand of cigarette, the article that is actually

being sold is tobacco smoke. The tobacco itself is really just the means to the end. It is the smoke that the smoker enjoys. Tobaccos may differ in color, flavor, nicotine content and moisture. Cigarettes may vary in packaging, size, heat treatment ("toasting") and in the chemicals added to keep the tobacco fresh. But tobacco smoke is still a mixture of various chemical ingredients including "tar." We see this tar when we blow smoke through a handkerchief. The brown discoloration is not merely nicotine but tobacco tar. Nicotine forms but a minute part of tobacco smoke, most of it being burned up and some being filtered out as the smoke is drawn through the tobacco of the cigarette. Tar contains not only the substances that cause irritation but also poisonous materials in small quantity. Fortunately, we get very little of these substances at the time we smoke.

**B**RIEFLY, no popular cigarette sold today is justified in laying claim to any important difference in manufacturing process, ingredients, or effect on the smoker. No amount of statistics mustered to prove that this or that brand is less irritating, or more satisfying, or takes your wind less, means a thing. Cigarette advertising, above all other advertising, is just so much claptrap.

One difference between cigarettes should be mentioned. The mentholated cigarette is different as far as taste goes. The so-called cool effect is not really cool at all, but is the same sort of sensation you experience when you eat strongly flavored peppermint candy and your mouth seems to feel cool. The menthol or peppermint stimulates the nerve endings in the tongue and cheeks and the reaction produces the sensation described. The small amount of menthol added to such cigarettes as Kool and Spud is too insignificant to have any effect on the smoker. Most people who do use them find that after the first cigarette or two, the menthol effect becomes quite unnoticeable. They are not less irritating than non-mentholated cigarettes since their smoke contains all the irritating chemicals found in ordinary cigarettes.

And so, if you wish to smoke, and you have no disease which makes smoking undesirable for you, there is no good reason known at present why you should not go ahead and enjoy the habit, provided you are moderate. But do not expect your cigarette to perform cures or miracles for you. And forget what the ads tell you.

# HOUSING AND HEALTH

By SIDNEY HILL

*While we agree with almost every statement that Mr. Hill makes, we nevertheless feel that he has under-emphasized the importance of housing as one of the social factors causing disease. It is true that workers must often pay for slum clearance and improved housing with their food. But this is not invariably true. The experience of workers in the suburbs of Paris proves that militant action can win better housing without reducing the worker's food budget. In a future article other aspects of the relation between housing and health will be discussed.—The Editors.*

**E**VERYBODY is opposed to the slums. Penologists and social workers charge that slums breed crime. Slums, we are warned by housing reformers, breed filth and immorality. And from numerous other social experts we learn that slums breed death, disease and insanity.

The case against the slums is supported, of course, by the obvious fact that social evils like juvenile delinquency, malnutrition, tuberculosis and other diseases occur most frequently in slum areas. The attack on the slums, however, draws most of its official ammunition from the many private and governmental surveys which have been made of these areas. The statistics and charts resulting from these surveys follow a familiar routine. First a map is made showing the location, size and other characteristics of the blighted area in question. This map then serves as a base for others which indicate in appropriately horrendous red, green and yellow splotches, the incidence of crime, immorality, infant mortality, and so forth, depending on the extent of the survey.

When these maps are compared, it becomes evident that almost without exception the areas of greatest incidence of these social evils coincide with the slums. What better proof of guilt could there be? The cold figures show that our criminals, our prostitutes, our juvenile delinquents all come from the slums. From the slums also come the tubercular and the insane, the diseased in body and mind. The cure is obvious. Tear down the slums and *ipso facto*, you strike at the root of all these evils.

This cure for the social evils enumerated above has unfortunately not yet had a real demonstration in this country for the simple reason that the clearance of slums and the rehousing of workers has never been more than a slogan in the United States. In England, however, the theory was actually applied in a number of cases. The experience of the City

of Stockton-on-Tees, for example, has aroused great interest in the housing field and because it sheds a revealing light on the question we shall examine it here in some detail.

Following the World War, the town council of Stockton vigorously pressed a housing policy which included the demolition of slums and the building of new houses. In the fall of 1927, a slum area known as Housewife Lane was evacuated, and 152 families living there were moved to an improved area, the Mount Pleasant estate. A similar area, known as Riverside, and containing 289 families remained in the original condition, thereby providing a check on the experiment. The Housewife Lane area consisted of old houses with one or two rooms, and the sanitary conditions and structures were bad. The Mount Pleasant estate seemed to offer everything that modern sanitary science could demand.

Nevertheless, much to everybody's surprise, the removal to the new quarters was followed by a rise in the death rate. During the five years following removal, the death rate per 1,000 among the population living at Mt. Pleasant increased as follows: measles 1.15, heart conditions 2.59, bronchitis and pneumonia 3.75. The general increase in the death rate per 1,000 was 8.74. No such increase occurred among the population remaining in the Riverside slum area.

The health officer (Dr. McGonigle, Proceedings of Royal Society of Medicine, February, 1933) made an exhaustive study of the various causes of death in the new area and concluded that the increased rate could not be ascribed to such environmental factors as housing, drainage, overcrowding, or unsanitary conditions. There was only one striking difference between the living conditions in the two areas—in the Mount Pleasant Estate, rents were higher, and consequently there was less money to spend on food. This is not an iso-

lated experience. The Minority Report on Housing Policy in the City of Leeds, 1933, adds the following: "The Medical Officer of Hammersmith in report for the year 1932 says that in an inspection of the school children belonging to the families of the unemployed, we find that children living in the slums have better health than the children living under better housing conditions on the municipal estates. The explanation is quite simple—the amount of money left to provide food is considerably greater in the slums than that which remains after paying the increased rents of the better housing accommodation. This shows that the provision of food is even more important than the provision of good environmental surroundings."

**S**PEAKING before the National Association for the Prevention of Tuberculosis on July 13, 1933, Dr. McGonigle, Medical Officer of Health for Stockton-on-Tees, elaborated on the facts relating to the increase in the death rate which followed upon the removal to the Mt. Pleasant Estate and spoke more emphatically as to the cause. He said: "It must be obvious to every thinking person that if good environmental conditions are obtained only at the expense of a reduction of food-purchasing power . . . such advantages as accrue from good housing will be more than outweighed by nutritional depreciation and as a consequence, cannot but have an adverse effect upon tuberculosis."

Similar experiences could be cited from Wales, Scotland and the Continent. In each instance slum dwelling families were moved into clean, modern homes only to find themselves worse off in respect to health than they were before.

The lessons to be learned from these experiences are that slum clearance and rehousing are not of themselves an effective solution of the health problems of the poor and that the basic cause for the high morbidity among slum dwellers is their poverty and not the homes in which they live. This is substantiated by an intensive survey which was made by the Health Department of the City of Chicago in 1917 of 22 blocks where the occurrence of tuberculosis was marked (Regional Survey of New York and Its Environs, Vol. IV, pp. 208-210). This Survey brought out

that no constant and definite relation between housing and health was indicated, and further that it was difficult to establish any such relation by statistics. The fact that a map shows a slum area to be coincident with a high incidence of tuberculosis proves nothing except that the low income groups who are prone to this disease are forced to live in the slums because that is where the rents are low. Give the slum dweller a decent income, adequate recreation, clothing and other necessities and the general health statistics will rise even in the slums. But take him out of the slum and put him in model housing with no concern about his income except, as in the cases cited, to diminish its value because of higher rents, and you do him a great disservice.

There are some who may object that my examples are unfair because they involve the payment of higher rents in the new houses than in the old ones. These persons may claim that my point will not be completely proven until I can show what happens to slum dwellers who are moved into new homes at no increase in rent. Unfortunately I cannot produce such a case because there is none. The sordid history of slum clearance and "low-cost" housing for the past hundred years reveals that, whether subsidized by the government or not, the rents in the new dwellings have always been out of reach of the very people for whom they were allegedly built. We are living in a real world and not in one of pious wishes. The economic system which has produced the slums is unwilling, or, if you wish, unable to provide decent homes for the great majority of the population at rents they can safely pay. It has actually gotten to the point in England, for example, where slum dwellers who are given an opportunity to live in new, model homes refuse to do so for economic reasons.

The real issue involved in the objection which I have anticipated in the foregoing paragraph is the extent to which sub-standard housing or slums is a causal factor in poor health. A concomitant issue, of course, is the extent to which slum clearance and better housing under the conditions encountered in actual demonstrations, will cure or even ameliorate these evils.

In the first place, what are the basic causes of infant mortality, tuberculosis and the alarmingly poor general health conditions in the slums?

The numerous surveys made in England of the consumption of milk and other foods at different income levels shed some light on this question. For example, the Market Supply Committee in 1935 analyzed the budgets of 1152 families in each of six income groups as follows: (The income figures are in terms of shillings. There are approximately four shillings to the dollar.)

Income per head per week	Up to 10/	to 15/	to 20/	to 30/	to 45/	Over 45/
Food expenditures per head per week	4/	6/	6/	10/	12/	14/
Consumption of liquid milk pints per head per person	0.16	0.30	0.37	0.44	0.60	0.79

Compare these figures with the standards of milk consumption set by the British Medical Association (British Medical Journal, 1933—Nov. 25—Supplement). These standards are:

One pint per day as the basic primary requirement of children 1-5 years old.

Half pint per day as the basic primary requirement of children 5-10 years old.

Quarter pint as the minimum milk requirement of adults.

**T**HESE surveys indicated not only that the consumption of liquid milk falls with income but also that the *consumption of milk tends to lower per head of population with the greatest degree of overcrowding, with the heaviest loss of infant life and the highest rate of general mortality.* (Milk Consumption and the Growths of School Children, by J. B. Orr. *The Lancet*, Vol. I, No. 5448.) Is it bad housing which causes these evils? Are our housing experts and reformers really striking at the underlying causes when they glibly attribute tuberculosis, for example, to the slums and their overcrowded conditions. The answer is contained in an article written by Dr. Herbert D. Chalk, M.S., M.R.C.C., D.P.H., and entitled "The Part Played by Housing in the Causation of Tuberculosis in Wales." (The Welsh Housing and Development Year Book, 1934.) He writes: "This town boasts a number of excellent working class houses, recently erected by the Local Authority. There have already been deaths from tuberculosis in three of these houses. Thus, although infection of others is liable to take place in small, unventilated houses, it may occur in *any* house. . . . This is more liable to

happen if we are undernourished or fatigued, or if, for any reason, our health is lowered."

This is not to say that unsanitary, sub-standard housing does not have a harmful effect on health. Of course it has. Clean, airy, safe homes are certainly desirable and necessary attributes of hygienic living. So is sunshine. But let the reader stop at this point and consider the children of the slum dwellers and tenant farmers of the South whose undernourished bodies are exposed to sunshine all day. A moment's reflection will show that better housing and sunshine, while important, are not, under the existing circumstances, the vital factors in health for the masses which many believe them to be.

Dr. McGonigle, in his report on Stockton-on-Tees, has demonstrated how relatively slight is the relation between housing and health and how inadequate slum clearance has been as a remedy. Were it not for limited space it would be possible to adduce equally competent proof showing that the same conditions hold true for the other social evils in question.

It may be true, as the maps and surveys show, that most prostitutes come from poor families who live in the slums. Nevertheless, it is generally admitted today that the root of prostitution is economic. For every girl who goes wrong because of influences peculiar to the slums, there are nine who do so because of economic pressure. Under the circumstances these nine would be just as inevitably drawn into their profession if they lived in palaces.

There remains then the question of whether slum clearance will have a beneficial effect on insanity. It seems to the author that if insanity is more prevalent in the slums, then it probably is due to the greater economic insecurity with its related problems. Slums alone should not draw our fire, but also unemployment, low wages and inadequate relief.

We should not, of course, give up all effort to eliminate slums. But we must fight for the clearance of slums and the construction of low-rental houses, with a clear understanding of the factors involved. We must understand that slum clearance will not of itself cure social evils, that ill-considered slum clearance schemes tend to obscure the real issues, and that we must advance a realistic program which would also relate itself to the movement for adequate wages and unemployment and social insurance.

# CONSUMERS PAGE

AS a regular feature, this department will give information on foods, drugs and cosmetics which make false advertising claims; are dangerous, defective or adulterated; or which sell for a price entirely disproportionate to the actual cost of the product. Some of the information is derived from the Notices of Judgment of the Federal Food and Drug Administration. In such cases, the information will be followed by "NJ" plus the file number of the judgment, thus (NJ 12345). In other cases, where the source of data is the press releases of other federal agencies, it will be indicated with the dates, thus (PR, Jan. 1, 1936). Although these press releases are distributed to thousands of newspapers, they are rarely published. This is undoubtedly due to publishers' fear of advertisers or potential advertisers.

The Federal Trade Commission periodically issues notices of action against individuals or firms making false advertising claims. Although a product in question may be absolutely fraudulent and even dangerous, the action of the Federal Trade Commission is based on "unfair business methods" and is designed to protect rival manufacturers. The work of the Commission is entirely in behalf of business firms, advertisers and corporations; this is clearly stated. There is no effort made to protect the consumer. Nevertheless, information from such sources is of value at times, and will be indicated (FTC). Other sources will be clearly marked.

## Face Powders

WE have collected some valuable facts on the cost of popular face powders. It is interesting that in some instances the cost of the container is greater than the cost of the powder itself. Note also the fact that the retail price is twenty and even thirty times greater than the cost of the powder. The details are supplied by the Bureau of Health of the State of Maine.

*Coty's Face Powder:* Selling price, 75 cents. Cost of ingredients, 7 cents. Cost of container, 5 cents.

*Elizabeth Arden Face Powder:* Selling price,

\$3. Cost of ingredients, 23 cents. Cost of container, 16 cents.

*Harriet Hubbard Ayer Face Powder:* Selling price, 60 cents. Cost of ingredients, 4 cents. Cost of container, 3 cents.

*Daggett and Ramsdell's Face Powder:* Selling price, 85 cents. Cost of ingredients, 5 cents. Cost of container, 5 cents.

*Max Factor Face Powder:* Selling price, 75 cents. Cost of ingredients, 7 cents. Cost of container, 5 cents.

*Helena Rubinstein Face Powder:* Selling price \$1. Cost of ingredients, 4 cents. Cost of container, 6 cents.

*Luzier's Face Powder:* Selling price, \$1. Cost of ingredients, 3 cents. Cost of container, 5 cents.

## Butter

BUTTER distributed by Swift & Co. was found to contain less than the legally required amount of milk fat. Furthermore, the packages contained less than the weight for which consumers paid. Consumers were, therefore, defrauded in two ways—in the quality and quantity of the butter (NJ 24554). Another lot of butter distributed by the same company had to be destroyed because it contained mold, insects, and just plain dirt (NJ 24599).

Forty-seven barrels of butter labeled *Cloverleaf Butter Co.*, Birmingham, Alabama, contained "flies, spiders and other insects; maggots; rodent and human hairs; mold and miscellaneous filth" (NJ 24463). Butter shipped by *Armour & Co.* was filthy, decomposed and putrid (NJ 24495).

## Tooth Paste

In a press release dated April 23, 1936, the United States Department of Agriculture discussed the false and fraudulent claims made for *McKesson's Milk of Magnesia Tooth Paste*. The Department denies that this paste is good for bleeding gums, pyorrhea and trench mouth, as advertised. Another press release (March 10, 1936) reports a fine of \$100 imposed on *McKesson and Robbins, Inc.*, for shipments of drugs that fell below official standards, or below those stated on the labels.

# A SEX PROBLEM OF WOMEN

Another article by a psychiatrist in the series on sex in modern society.

THE fact, as was pointed out in the previous articles on frigidity, that women are not treated as the equal of men and that they are not given fair opportunities for self-expression, is one of the most important causes of frigidity. This article will be devoted to an explanation of how this cause produces such a result. As in the case of other causes that were discussed, such as the association of sex with feelings of guilt and wrongdoing, it is now not enough to just consider the feelings of mature women. It is necessary to understand how this cause works in childhood when the background for a condition like frigidity is first developed. And therefore to make a proper beginning, we must examine the attitude of parents toward the child before it comes into the world.

All children do not receive the same welcome when they are born. The sex of the child is one of the most important factors that determine the degree of welcome. Everyone has heard the pregnant woman and her husband say that they "wish it were a boy." Frequently, the parents are keenly disappointed when the hoped for boy does not arrive. Even when a child is unwanted, the fact that the child is of the male sex is sufficient compensation. This preference for boys is fairly universal because boys are considered to have a higher social value than girls. This preference also varies in degree in different communities and depends, of course, directly on the social status of women in a particular community.

In certain oriental countries women are looked upon as very inferior people. There a woman is a chattel, a piece of property belonging either to her father or her husband and disposed of according to their whims. As a public mark of her inferiority, the woman walks about wearing a thick veil or "paranja" so that only her owner will have the right to see her face. In such countries a girl child is decidedly unwelcome, and the mother who has given birth only to girls is made to feel wretched and worthless, as though she had cheated her husband and humiliated him.

In former times this feeling that women are inferior, and the accompanying attitude towards the birth of a girl, was expressed even more sharply, especially during critical times. Birth control as a means of limiting the population was unknown. And in periods of great economic stress, when famine prevailed, infanticide, or the killing of newborn children, was used as a means of getting rid of unwanted children who added to their parents' intolerable burden of want. Infanticide was then almost solely limited to girls and deformed male children. These practices have not entirely died out, and when in certain parts of the world stark famine rages, parents are still driven to this horrible method of population control.

These things may seem very remote when we look at the more advanced parts of the world. But even in those capitalist countries where women have won the greatest share of freedom, the girl still remains the less welcomed child. Besides, women's rights are not permanent, and depend directly on the degree of exploitation of the masses. The economic crisis leads everywhere to a lowering of women's status. Cries arise that women should go back to the home and stop competing with men. Women are barred from the professions and dismissed from their jobs. The victory of fascism, which means the greatest exploitation of the masses, also leads to a total loss of woman's progress and her complete return to a degraded status. Only when all exploitation is ended is woman's additional exploitation as a sex ended as well, and the problem of the girl child's lack of welcome into the world disappears.

THERE are, of course, many other factors exclusive of sex which determine whether a child is wanted. Regardless of the cause, the situation of being an unwanted child often plants the seed for future difficulties in the sexual as well as in the other spheres. Dr. Frankwood Williams in his book *Russia, Youth and the Present Day World*, a study of how

these problems are solved in the Soviet Union, states that "the greatest social stroke of mental hygiene would be if only wanted children were born."

Naturally parents try to make the best of a baby girl's arrival and also try not to show their disappointment to the child. Sometimes parents go to the other extreme. Offhand one would think that children would hardly notice such things. But we have learned in recent years how very sensitive children are to their parents' attitudes.

Being a comparatively unwanted child is but the first of the handicaps that girls encounter. During the training of young children, boys are permitted greater freedom. All young children have a great deal of curiosity. They like to take things apart, to touch and explore everything in this interesting world. Children don't care in the least if they get dirty doing things. They have an urge to activity, to jump, to run, to play. Boys are given much greater opportunity to satisfy these urges. Brothers are expected to be a little "wild" as compared to their sisters. The young girl soon grows to envy the boy's greater freedom, his slower pace toward becoming well-behaved and restrained. As the children grow older, the boy's advantage over his sister grows steadily. His plans and ambitions are taken more seriously. The whole outlook of the parents is that the son will grow up to be of assistance to them, while the most they can expect from the daughter is that she will marry early and not burden the family too long. Although parents no longer count on their sons becoming presidents they still hope they will be successful; while their hopes for the girl are that she will marry a man who either is or will become successful.

As a girl grows older she begins to realize that the road open to her for the expression of her personality is through her influence on a man rather than on the world. Her job is to make herself attractive to men. And unless she is able to "get her man" she will be thought a failure. After she has attracted a man, she must raise the attraction to a point where the man will marry and support her. When this has been achieved, the most important part of her work is, in a sense, done. However, she must see to it that it stays done, that she nips in the bud any tendency for it to become undone. The woman must keep her man after she has gotten him.

This fact, that the woman's goal in life has become a man, and that only through a man can she win the approval of her family, friends and the world, puts many difficult problems in her path. On the one hand men prefer to marry virgins, women who have the so-called virginal qualities of modesty and shyness, women who listen to men, cling to them, and make them feel big and strong. On the other hand girls who are too shy and modest do not get men so easily, do not get to the point where men will notice and appreciate their virginal qualities. To make matters more complicated, men prefer to marry such women but do not prefer to go out with them, to have a good time with them. These contradictions make the woman's job a difficult one. Those qualities that attract men are not the ones that make them marry. The woman, therefore, must present a changing picture of herself, first stressing the qualities of boldness, then those of modesty, or blending them in order to get the particular man she wants.

After marriage the same contradictions exist. Children bind a marriage more firmly and tend to keep the father from straying; but children also make the mother less attractive and to have less sex appeal. The woman must hope that the growth in her husband's affection will make up for the decrease in sexual love.

Woman's dependence on man thus results in making sex, and the things arising from sex, such as love, marriage and child-bearing, the outstanding fact in her life. Her whole existence becomes "sexualized." Her unequal treatment finally ends in changing her personality, in diminishing her abilities in non-sexual lines, and she often is made to become the inferior person that she was from the start assumed to be.

CAREFUL studies made in the last twenty years indicate that young girls react to the differences between the sexes and to their own less favorable treatment at a surprisingly early age. They usually react with strong envy of the boy and the wish to be of his sex. Reality soon teaches them that they will not gradually overcome those physical differences that distinguish them from boys. They face this disappointment at an age when their capacity to encounter and overcome disappointment is not yet well developed. They solve the problem by pushing the whole situation out of their mind,

by suppressing both their disappointment and their envy. Though the problem is apparently solved, it has really been pushed aside, rather than faced and conquered. Their youth and consequent lack of a well-developed capacity for facing unpleasant facts has prevented a real solution. The disappointment and envy continue to exist, although they are unconscious, and unknown to the girl. They continue to influence her attitudes and behavior.

This problem is overcome by the girl when she makes a virtue of her trouble, takes pride in the fact that she is a girl, and seemingly prefers her "femaleness." The persistent pressure of society, operating through her family and her friends, forces her to reconcile herself to being a woman rather than a fully developed personality.

Women may rebel at this unhappy state of affairs anywhere in the course of their development. Some women never outgrow their childhood envy and jealousy of boys. This wish to be a boy often leads women to feel resentful and hostile toward boys who seemingly get the most out of living. As the progress of life increases the existing inequality, the resentment grows greater, particularly when women refuse to accept their roles as wives and mothers as the limited means of expressing their personalities.

In some women the initial resentment is overcome. But later, when strong desires are thwarted, the old resentment awakens. As was stated in the previous articles, a dynamic and reciprocal relationship exists between earlier experiences and later ones. If the earlier resentment was very strong and was not well overcome, it will take less disappointment in later life to make it active again. If the earlier disappointment was more completely overcome, it will require more severe disappointments in later life, disappointments because of their sex, to reactivate the earlier disappointments. For example, a girl who has done well in elementary school desires to continue with high school, yet her parents, who can only afford to send their sons to high school, will not send her. If, in addition, she is brighter than her brother and must step aside for him anyway, her disappointment as a result may be very keen and she feels that she is limited in life because of her sex.

MANY women, although they accept the condition that their sex permits them only

to become wives and mothers, have a smoldering, unconscious resentment against men. This unconscious resentment prevents wives from participating fully in sexual relations and exhibits itself as sexual frigidity. Women whose frigidity is largely due to this unconscious resentment against men sometimes make poor wives. They may seek to triumph over their husbands and avenge themselves for the bad deal they got by being women. They tend to blame their husband for their frigidity, keep harping on it, and offer it as proof of their husband's lack of real potency. At times such women may choose weak men in order to dominate them.

When these feelings are very strong a complete cure is not easy. It may require prolonged, expensive psychiatric treatment by a psychoanalyst. Of course such refined and expensive treatment is available only to the fairly rich. Fortunately, moderate cases can be helped considerably by a few visits to a psychiatrist or even by a single interview. At times a woman may accomplish a good deal by trying to face her problems frankly. It may be possible for her to realize that she has this unconscious resentment, and that it is misdirected. She may come to realize that it is not the male sex but the social system that is responsible for her inferior status. If she is able to do this, and to shift her resentment, she will convert a neurotic feeling into a socially useful activity.

The effect of women's inferior position on the sex life of men is equally bad and an equally serious problem. (This aspect will be discussed in another article.) Here again it must be recognized that just as "the white worker will never be free as long as his darker skinned brother is enslaved," so men will never develop healthy personalities and proper attitudes to sex as long as women's personalities are distorted.

The solution to this problem, like the solution to that of frigidity from causes already discussed, can only be a social one. Individual women may be cured, but most of them continue suffering and a million new cases crop up for the few that are helped. Just as our society creates frigid women, so a rational society could create normal ones. Women's inferior position and their sexual exploitation are merely parts of the larger exploitation on which our society is based.



# Our Doctors Advise:

The doctors of the People's Health Education League, including specialists in almost every field of medicine, will answer reader's questions on health and personal hygiene. For personal reply, all questions must be signed and accompanied by a self-addressed, stamped envelope.

## Care of the Teeth

Baltimore, Md.

DEAR DOCTORS:

I would like to know what simple dentifrice I can use in cleaning my teeth. I would also like to know how I can properly care for them.—F. R.

*Answer*—Care of the teeth depends on three factors:

1. Thorough cleansing and massage.
2. Proper diet.
3. Regular examination and professional attention.

The teeth should be cleansed regularly twice a day—every morning and every night before retiring, particularly the latter.

The brush, with bristles of medium stiffness, should be placed against the gums. The gums are massaged and the teeth brushed in one motion. Brush downwards on the upper teeth and upwards on the lower ones. Do not brush from side to side as this may scrape and injure the gums.

Proper diet is essential for tooth development and for prevention of decay. This is true for adults as well as for mothers and children. Green vegetables, fresh fruit, eggs and milk will supply the needed vitamins and minerals. Cod-liver oil is advisable if there is a deficiency of vitamin D.

Salt and Sodium Bicarbonate is a very satisfactory dentifrice, made up as follows: One-third teaspoon of each in a glass of water. Use one-half glass as a mouth wash and the remainder as a toothbrush dip. Do not use the powder dry, but dip the toothbrush in the solution.

\* \* \*

## Arthritis

Bronx, N. Y.

DEAR DOCTORS:

I have a condition which I believe to be water on the knee. I get a peculiar ache in my knees, which hampers motion, after unusual exertion such as hiking. The feeling is more marked in my right knee.

I had similar trouble with my knees about twelve

years ago. I believe this was brought on by heavy gymnasium work such as wrestling.

What can I do to alleviate this condition? I forgot to mention that the discomfort in the knees increases in damp weather.—C. D.

*Answer*—The condition you are suffering from appears to be one of an early case of arthritis of the knee joint. Discomfort in the joint which increases in damp weather is generally a sign of arthritis or rheumatism.

Treatment: First a careful and thorough examination by a competent doctor is essential. Your teeth must be looked into for any abscess or pyorrhea, the tonsils and sinuses for any infection, and the bowels to correct any constipation, if present. A special high-vitamin diet should be followed. This consists of fresh fruits and vegetables and a reduction in the amount of starchy foods, such as bread, potatoes, puddings, and so forth. Physiotherapy such as diathermy, massage to the knee, is helpful. When the discomfort is great, a firm bandage strapping to reduce movement of the knee is also of help.

\* \* \*

## "Anacin"

Fall River, Mass.

DEAR DOCTORS:

I take "Anacin" tablets whenever I have a severe headache. Recently I heard that these tablets may be dangerous. I wonder how much truth there is to that?—S. F.

*Answer*—This widely used drug has on several occasions been the subject of investigation by governmental agencies whose function is to track down frauds, fakers, and advertisers making false claims.

In 1929 the Food and Drugs Administration condemned the company and the medicine, pointing out that the claims made for the drug bear little relation to the truth. "False and fraudulent" were the words used in the Notice of Judgment against the company (No. 15819). The Anacin company recommends it for a great variety of conditions, including headaches, neuralgia, colds, rheumatism and so forth. We are sure it is only

an oversight that the advertising fails to mention the presence in "Anacin" of large quantities of acetphenetidin, a drug which depresses the heart.

Under threat of court action, the Federal Trade Commission recently (March, 1936), persuaded the company to try a little honesty in its advertising. How long the company will keep this promise is, of course, problematical.

\* \* \*

## Reducing

Denver, Colo.

DEAR DOCTORS:

I am writing for some information on a reducing diet. I am twenty-eight years old, five feet in height and weigh about 170 pounds. I know this is an enormous weight for one so short. I am in good physical condition so I know I can stand a lot of dieting. My fat is around the hips and bust.—M. K.

*Answer*—From your story, it is not possible to tell whether your glands of internal secretion are normal. But even if they are not, a reduction of weight is indicated in your case.

The first thing to realize is that the aim of any diet is not only to shed you of excess fat but to rearrange your eating habits so that once having lost some weight you should not regain your original weight before reduction.

You must not eat once or twice a day but the normal three times a day. You must have sufficient proteins (meat, fish, cheese—four ounces daily) in order not to hurt your tissues; also sufficient vitamins to avoid illnesses due to vitamin deficiency.

The general idea is to eat no fatty foods, sugar, cake, candy and pastries, and to eat just less than enough to satisfy the appetite till new habits are formed and a little weight at a time is lost; three or four pounds a month is sufficient.

\* \* \*

## Poor Sleep

Chicago, Ill.

DEAR DOCTORS:

I am a very light sleeper and any noise, no matter how slight, awakens me and I cannot fall asleep again. I blame this on my nervous condition, although I am only twenty-seven years old.

I have read about certain rubber plugs which if placed in the ears will prolong one's slumber no matter how much noise there is. But being a reader of HEALTH AND HYGIENE, I am very slow in being fooled by these commercial devices. I am therefore asking you for suggestions which will help me enjoy a good night of rest.—N. R.

*Answer*—Any device which is placed in the ear to insure sleep can only do so by mechanically shutting out noise. Cotton in the ears would serve just as well.

Difficulty in sleeping is usually due to mental and emotional factors. Sleep could be much easier

for most people if worries were eliminated. Without knowing what your emotional make-up is (even though you mention a nervous condition), the following rules might be applied to improve your sleeping.

Drink an easily digestible warm beverage before retiring. A warm tub bath, fifteen to thirty minutes, temperature ninety-two to ninety-seven Fahrenheit, might be helpful. If there are no bathing facilities, a liniment rub might suffice. Avoid noise and light. Use opaque window shades which are drawn at night. Shining objects in a room should be concealed or removed. Reduce the noises outside by placing a blanket just inside the window opening. The bed should not be too soft or too hard. Sleep may be disturbed by chilliness, therefore, precautions should be taken to eliminate this. The desired warmth should be obtained with the least weight of bed covering. Cold feet may cause poor sleep. This may be helped by holding them alternately under a stream of hot and then cold water a few minutes before going to bed. A rubbing liniment may act as a substitute for this. Reading, or being read to, may take one's mind off worry and thus be sleep-inducing. Self-suggestion, such as "counting sheep" may be helpful. A proper balance between rest and exercise is necessary. Insufficient as well as excessive exercise may make sleep impossible. Throwing off the covers while one is in bed and exposing the body to cool air for a short time may bring on a slight flushing of the skin which is conducive to sleep.

You should understand that the time you sleep seems short, the time you lie awake, long, and that a very few hours sleep suffice to maintain life.

\* \* \*

## Bladder Trouble

Kansas City, Mo.

DEAR DOCTORS:

Could you suggest any home treatment for bladder trouble.—T. N.

*Answer*—(1) Drinking large amounts of fluids; (2) making the urine alkaline by taking half-teaspoon of sodium bicarbonate in water twice a day; (3) by hot sitz baths; (4) by taking as much rest as possible; (5) by avoiding alcohol.

Usually for cure, the bladder needs to be washed out by a doctor several times a week.

We are assuming that you mean by bladder trouble inflammation of the bladder with pus in the urine.

\* \* \*

## Gall Stones

Zanesville, Ohio.

DEAR DOCTORS:

My mother, fifty years of age, was in an automobile accident about a year ago and since then has had gall stones. The different doctors she has seen

claim that the accident caused the stones to move their position so that they close the opening of the gall sac and cause the attacks. She never complained of any pains before the accident, but has had four attacks since. One doctor put her on a non-fat diet which she is now following and which, as yet, has not caused any new attacks. Now, I would like to know the following:

1. Is there a way of curing gall stones without having to undergo an operation?

2. What percentage of such operations are successful?

3. Suppose my mother remains on the non-fat diet, can or will any complications set in?—R. D.

*Answer*—It is very improbable that the automobile accident in any way caused the stones in the gall bladder to move from any original position.

Operation is the only sure way of curing gall-stone trouble. Of course, many people have gall stones and do not have any attacks or other trouble. If attacks of pain are not frequent or do not occur often, an operation is not absolutely necessary. With very painful and frequent attacks, it would be foolish not to have an operation. The diet that your mother is using, is given with the idea of resting the gall bladder and preventing the occurrence of attacks. Such a diet is helpful to many patients. In itself, it is not a cure.

The operation is generally successful, provided it is done well. Post-operative complications are rather rare, and we may say that in a careful operation, with no stones overlooked, the percentage of successful cases is very high.

Certain complications may occur, whether or not your mother remains on a diet. The most frequent would be an infection within the gall bladder. Also, stones may pass into the duct leading from the bile passages to the intestines, becoming caught there, and so blocking the passage of bile into the intestines. In such cases, the patient becomes yellow (jaundiced), the stool light in color, and so forth; and if the condition does not clear by itself quickly, an operation is absolutely necessary. There are no other rarer complications, but these two are the most common.

\* \* \*

### Kosher Meat

Austin, Texas.

DEAR DOCTORS:

I would appreciate receiving advice from you on a question that has caused quite a bit of controversy among several friends. Are cold storage chickens more healthful than chickens freshly killed, that is, kosher chickens? Is kosher meat superior to non-kosher meat?—M. D. R.

*Answer*—The difference between meat bought from kosher and non-kosher butchers is that the former is presumably sold within three days after slaughter, while the latter is transported more

slowly in refrigerator cars and may be ten days or more old. However, under modern conditions, meat preserved by refrigeration is perfectly safe to eat. Remembering this, non-kosher meat has two advantages:

1. Since it does not have to be rushed to the consumer, transportation arrangements are simpler and less expensive and the meat, therefore is cheaper.

2. Since the meat is older, a certain amount of spontaneous softening occurs and the meat, therefore, is tastier and more easily digested.

This comparison does not hold exactly for chickens, because chicken is less fibrous and softer than meat. Therefore, both fresh (kosher) and cold storage chickens are about equally tasty, tender and healthful. However, the difference in price is again all in favor of cold storage chicken.

\* \* \*

### Sunburn Preventive

Stamford, Conn.

DEAR DOCTORS:

I suffer terribly from sunburn every summer. My skin is very fair and burns easily. Can you recommend a good sunburn preventive?—F. L.

*Answer*—An excellent preventive for sunburn was described a short time ago in a medical journal on skin diseases. The formula is: Salol 10 per cent in cold cream (or any other ointment base). The Salol is first dissolved in the smallest possible amount of liquid albolene and mixed up in the base (cold cream). It should be applied to all exposed parts before going out into the sunshine.

\* \* \*

### Child's Behavior

Paterson, N. J.

DEAR DOCTORS:

My boy, seven years of age, is always fighting with other children. He always wants to play with the other boys but no sooner does he come in contact with them then he begins to argue and act disagreeably. Now the other children refuse to play with him. He is also terribly afraid of the boys. Otherwise he is very good natured.

His inability to get on with other children worries me because I think it is inherited. I therefore would like to eradicate it from his system while he is still young. Your advice will be greatly appreciated.—O. L.

*Answer*—There is no reason to believe that the child's problem has anything to do with heredity, though it is likely from what you say that his problem may be indirectly due to his parents. One has to know more about the problem before one can give advice. An experienced physician or psychiatrist could be helpful.

If you do not want the help of a doctor, you can help the boy yourself by thinking about his

problem. Why is he afraid of other boys? What does he think they will do to him? Where did he get that idea?

If you look for reasons for his behavior, instead of blaming it on his heredity, you will be able to help him. Teach the boy to enjoy the things you would like him to do. Perhaps he argues with the boys because he is afraid of them. Perhaps you have given him too much protection, so that he feels helpless without you. There are many other possibilities; if you feel that you cannot get to the bottom of his problem, he is entitled to the help of a physician or a Mental Hygiene Clinic or Child Guidance Clinic.

\* \* \*

### Definitions

Bronx, New York

To the Medical Advisory Board:

Will you please inform me as to the differences between neurologist, psychiatrist, psychoanalyst and neuro-psychiatrist.

—R. C.

*Answer*—These terms are used to distinguish between specialists who treat different kinds of nervous and mental diseases. They are all M.D.'s who have received the regular medical training and have in addition spent one or more years studying their specialty.

Nervous and mental diseases fall into two groups; the first contains those illnesses due to actual damage of the brain, spinal cord, and nerves caused by (1) infections, such as infantile paralysis or syphilis; (2) poisons, such as lead; (3) injuries, such as fractures of the skull or spine; and (4) many other conditions with structural changes of the nervous system the cause of which is not known. The second contains the so-called functional nervous illnesses, in which the brain, spinal cord, and nerves are perfectly sound but the patient is "nervous", has a "nervous breakdown", has complaints somewhat like those due to a medical condition such as ulcer of the stomach without having any ulcer. Most types of insanity also belong in this group.

The neurologist has made a specialty of the study and treatment of the illnesses in the first group, the psychiatrist, of the second group, while the neuro-psychiatrist is a specialist in both fields.

A psychoanalyst is a psychiatrist trained in a highly specialized method of treating selected cases of functional nervous illness. This method of treatment, called psychoanalysis, involves an intensive study of the patient's personality and an emotional re-education. The period of treatment lasts for many months or even several years. To become a psychoanalyst a physician must make a special study of the method and he must be psychoanalyzed himself.

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## Athlete's Foot

St. Louis, Mo.

DEAR DOCTORS:

I have a severe itch between my toes. The skin in that area is also peeling. My gymnasium instructor says that it is athlete's foot. What can I do about it.—N. S. N.

*Answer*—This condition is called ringworm and technically "dermatophytosis." It is caused by an infection of the skin by a very tiny organism called fungus. It has very little to do with athletics and nothing to do with worms.

It is contagious but too common and mild to cause worry in daily life. At least half of all people have it at some time or other, but only a few are made uncomfortable. Even when completely cured, it sometimes recurs. It is not serious.

In the mild cases the skin between and under the toes begins to peel and scale; it may become soggy and cracked, and very tiny blisters are common. The disease may spread to other parts of the foot, appearing as patches of redness, scaling, blisters and pimples.

To take care of this condition, keep the feet as dry as possible by frequent changes of socks and occasional sponging with alcohol. The following prescription should be applied every night to the affected parts:

Thymol	—	1.0
Salicylic Acid	—	3.0
Anhydrous Lanolin	—	96.0

This will cure most cases within two weeks. If the ointment is too strong for your skin and irritates it, you can mix it half and half with vaseline.

In more severe cases when the skin is raw and oozing, you will not be able to apply this ointment at first. You must rest your feet as much as possible and keep them dry. Gauze pads between the toes and talcum powder help. When the skin has become dry and soothed you can start using the above prescription.

If a great deal of skin has become raw, red, oozing and sore, you will have to stay in bed a few days. Apply a wet dressing of boric acid solution for one day. Then sponge with calamine lotion every few hours. When the rawness has gone you can start treating it as you would a mild case.

In severe cases, with rapid spread, pain, swelling or a feeling of being generally sick, or any other complication, you must, of course, call a doctor.

The most important thing you should know about taking care of ringworm of the feet is to avoid using any medicine that your friends or drug advertisers suggest. Many very serious complications have occurred from the use of medicine like iodine, mercury, lysol, carbolic acid, and so forth.

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