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**JUNE, 1938**  
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HEALTH AND HYGIENE

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CARL MALMBERG, Editor  
SADIE FRANKLIN, Business Manager

## HEALTH AND HYGIENE

*Magazine of the People's Health Education League*  
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# Questions and Answers

If you wish to have any health problem discussed write to HEALTH AND HYGIENE. Your letter will be referred to one of our doctors for reply. However, diagnosis of individual cases and prescription will not be undertaken. No letter will receive attention unless it is signed and accompanied by a stamped, self-addressed envelope.

## Circumcision of Baby

San Francisco, California

Dear Doctors:

Is it advisable to have a six-months-old baby circumcised if the foreskin constricts somewhat the opening of the penis?—H.L.

*Answer*—The majority of male babies have an adherent prepuce (foreskin) with some constriction at the opening. However, the penis is considered normal if the foreskin can be retracted or pulled back easily, exposing the end of the penis.

If the adhesions and constrictions are more marked than usual the condition may be relieved by gently stretching the foreskin and breaking up the adhesions. This should be done only by a physician. Subsequently the mother should retract the foreskin every other day or third day, clean the head of the penis with soap and water and oil the lower part of the penis, and draw the foreskin over it. This procedure keeps the part clean and often prevents recurrence of the adhesions.

If the adhesions are marked or recur in spite of treatment, then circumcision is advised.

## Sinus Trouble

Omaha, Nebraska

DEAR DOCTORS:

Can infected sinuses be improved by diet? Could a chiropractor be of any help in this condition?—H. S. B.

*Answer*—Special diets do not have any direct influence on active sinus infections. However, any means employed to improve the general health aids the body in that it builds up increased resistance to infection and heightens immunity.

In addition to a better and more abundant diet, such means as ample sleep, moderate exercise, and bathing promote better health. Fatigue, overeating, over-exposure, chilling, and over-indulgence in

liquor or smoking tend to diminish resistance and should be avoided.

Individuals who have a chronic sinus infection are prone to what is called "acute exacerbations" when they catch cold. During this period the symptoms, especially pain, are greatly increased, and immediate, adequate treatment is necessary to prevent complications.

Chiropractic treatment cannot have any beneficial influence in sinus infections.

## Does Hair Grow After Death?

Boston, Massachusetts

DEAR DOCTORS:

Does the hair grow after death? If so, how much?—D. L.

*Answer*—The belief that hair continues to grow after death is one of the many superstitions held concerning bodily changes after death. This super-



A. Ajay

stition was well illustrated by a recent incident at the New York City morgue. Although a recently admitted corpse was clean-shaven, the brother-in-law of the dead man identified another man with a mustache as his relative. When the brother-in-law was asked how he could make such a mistake his answer was that he thought hair grew after death.

Gonzales, Vance, and Halpern, medical examiners of New York City, in their book, *Legal Medicine and Toxicology* (D. Appleton-Century Co.), discuss the question of the possibility of hair growing after death. They definitely state that contrary to popular belief hair does not grow after death. However, the skin shrinks and as a result the hair may protrude farther than it did during life. This gives a false impression of hair growth after death.

## Vaccination—Arm or Leg?

Denver, Colorado

DEAR DOCTORS:

Is there any reason why vaccination on the arm is preferable to vaccination on the leg?—L. G. H.

*Answer*—Yes, there are several reasons. Leg vaccinations are exposed to more moisture and dust than vaccinations on the arm. Because of the rela-

(Continued on page 188)

The most successful of the "self-help" writers helps himself to a fortune in royalties.

# Success for Sale — Only \$1.96

Dale Carnegie Exposed

MORE than 800,000 copies sold—a new record for contemporary non-fiction books—indisputable evidence that Dale Carnegie is selling something for which great numbers of people feel a deep need. A few years ago it was the slogan, "Day by day in every way I'm getting better and better," that swept the country, providing a quick and easy formula for ridding people of their ills and getting them the things they wanted. More recently *Wake Up and Live* owed its vogue to the fact that it exploited the same human drives towards success and achievement. Now it's *How to Win Friends and Influence People*, and this latest of the "self help" or "success in six easy lessons" crop seems to eclipse all others in popularity.

"A short cut to distinction," the preface calls this highly touted guide book to success. Indeed, we might all agree that such a guide book would be desirable, but an examination of Mr. Carnegie's product quickly leads the dis-

cerning reader to the conclusion that it should be cast on the ash heap along with the panacea that the old-time medicine man proclaimed as a sure cure for ulcers, flat feet, impotence, and whatever else may have troubled his customers. No matter how extravagant his claims, many people believed every word the medicine man said, and today there are perhaps just as many who accept the preachments of Brother Carnegie.

THE WILL TO BELIEVE

In everyone there is a tendency to believe what he wants to believe. Dale Carnegie has had the insight to perceive a desire which is deep and universal, and the shrewdness to play upon this desire effectively. This is the desire for self-esteem, prestige, and power. No one is devoid of the desire for these things, though they mean different things to different persons, and there are endless ways of attempting to obtain them. Under the system of individual

Mischa Richter



Richter

enterprise and private profit operating in this country today, prestige and power generally mean wealth and success in business. Consciously or unconsciously, the dream of most people is to obtain financial supremacy, which is generally considered an index of power and importance. Dale Carnegie takes advantage of this by displaying for us as models to follow not merely ordinary bosses but such figures as



*Avoid starvation  
this easy way*

A. Ajay

Henry Ford, John D. Rockefeller, Charles Schwab and other giants of finance and industry.

The achievement of success, according to Carnegie, becomes a form of salesmanship in the best go-getter tradition. You make people like you so that you can sell to them, the boss will like you because you sell so much, and the rest of the world will positively adore you because you have money. It's as simple as that.

#### EMPLOYERS' STOOGES

Obviously, Mr. Carnegie takes the bosses' point of view. A good deal of Mr. Carnegie's income has been derived by "teaching" groups of employees, a job for which he is hired and paid by the employers. Needless to say, every sentence in his book identifies him with the boss. He even goes so far as to give many of his clients free publicity by listing names, addresses, and products quite unnecessarily.

"Seeing the other person's point of view," the keynote of the Carnegie method, means that you are to put your whole heart in your work while the boss gives you a kind word instead of a raise. He says, for instance, "This policy of Andrew Carnegie's of remembering and honoring the names of his friends and business associates was one of the secrets of his leadership. He was proud of the fact that he could call many of his laborers by their first names; and he boasted that while he was personally in charge, no strike ever disturbed his flaming steel mills." Hi, Andy!

*How to Win Friends and Influence People*

tells many anecdotes of the Horatio Alger stripe, a pattern of rags-to-riches which has long been part of the American dream but which is becoming more and more widely recognized as the rank deception that it is. Not only do many workers today recognize that they cannot become Rockefellers, but they go further than that and realize that they would not want to even if they could. Dale Carnegie, on the other hand, addresses himself to those who still believe in miracles. He says, "The rules we have set down . . . work like magic." He gloats over the "religious fervor" with which his classes use his methods. Here again, he mobilizes deep psychological forces and uses them for his own profit. In infancy every person is omnipotent. His wishes are few and they are all gratified in a twinkling by the most powerful creatures in the world, his parents, who have only to be shouted or gurgled at to be made to deliver whatever he wants. Later when in adult life a person finds that reality denies almost all his hopes and desires, he still retains his faith and hope that they will be granted at any moment in the same miraculous way as they were in infancy. The belief in magic which comes from these infantile experiences plays an important part in the life of primitive man, and remnants of such belief in magic may influence those who are apparently far removed from both the primitive and the infantile. It is only necessary to call attention to the many millions of dollars spent annually on sweepstakes tickets, fortune tellers, and books like *How To Win Friends and Influence People*, to show that such hopes for sudden fortune and the solution of all problems have an allure even for many so-called realistic people today.

#### IT'S A LIE

"The big secret" which Mr. Carnegie claims to purvey is very simple, so don't spend \$1.96 to discover it. In his own words it is simply this: "Almost every normal adult wants—1. Health and the preservation of life; 2. Food; 3. Sleep; 4. Money and the things money will buy; 5. Life in the hereafter; 6. Sexual gratification; 7. The well-being of our children; 8. A feeling of importance." And then he goes on to say, "Almost all these wants are gratified—all except one." This one is the last—the feeling of importance.

When Dale Carnegie says that all these wants are gratified except that for a feeling of importance the lie is hurled in his teeth by every minute in the lives of millions of Americans who are so preoccupied with the struggle to satisfy the simple needs of food, money, and the well-being of their children, that being important is terribly unimportant.

How ignorant—or impervious—Carnegie is to the very real needs of large sections of the American people for the elementary necessities of life, is evident from the following statement taken from one of his recent magazine articles:

I don't know the figures, but I doubt if ten people a year starve to death in the United States. That is, if they do not wish to do so. Of course some do; they have too much pride, or some other bit of foolishness, and calmly sit down and await the end. Food is everywhere in this amazing land of ours. All we have to do is to go to the right authorities and ask for it.

Carnegie has apparently never seen the figures which indicate the amount of malnutrition among the school children of the country. Certainly pride cannot be blamed for the plight of these youngsters.

We must grant, however, that the wish to be important lies deep in human nature. Mr. Carnegie impressively discusses "six ways of making people like you," "twenty ways of winning people to your way of thinking," and "nine ways to change people without giving of-

*Set down calmly  
and swallow  
your pride*



A. Ajay

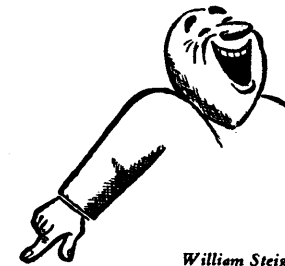
fense or arousing resentment"—all of which boil down to playing on the other fellow's wish to be important. You sell things that way, you please your boss and your employees that way, you reduce your rent that way, and of course you keep your wife happy that way.

There's something in what he says. But what is true in it is self-evident and has been embodied for hundreds of years in all the common rules of courtesy and consideration. Carnegie's rules do not constitute either a "miracle" or a "new way of life." People will like you

(Continued on page 189)

HA!  
HA!

Ad Laughs of  
the Month



William Steig

The secret of Listerine's success, we believe, must be that it reaches the virus (germ) which many authorities say causes colds.—Advertisement for Listerine.

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Children or Cats . . . making all kinds of noises, but what has father to say? He works undisturbed. He has Ohropax Antiphone in his ears.—Advertisement for Ohropax Antiphon ear plugs.

Wouldn't the World be a nicer place if *all* the World used Mum?—Advertisement for Mum deodorant.

*What do you do for a bellyache? The wrong step may have very serious consequences.*

## Appendicitis — A Warning!

**I**N spite of the widespread publicity given to the signs and symptoms of appendicitis, 16,480 people died from this disease in 1936. This represents 1.3 per cent of the deaths from all causes during that year. Many of these deaths from appendicitis were entirely preventable.

Wherever surgeons gather for conferences or conventions, one of the most frequently discussed topics is the needlessly high death rate from appendicitis and the methods of reducing it. As will be shown in this article, one of the most important factors in reducing the mortality from appendicitis is instruction of the public. There has been an appreciable drop in the death rate in the larger cities but sufficient emphasis has not yet been placed upon the important matter of instructing the people as a whole in the signs and symptoms of this disease. Until such instruction is given the death rate will not be brought down as low it ought to be.

Physicians and surgeons have in general become aware of the problem and have evolved certain principles of treatment which have already begun to reduce the number of deaths from appendicitis. The equally important task of gaining the cooperation of the lay public so that these principles of treatment may be applied early enough to effect a saving of lives, has been neglected. And, finally, the influence of the patent medicine manufacturers in spreading misinformation about constipation, "acute indigestion," and the need for laxatives, is a potent factor in keeping the death rate high.

### "ACUTE INDIGESTION"

One of the important things to remember in acute appendicitis is that the acute attack, in the majority of cases, is not the beginning of the disease but rather a manifestation of pre-existing disease in the appendix. A careful review of the patient's previous history will usually reveal episodes which were called "colic," "ptomaine poisoning," or "acute indigestion." Of all diseases that are initiated with abdominal pain, appendicitis is the most com-

mon and should be suspected until it has been ruled out by a doctor. Too much attention should not be given to dietary indiscretion as a possible cause of abdominal pain, since very often a person may eat unwisely and have no symptoms, whereas an attack of acute appendicitis may follow the ingestion of apparently ordinary foods.

### THE SYMPTOMS

What are the symptoms of appendicitis in the acute attack? Usually there is generalized abdominal pain which is soon followed by nausea and vomiting, and then a tendency for the pain to become localized in the lower right side of the belly. Fever is very rarely high at the beginning of the attack, the temperature usually ranging from 99.5 to 100.5 degrees Fahrenheit. After the generalized pain in the abdomen has subsided and the more localized pain in the right side has set in, the physician may notice a tautness or rigidity of the belly muscles in the right side of the abdomen. This rigidity is one of nature's warning signals that there is an inflammatory process going on inside the belly. The important thing to remember is the sequence of symptoms as given above. In appendicitis the pain usually precedes the nausea and vomiting, although this is not an inflexible rule.

What symptoms should cause a person to consult his doctor when he has abdominal pain? It is obvious from what we have said that pain followed by nausea and vomiting should be an absolute indication for examination by a physician. Even if the pain is generalized in the abdomen rather than localized in the lower right side, examination by the doctor at this stage will often reveal a specific tenderness in the lower right side of the belly. One of the paradoxical things about appendicitis is that when rupture (bursting) of the appendix takes place, there is a sudden diminution or even cessation of pain and the patient feels temporarily better until the frank symptoms of peritonitis develop. Thus, it may be said that

when pain is still severe there is still time for the surgeon to ward off serious consequences; when the pain ceases suddenly it may be a very unfavorable sign.

Why do we place so much stress upon consulting a physician during the early stages of an attack? Statistics from one large New York hospital demonstrate that out of a group of 635 patients operated on for acute appendicitis during a five-year period, the 400 cases operated on during the first thirty hours of symptoms resulted in no deaths, whereas in the case of the other 235 cases the mortality was over 6 per cent. It is obvious from this example and many others that delay in consulting a physician greatly increases the chances of dying from appendicitis.

### "FREEZING" THE APPENDIX

A common statement made by patients who have attacks of appendicitis is that they have been cured in previous attacks by "freezing" the appendix. As far as is known the only effect of placing an ice-bag on the abdomen is to dull the pain, and in all probability most of the people who have had their appendices "frozen" have not really been suffering from appendicitis. It is probably true that a certain percentage of attacks of acute appendicitis will subside without any treatment, but that percentage is small. The danger of death from appendicitis is great enough so that no one should rely on the hope that an attack will subside without operation. It is known that persons who have once had an attack of appendicitis have only a 2 per cent chance of never having another one, and there is always the chance that a subsequent attack will be more severe than the first, and may result fatally.

### WHEN LAXATIVES KILL

But the most important single warning in connection with this disease is the following: *In no case should a person who has any sort of pain in the abdomen take a laxative without consulting his physician.* In spite of frequent admonitions to this effect in all sorts of popular medical literature, the first thing a person with abdominal pain usually does is take a purgative. It is common knowledge among physicians that the high death rate from appendicitis is due in a large measure to the taking of laxatives to relieve what is innocently thought to be "just a bellyache." When the

appendix is acutely inflamed and a laxative is administered there is great danger that the appendix will be ruptured due to the increased movement of the intestines. In every analysis of the deaths from appendicitis which appears in the medical journals, it is found that over 70 per cent of those who died have taken laxatives prior to operation. In some of these studies the percentage is as high as 95 and 98 per cent! Surely such figures give a very pointed warning that laxatives should be avoided. Another inadvisable kind of self-medication that is frequently resorted to in order to relieve pain is the use of paregoric or some other form of opiate. This type of treatment only results in concealing the symptoms or diminishing the pain while the inflammation is progressing. Thus the patient is deluded into believing that he is getting better, and often prevented from seeking the treatment that would save him.

### RULES TO FOLLOW

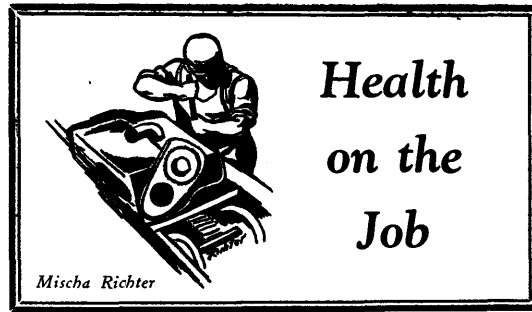
Another rule to remember when abdominal pain is present, is that all food and drinks should be withheld since they also promote activity of the intestines.

What, then, should be the rules of conduct for a patient who has persistent abdominal pain? In brief, they are as follows:

1. The patient should be put to bed.
2. No food, laxative, or opiate of any kind should be given.
3. A doctor should be called immediately.

Delayed operation, when once it is clear that operation is advisable, is also the cause of many needless deaths. All too often the doctor is called and the diagnosis of appendicitis is confirmed by a blood count, only to have the patient's family set up a stubborn opposition when an operation is suggested. Occasionally a doctor is forced by fear of losing a patient to accede to the family's wishes. He may then attempt to treat the patient by means of an ice-bag and opiates, only to have the unpleasant experience of seeing the patient in a desperate situation after twenty-four hours of this treatment. Needless to say, patients should have sufficient confidence in the ability of their medical advisors to follow the treatment suggested by them. If in the opinion of the patient's family there is any doubt of a doctor's medical ability, it is far better to call another

*(Continued on page 186)*



### In the Mines

COAL MINERS KNOW HOW difficult it is to secure proper illumination in the mines. One reason for this is that a black surface reflects only 2 per cent of the light which reaches it, whereas a white surface reflects as much as 89 per cent. If the underground coal mines were treated with whitening made from limestone, the strain on the miners' eyes would be materially lessened.

### Eyestrain

JEWELERS, ENGRAVERS, CLERKS, mail sorters, and others who engage in close, fine work are particularly subject to eyestrain and should work under none but the best illuminating equipment. Descriptions of the best types of equipment for various types of work may be obtained by reference to the American Standard Code of Lighting for Factories, Mills, and Other Work Places, prepared by the Illuminating Engineering Society, 51 Madison Avenue, New York City.

### Preventing Silicosis

Silicosis, the deadly disease which affects workers in 150 American industries, is almost entirely preventable if the proper precautions are taken. (1) Dry drilling should be prohibited. All pneumatic drills should be equipped with an axial water feed which wets the dust at its source and prevents it from rising. Drills should also be equipped with a suction apparatus to draw off any dust not taken care of by the water. (2) Dust laden air should be removed by some proper ventilating system. (3) Dust from blasting should be allowed to settle before work is resumed. Since it takes as long as eight hours for the extremely fine particles to settle it is obvious that blasting should be restricted to the end of the working day. (4) Masks or respirators should be worn by those exposed to dust. While these are very effective they do not of themselves provide certain protection, and it is important not to rely on masks alone. (5) The air should *not* be sprayed to keep down

the dust. Spraying not only does no good but is *actually dangerous*, since the water droplets in the air make it easier for the particles of silica dust to enter the lungs.

### Dry Cleaners

Persons who work in the dry cleaning industry are exposed to carbon tetrachloride poisoning. Careful regulation of ventilation in the shop is the most important factor in preventing this form of industrial toxemia. However, workers may also protect themselves in some measure by getting a well-balanced diet and especially by eating foods that are rich in calcium, such as milk, cheese, eggs, beans, cauliflower, turnip greens, and asparagus. Alcoholic beverages should be avoided.

### United Auto Workers Medical Service

The Medical Research Institute of the United Automobile Workers of America (C.I.O.) has done a great deal of good work in investigating the causes of occupational disease in the auto industry. However, it has done more than this; it has also prevented a form of discrimination against militant union members. In plants where the union is strong the management does not dare to fire men openly for union activity. Instead, a new trick has been invented, to get rid of militant union workers. The men are given medical examinations and then fired on the excuse that there is something wrong with them physically. Unions without their own medical departments are generally at a loss as to how to deal with such a situation. The Medical Research Institute, however, has succeeded in getting back jobs for a great many of these men.

### Cafeteria and Restaurant Workers

Cuts are common accidents among food workers, whether from knives used in preparing food in the kitchen or behind the counter, from broken dishes and glasses, or numerous other causes. All workers should know what to do in case they receive a cut. The only important things to do at once are to stop the bleeding and keep the injured part clean. Then get medical attention at once. Workers should demand through their unions that each shop have a first aid cabinet on the premises, a cabinet which contains sterile gauze, bandage, and some fresh peroxide. The way to clean a fresh cut is to pour fresh peroxide solution into the cut until it bubbles freely and washes the wound clean. Next, apply sterile gauze pads and tie the bandage over them tightly. Pressure is the simplest and most effective way of stopping the blood flow.

*The story of a little-known American doctor who gave life to thousands of doomed children.*

## Joseph O'Dwyer

He Saved Babies from Strangling

NEW YORK CITY of fifty years ago was a fearful and wonderful spectacle.

It was the pulsing financial heart of a giant young America and fortunes such as the world had never before thought possible were pouring into it from the frantically expanding industries of the Western empire—fortunes drawn from the control of coal and gold and iron and oil, of railroads, and of steel. It was the period of Jim Fisk and Commodore Vanderbilt and Diamond Jim Brady, of colossal speculation and colossal living. Everything was big in the Nineties—the dinners, the houses, the ladies of the chorus, the courage, the vice—and the death rate.

For under this glittering upper crust there lay the drab, unchanging slums, rocked periodically by cholera and typhus and yellow fever. Epidemics were such regular visitations that their coming was the expected and natural thing and the slums had not the strength left even to complain. No one expected all of his children to live to maturity. Death was too ubiquitous and appeared in too many shapes. Parents stocially accepted the knowledge that their children might die. They prayed only that death would not come in the form they called "the croup"—what we now call laryngeal diphtheria.

### DEATH BY STRANGULATION

Diphtheria is an ambidextrous disease: it kills in two ways. Usually it plasters the inside of its victims' throats with a thick grey leathery membrane that clings tenaciously and pours into the blood stream a deadly poison to paralyze the muscles of the arms and legs and heart. Those of its victims to whom it mercifully offers this form of death, die quietly and peacefully; the heart muscle stops suddenly and that's the end.

But for others of its victims it reserves a much crueller form of death—a death by strangulation. The leathery membrane in the throat grows insidiously downward, it edges its

way into the windpipe, and slowly and relentlessly begins to fill it so that its little victims, hungering for breath, throw themselves about in agony, their bodies blue, their eyes staring, the veins bulging in their necks, and the room filled with the dreadful high pitched wheeze of the air forcing a passage through the tiny space that the membrane has not yet closed. In another respect, too, the first type of diphtheria is more merciful. Even in the days before antitoxin, there was a fighting chance to see it through—half of its victims lived. But in the laryngeal diphtheria there was no such chance; it carried its own death warrant. One hundred per cent of laryngeal diphtheria patients died and no one in the whole world knew of anything that could be done to save them.

### NONE SURVIVED

Not that many had not tried. Every doctor carried a small knife, ready at a moment's notice to pierce the windpipe from the outside in the front of the neck in order to let in air. But the cure was as bad as the disease—no one survived it. So doctors ceased to try or to hope and resigned themselves to the inevitable. *All the doctors but one.*

Joseph O'Dwyer had come to New York in 1866, at the age of 25, from his boyhood home in London, Ontario. He had already "studied" medicine as it was commonly studied then—by an apprenticeship in the office of the local doctor. But O'Dwyer was not satisfied. In New York, he knew, there were medical schools at which one could attend lectures by the great men of medicine; where one could acquire the theory that underlies the practice of medicine, the basic sciences of anatomy, physiology, and chemistry without which, he realized, the practice of medicine must always remain mechanical and lacking in understanding. Two years later he was graduated from the College of Physicians and Surgeons (now a part of Columbia University) and stood for



examination for the post of Resident at the Charity Hospital, now the City Hospital, at the south end of Blackwell's Island in the East River. He took first place in the examinations and was made Sanitary Superintendent of all the institutions on the Island. He had barely started when the cholera struck. First one case at the Work House on the Island. Then, the next day, ten. Then 200. Doctor O'Dwyer plunged into the work of saving those few who could be saved. But the disease was no respecter of persons. One day he recognized the well-known symptoms in himself. Calmly and deliberately he finished his day's work, wrote out his wishes as to the disposal of his belongings, left letters for his friends, and went to bed. Luckily he survived, and there are thousands of people walking the earth today who owe their lives to the fact that on that occasion Death passed him by.

He finished his residency and set up in practice on Second Avenue at 58th Street, and in order to further his knowledge and experience he devoted a part of each day to free work at the neighboring Foundling Hospital. This was no ordinary hospital. It was a home in which the kindly Catholic Sisters received such unwanted children as could have no other home. In one nook in the vestibule there was a basket where parents, whether from poverty or callousness or the shame of illegitimacy, could leave their children in the knowledge that they would have a home and food.

#### THE LIFE-SAVING TUBE

Periodically, the diphtheria that swept the city would also penetrate into the courts and corridors of those quiet red brick buildings on 68th Street. Day after day O'Dwyer would watch the laryngeal diphtheria at its cruel and deadly work. For years the doctors at the institution had been routinely and mechanically slitting the little windpipes through the skin, and never a recovery. O'Dwyer grew desperate over these futile attempts to save the little ones, and finally an idea began to germinate in his mind: if a passage for air is to be made at all, he reasoned, it must be made on the inside, not from the outside; some method must be devised for widening those little windpipes so that the air might get through. There was nothing to be lost anyway and so he tried. First he devised a little

metal spring which he could manage to insert crosswise into the windpipe so as to dilate it. No good. The relentless membrane grew around and between the coils of his spring and in a few hours the death agonies would start again. Next he devised a speculum, an instrument consisting of two jaws which he inserted closed, and which, when it was once inside, he could open by means of a long metal extension through the mouth. No good, either. The membrane grew between the metal jaws and not even a few hours of free breathing would reward the little sufferers for the cruelty and pain of the procedure. And then, suddenly, one day, the answer came to him. It must be a tube—a closed tube that could be inserted into the windpipe and left there. A closed tube that would fit snugly into the windpipe and then, let the membrane grow as it will, the opening through the center of that tube would remain free.

#### AN EXACTING TASK

On that day began a piece of work which for singleness of purpose, for tireless attention to minute detail, and for brilliance in result had never been surpassed in the history of medicine. O'Dwyer himself did not recognize in the beginning what a complicated task he was undertaking. It seemed so simple; a straight tube that could be slipped into the windpipe and that was all. But that wasn't all. The first tubes he made were too short and too narrow and they were coughed right up. The next ones were long enough but the increased width which made them stay tore cruelly at the lining of the windpipe. If he pushed them down he could not get them up again, and the tubes remained in the dying children's throats. If he kept them high enough so they could be removed they interfered with swallowing and the children could not eat. Some children's windpipes were so tiny that any tube small enough to fit had no room for a passage-way through it.

O'Dwyer therefore set about creating the perfect tube by the only method by which it could be created. The room where he worked may still be seen in the cellar of the Foundling Hospital. Night after night for six years he toiled by the dim gas light, cutting out the windpipes of dead children and making plaster molds in order to study their inside configura-

tion. Every swell, every narrowing, every hump and groove in the larynx had to be taken into account. The front edge of the tube at the top had to be bevelled so as to permit the epiglottis to fall back and make swallowing possible. The lower edge had to be rounded off so as not to cut while it was being inserted. A material had to be found to make the tubes of, for metal corroded, and enough gold and silver could not be had. Hard rubber was the answer to that one. A means had to be devised for removing the tubes from the outside when their usefulness was over, and a mouth-gag had to be made to keep the children's mouths open while the tubes were being inserted. Every difficulty was met and solved. One day the work was finished, and from that day forward the miracle of recovery from the laryngeal diphtheria became a reality. The insertion of the laryngeal tube is the most dramatically life-saving measure in medicine. One minute the little patient is blue and dying in agony—the next he is pink, relaxed, and quiet. He has received the gift of life.

\* \* \*

It was a favorite pastime with O'Dwyer's colleagues to speculate somewhat wistfully on what the financial returns would have been had he chosen to patent his great invention. The question remains in the realm of speculation for he gave it to the world freely as ethical doctors always do, and he died, in 1898, a poor man.

#### HUNDREDS OF IMITATORS

Perhaps, for the sake of the patients, he should have patented it. It was only a matter of months from the day the life-saving tube was demonstrated in New York, and hundreds of unscrupulous mechanics throughout the world were turning out tubes by the hundreds. But they were not tubes as O'Dwyer had devised them. His imitators could not be bothered to observe the minute details of shape and form and thickness; they were not concerned with what appeared to them to be the trivialities of the rounding here, the swelling or the indentation there. Bad results followed and bad reports appeared in the press to embitter O'Dwyer in his latter years. It is ironical that his very unselfishness in refusing to patent his tube should thus have robbed him of the peace and contentment that were due him.

But time has given the true measure of his worth. In the fifty years since the tube first appeared any number of "improved" tubes have been joyously launched by their inventors, and not one has stood the test of use. There has always been a shame-faced return to the orig-



*Dr. Joseph O'Dwyer. Thousands of people who would have died are alive today because of his painstaking effort.*

inal. O'Dwyer's work is greatest in this—that he produced perfection.

Antitoxin has since spelled the doom of the disease itself. Diphtheria is disappearing, and the next generation of doctors will think of it as something ancient and remote, much as the present generation think of yellow fever and cholera. O'Dwyer's tube will be laid aside, but the name of its maker will remain, a symbol of the humanity, the patience, and the skill that mark the true fighter against death.

#### After Childbirth

EVERY woman should spend at least ten days in bed after the birth of a child. During this period she should have as few visitors as possible. Visitors not only are apt to overtire the mother, but they may also expose mother and child to infection. A visitor with a "slight cold" or a sore throat may cause serious harm.

## Editorial:

# The Greater New York Fund

**A Melancholy Business** Regardless of the fact that the private charity and welfare agencies of New York City do much good work, we cannot in good conscience refrain from commenting upon the methods used in the campaign now being carried on by the Greater New York Fund to raise \$10,000,000 to help finance private charity and health activities for another year.

Private charity never has been able, nor will it ever be able to take care of more than a small percentage of the needy who are turned out in ever increasing numbers by the inequalities and contradictions of our economic system. This is shown by the fact that donations to private agencies invariably show large decreases in periods of economic depression, the very periods during which the demands of the needy are most urgent. Moreover, the day is rapidly passing when the health needs of any portion of the population can reasonably be expected to be met by charity. An influential group of physicians has recently stated the principle that "the health of the people is the direct concern of the government," and progressive people generally have adopted this view. Health is coming to be recognized as something to which the people have a right, just as they have a right to education and to fire and police protection.

"... there are thousands who have just enough to feed their bodies. There are no crumbs left over for the soul. And without *some* nourishment for the soul, life becomes a melancholy business." So states a newspaper advertisement for the Greater New York Fund. In our opinion there can be very little "nourishment for the soul" in the type of aid that is extended as a matter of charity. When something like health protection that is a right is granted only as beneficence, and the giv-

ing is made dependent upon the whim of the giver, the aid itself becomes pretty much of "a melancholy business."

This is especially so when we note that those business interests which are most heartily supporting the Greater New York Fund are the ones who are most vociferous in their denunciations of the Wagner Labor Relations Act, the wages and hours bill, the tax on undivided corporate surpluses, and other social measures which would enable the lower-income group to raise its own standard of living and thus render the kind of assistance given by private charities less necessary.

**Shifting the Burden** The method of fund raising employed by the Greater New York Fund is essentially that of shifting as great a share of the burden as possible onto the shoulders of those who are neither responsible for the plight of the needy nor financially able to contribute to their support. Using the slogan "Give a Day's Pay!" the big corporations are passing the hat among their employees, who know well enough that it means give—or else. Many of these employees receive such small salaries that they are not now able to take care of their own health needs, to say nothing of aiding those who are even less fortunately situated than themselves.

Thus do the wealthy manage to evade the responsibility of caring for those who, through no fault of their own, are crushed by the workings of the economic system which enables the wealthy to increase their wealth. We maintain that it is the duty of the government to take care of those who suffer under the system, and that the cost of doing so should be met by those who profit because of it. This means increasing taxes on the upper-income brackets and corporate surpluses.

*Marriage may be ruined by improper training in childhood. A story of impotence and cure.*

## Sexual Impotence

JOE BROWN walked self-consciously into the office and sat down in the large comfortable chair the psychiatrist pointed to. "Well, Mr. Brown, what's the trouble? What did you come to see me about?"

"Well, Doctor, I went first to my family doctor. He examined me and said that there wasn't anything wrong with me physically and then gave me your name. You see, I got married only two weeks ago, and I've been having some trouble. The fact is that I can't have intercourse and I don't know what the trouble is. I love my wife; just thinking of her makes me feel passionate but when it comes to having sexual relations I'm just no good. She's unhappy, and doesn't know what to make of it. I feel as though I'd lost all self-respect, and if this doesn't get cleared up our marriage will break up without ever really getting started."

### PSYCHIC IMPOTENCE

After a number of questions which Joe Brown answered frankly the doctor gave his opinion. "There is no doubt," he said, "that you are suffering from what we call psychic impotence. That is, there is nothing wrong with your genital organs, either anatomically, as your physician's examination showed, or functionally, as shown by the fact that before your marriage you had successful intercourse several times. From what you tell me about yourself otherwise, you do not seem to be particularly neurotic, at least no more than the average person in these days when everyone seems to be neurotic to some degree. My impression is that if you will spend say two hours a week with me for several weeks, discussing your life history and particularly your early training in regard to sex and your attitude towards it, you will recover your potency and be able to live normally."

Joe agreed to this, since there seemed to be everything to gain and nothing to lose but time and some money, and fortunately he had enough of the latter to last several months at the fee he arranged with the doctor. The

following scenes and episodes from Joe's life are arranged not as he told them but as they fitted together after about four weeks' discussion.

\* \* \*

The infant Joe lay on his back on the blanket, gurgling happily. He was pleased with the warmth of the sun, with the full-belly feeling he had after his recent meal, with the pleasant tickling of the blanket, and with other pleasing sensations he discovered as he kicked and squirmed on the blanket. Suddenly his gurgle changed to a loud wail, followed by choked crying and sobbing as he tried to put a sore, punished hand in his mouth. Above him he heard the stern tones of parental wrath: "Naughty baby! Naughty, bad boy! Mustn't do that!"

Joe, who had been playing, quite innocently, with his genital organs, would probably not have remembered this incident if a few years later he had not seen his mother slap and scold his baby brother when he, too, was found playing with himself.

### FRIGHT AND BEWILDERMENT

Five-year-old Joe was playing in the swing with Mary, a little girl his own age from the house next door. Mary slid off the seat and as she did her skirt was pulled up and her abbreviated drawers permitted a clear view. Joe said nothing but nevertheless he was puzzled about it. Where had it gone? How did she wee-wee? That night he waked screaming from a nightmare in which the tailor across the street was chasing him with a pair of scissors. Bill, the tailor's boy, had once told him that his mother had warned: "If you touch that think except to wee-wee, your father will take his long shears and cut it right off!" Joe hadn't believed that at the time, although it gave him a queer feeling to hear about it. Now after seeing Mary he decided that it must be true after all.

One night when Joe was seven he woke to hear a great commotion in the house. People



were walking back and forth, lights were burning in his mother's and father's room, and muffled groans were coming from it every few minutes. Once his father came into his room and looked at him, but as he lay still and kept his eyes shut his father went out again without saying anything. The groans continued and got more frequent. Joe heard the voices of several women and one that sounded like his grandmother's. There was another man there, too, besides his father, and it sounded like Dr. Jones. Finally there were several high-pitched shrieks that caused Joe to shiver and lie quaking in the blankets. Then at last all was quiet, and suddenly a baby was crying.

Joe couldn't stand it any longer. He climbed quietly out of bed, went out into the hall, and peeked through a crack in the door. The first things he saw were several basins full of bloody towels, and as he took a sharp breath the smell of fresh blood was very distinct. Then he saw his mother lying in bed with her eyes closed, looking worn out and exhausted. On a chair at one side sat his grandmother who was washing a small, struggling, crying baby, and over in another corner stood Dr. Jones, wiping off some bloody instruments. The doctor looked frequently at his mother and talked in a low tone with his father who looked worried.

\* \* \*

"I couldn't understand it," Joe told the psychiatrist. "I was told that the doctor brought the baby in his bag, but that didn't fit in with all the commotion and the blood, and my mother looking dreadful. She was sick for weeks afterward. I guessed from her appearance that the baby had been inside of her, but I couldn't figure how it got out. It gave me a horror of childbirth which I still have. I realize that it isn't usually so dangerous, particularly if properly taken care of, but the idea of putting my wife through that, even though I am very fond of children, still makes me shudder. I also blamed my father for making her have the baby, and for some time I felt very bitter towards him because of it. I can also remember that I was very jealous of the baby for a week or so, and I can remember wishing it would die, though I'm ashamed to admit it."

\* \* \*

At fourteen his father gave him a long and

serious lecture on the dangers and horrors of masturbation. Joe listened in embarrassed silence. It was really a frightening experience, with tales of loss of manhood, the inability to have the respect of a good woman like his mother, the possibilities of insanity and weak-mindedness. According to his father he shouldn't think about it, shouldn't talk about it, should keep away from girls until he was ready to get married because bad girls had terrible diseases which ruined a man for life.

Joe had heard some of these things before from other boys, and though he had already been masturbating for nearly a year he felt guilty and ashamed, and had struggled hard to stop it. After his father's lecture he struggled harder than ever and succeeded in stopping almost entirely. But for a time he had nightmares and couldn't sleep well. He told himself that his father and mother were wonderful to him and that he was certainly going to deserve their respect if possible. He began avoiding smut sessions and before long he got the reputation of being quite a prude. However, the fact that he was a good athlete and a good fighter if he had to be, made his position with his companions secure, even though they teased him about being too virtuous.

#### FEAR AND REPRESSION

Later as he grew older he refused to go with the gang to "houses," but on two or three occasions when he was about twenty he did have intercourse with a girl a friend had introduced him to. She was a nice enough girl, though he had no idea of marrying her, nor she him. He always felt ashamed afterwards, and worried for a week or so until he was sure he wouldn't develop gonorrhoea. Once or twice he consulted his family doctor just to make sure, and once even had a Wassermann test even though he had no symptoms to suggest that he might have become diseased.

Not long after these experiences he met the girl he later married, and from then on he gave up fooling around with other girls. They became engaged fairly quickly but felt that they had to wait until he had a really good salary before they could get married. This turned out to be two years, and it was a difficult two years for them both. He had been brought up to feel that sexual relations before marriage would be disgraceful, yet the constant excite-

ment of seeing his sweetheart several times a week and sometimes petting ardently was almost more than he could stand. At the same time he felt ashamed of showing himself to be so passionate, and he was almost shocked at times when he found that she also became aroused. He knew it was alright, yet somehow it seemed as if the woman he was going to marry ought to be on such a high plane that she would be above that. He looked forward to his marriage impatiently as the thing that would solve everything.

\* \* \*

"You see," said the doctor, "your experience is not so different from that of most people, but perhaps the inhibitions about sex were more severe or were impressed on you more vigorously than on most boys. You see, from early childhood sex was a forbidden thing, and it was always associated with a feeling of guilt and unworthiness, as well as fear. In early childhood it was fear of actual physical harm and later it became fear of loss of self respect, of venereal disease. Then, too, becoming a father was a fearful thing; it was almost like killing your wife. The fact that the situation was never explained to you at the time of your brother's birth when you were seven years old, allowed the terrifying conclusions which you drew at that time to remain as realities to you unconsciously. If the facts had been honestly and carefully explained to you at the time, the chances are that your horror of making a woman pregnant would have been comparatively slight."

#### THE CURE

The doctor had several other things to say to Joe concerning his case. It was all very enlightening as far as Joe was concerned, but, most gratifying of all, he found that his impotence was cured, just as the doctor had predicted it would be.

When he came for his last consultation he told the doctor how well pleased he was and what a difference the cure had made in his life. Then, before he left, the doctor asked him if he understood why the type of treatment he had used had been so successful.

"Well, doctor," Joe said, "while I had, in a way, always known the things I told you, I had never realized before that they had any relation to each other, or rather I did not know

just how they were related. Especially I had never realized that these earlier fears about sex and pregnancy exercised any effect upon my life at the present time—in fact I didn't even realize that I had any such fears. I just knew that I had been afraid as a boy and that at present I couldn't have intercourse.

"When I told you about the time my brother was born and you asked me what sort of things I had imagined about my wife's having a baby, I suddenly realized that I had shifted all those childish fears about my mother right over to my wife, without knowing it. Then when these fears were brought out into broad daylight and discussed in a matter of fact way, the way we discussed them, I came to see that while they are not unreasonable for a child to have, there was no foundation for them now. Another thing that probably has made a difference is that I think I have changed my point of view somewhat about sexual matters. I can see now that I was something of a prude, although it wasn't always so obvious to the casual observer; as a matter of fact I was somewhat of a hypocrite with myself about these matters. These discussions have made me face a lot of things about myself more honestly, and now I actually feel a lot less self-righteous and prudish than I did. At the same time I also feel more self-confident and less self-conscious. I suppose that has made a lot of difference."

"You are quite right, it has made a great deal of difference," the doctor said. "Furthermore, what you have just said shows that you have understood the nature of the treatment and the reasons why you are now cured.

"Now that you understand all this so much better and see how serious the effect of this faulty training was on you, you must try to do better with your own children when and if you have them. Don't scare them about sex. If the baby masturbates, leave him alone; it won't do any harm. When a child asks questions, no matter if he is only two years old, tell him as much of the truth as he asks for and is able to understand. Remember that parents, by constantly inhibiting sex and avoiding any reference to it, often end up by exaggerating it, that is, they devote much more attention to it than it deserves. Perhaps if we are not afraid of treating it naturally, neither under-emphasizing nor over-emphasizing it, our children will be better off than many of our generation are."

# MEDICAL EDUCATION IN THE U. S. S. R.

By ALAN R. BLEICH

*A British medical student visits the Soviet Union and gives his impressions of socialist medical training.*

AFTER a half-hour's tram ride from the center of Moscow, my Intourist (State Travel Bureau) interpreter and I reached the Medical School. It was housed in a group of long, capacious buildings, and we had to inquire from one of the many busily-engaged students the way to the director's office. The interpreter, a robust, hearty woman of perhaps forty years, who had entertained me during the long tram ride with stories of the tsarist days and of the vast improvements since then, looked at her watch and remarked that we had better hurry or we'd be late for the appointment; and the director was a busy man.

We entered a wide, spacious, white-painted hall and proceeded up to a small balcony, at which level was situated the director's office. As we went, I could not but notice the neat dress and healthy appearance of the students. Most of them were engaged in conversation with their fellows as they walked the corridor, and a good deal of laughter was to be heard.

## ENTRANCE REQUIREMENTS

The director's office was a comfortable, airy room and the director himself a fine upstanding man with a keen, alert expression. We conversed by means of the interpreter, which gave me the opportunity of thinking over his answers and formulating more questions.

"Just what part of the school would you like to hear about? Or perhaps you want to know of the experimental investigations of our research students?" asked the director.

"No," I replied, "I am more interested in the students themselves."

The director smiled and said something in Russian to the interpreter.

"He says that students are his hobby as well as his vocation and that he will talk about them to your heart's content. He suggests that you ask him direct questions."

*Reprinted from the Surgeons' Hall Journal, Edinburgh, Scotland.*



*Students of the Moscow Second Medical Institute at work in a chemistry laboratory.*

"I would like a brief statement concerning preliminary training and entrance to the medical school and an idea concerning the curriculum of the school," I said.

## THE CURRICULUM

"The usual procedure is that students upon graduation from the ten-year schools enter here immediately. Exceptions are found among the older people who now have the opportunity to study medicine, which they were formerly denied through the lack of funds. The ages of students range, then, from eighteen to thirty-five. Those students who come to us with excellent marks are exempted from entrance examinations before entrance. The preliminary training is the ten years of study including the usual courses plus elementary courses in science. As far as the curriculum

of the medical school is concerned, we divide our course broadly into theoretical and practical sections. The first two years are theoretical, and chemistry, biology, embryology, anatomy, and physiology are the courses studied. The last three years are the practical years and the student studies pathology, pathological physiology, surgical anatomy, hygiene, psychiatry, pediatrics, surgery, therapeutics, prophylactic methods and so on. Facilities for these various studies are organized in the school, hospital, and clinic."

## TUITION IS FREE

"You mentioned previously that certain people had been denied entrance to the medical school due to lack of funds, but that they are now able to attend. Does that mean that tuition fees have been decreased since then?"

The director's face creased into a broad smile.

"I see you don't understand our new country," he said. "The point here is that tuition is free—and more, those students whose parents cannot support them during their studies receive a stipend from the State."

"At that rate anybody who so desires may study medicine?"

"Correct. But all candidates must either pass the entrance examinations or gain an exemption by reason of their past record."

"Could you give me an illustration of a typical case among the students?" I asked.

The director thought for a moment, and then replied:

## STUDENTS GET A SALARY

"Let us consider Sonya R. She is twenty years old and is in her second year in this school. Her parents do not earn enough to support her, so her tuition is free and she receives 200 rubles as a monthly stipend. She is married and lives with her husband, an engineering student, in a student house. Their only child lives with them and, during the day, is taken care of in the day nursery which is part of the student house. Her stipend and that of her husband amply cover their needs, especially since their rent is extremely low."

"Are there many mothers attending the medical school as students?"

"From January 1 to April 1, sixty-one women students had children. All are provided for, so that the mothers may continue their studies. The children spend three months each year in summer camps and are looked after in every way."

"How is the amount of the stipend received by the student gauged?"

"Two factors govern its amount: firstly, the wage level of the student's parents, and, secondly, the marks the student earns in school. The amount received is ample enough to cover moderate cinema- and theatre-going and other small luxuries."

"Do they receive all this for nothing?" I asked.

Again a smile appeared on the director's face.

"No," he said, "of course not. No one in the entire country receives anything for nothing. It's just that we realize that students' work also constitutes labor. But studies are not only present-day labor; they will ultimately be put to uses which will benefit the country generally and, as such, are worth paying for. A more direct repayment is required from the student immediately upon graduation from the medical school. He then spends three years in an assigned place, be it collective farm, factory, or village, where he works under the guidance of more experienced practitioners. This period is in the nature of an introduction to medical practice, and serves to provide some out-of-the-way place with medical care."

"Does he receive a salary during those three years?"

"Yes, he begins at 350 rubles monthly."

"I should like to know something of his working conditions."

#### HOURS OF WORK

"He works from five to six hours daily. Our week consists of six days, of which the doctor works five days. He has a regular yearly holiday; and, in addition, provision is made to return for brushing up old work and learning new methods. This applies especially to doctors who elect to remain in the country districts. After the three years are up they return periodically and so are always modern in their technique. Since we have a shortage of doctors just now, a good many doctors have decided to work two shifts and earn, thereby, two salaries."

"How many doctors are there in the country?"

"I can only hazard a guess—but I will let you know accurately a little later, when we reach the statistics department."

"How does the student who wants to specialize go about it?"

"Usually he serves for three years and then returns and works towards a doctorate degree. He may also secure a position in a city hospital if he has the necessary skill. For exceptional cases, exceptions are made."

"You made mention previously of prophylactic methods as a part of the curriculum."

"It is a course in what you speak of as preventive medicine. As a matter of fact, this office is located in the building given over to

preventive medicine, and if you so desire, I will take you through it later."

I signified my agreement and he continued: "Since our doctors are paid by the State and private practice is such a negligible thing, they are able to concentrate upon, prevention of disease. The study of preventive medicine is one of the most important courses in our curriculum. We have made many new advances besides correcting old faults, in improving working conditions throughout the country. A demonstration of our methods will illustrate what I have to say. Will you, please, come this way?"

We walked along a long, wide, white-painted corridor, opening off from which were rooms of varying descriptions. Chemical laboratories for students, fitted up with long laboratory benches, contained individual sinks and the usual long rows of bottled reagents, water-baths, and bunsen burners. Notable in all the class rooms were the large windows and the quantity of sunlight allowed entrance to the laboratories. The students were busy at benches, the majority wearing their white laboratory coats. We visited the student pathological laboratories and I noticed their modern microscopes. I saw also the advanced students, those working for higher degrees, in their special laboratories, and noted that they were well equipped.

#### NUMBER OF DOCTORS INCREASING

Finally we reached the room which housed their statistical department, where the answer to my previous question was given. In 1936 there were 90,092 doctors in the Soviet Union, and in 1935 there were 77,215 medical students in school. These numbers have greatly increased since then, and at present the figures are considerably higher, I was told.

After I had seen one of their large, airy lecture rooms—arranged in ascending tiers of seats and benches, we reached the top floor, in which was housed their museum. It was a museum displaying the many fields in which preventive medicine plays a part. There were models of children's camps showing just how the bungalows should be arranged to ensure proper health measures. I saw models of chairs and desks for school rooms on which work had been done to find the style best suited for a

(Continued on page 189)

The Living Newspaper of the Federal Theatre Project turns its attention to medicine.

## Medicine: A Satire

By OSCAR SAUL, ALFRED HAYES, and H. R. HAYS\*

THE following excerpt is from the script of the forthcoming Living Newspaper production, *Medicine*, now in preparation by the Federal Theatre Project in New York City.—THE EDITOR.

(A drop represents an arcade. Six puny, wrinkled baldish figures (before) support one side, the other is held up by the muscular man in the lion skin (after) familiar to readers of the pulp magazine. Mr. Green stands looking at the figures. Suddenly he is surrounded by a chorus of patent medicines costumed in well-known brands. They sing enticingly.)

#### CHORUS

Do you suffer from sterility,  
Impotence or debility?  
Are you losing your virility?  
Don't despair!  
You can still be sex-appealing,  
You can lose that run-down feeling  
And the dandruff that's revealing  
Falling hair!  
Falling hair!  
Run, don't walk to the nearest store,  
Buy a bottle of Squirk.  
It doesn't matter what it's for,  
It's always sure to work.  
Take it when the weather's cold,  
Take it when it's hot.  
Take it if you're young or old  
But always take a lot.  
Then—  
When the movies want a he-man  
Or the government a G-man  
Or the girls a Tarzan, tree-man,  
You'll be there!  
Don't despair,  
You'll be there!

#### GREEN (Hopefully)

Can you make me big and muscular?

\*Printed by special permission of the Federal Theatre Project and *New Masses*.

#### CHORUS

Red-blooded and corpuscular!

#### GREEN

Can you cure appendicitis?

#### CHORUS (Very rapidly)

Falling arches and neuritis  
And arthritis  
And bronchitis  
And gastritis  
And colitis  
Dermatitis,  
Tonsilitis,  
Laryngitis,  
All the ills that flesh is heir to,  
Even some that are not there, too,  
We can cure 'em all!

#### GREEN

That's fine,  
Here's my dime.

#### CHORUS (Indignant)

A dime!

#### GREEN

Don't holler.

#### CHORUS

A dollar!  
And lay it on the line!

#### GREEN

One minute!  
What's in it?

#### CHORUS (Sternly)

Read the label  
If you're able.

(Green studies it to no avail.)

Don't stop to think,  
Drink,  
Drink,  
Drink!

(He drinks. There is a terrific crash. He falls flat. Blackout.)

#### LOUDSPEAKER

Is there a chemist here today?

What has the chemist got to say?

(Burst of smoke, chemist appears. He reads off the constituents of a number of patent



medicines ending with Slimotto. Fanfare of music, enter a very fat man with a bottle of Slimotto.)

REPRESENTATIVE OF SLIMOTTO Co.

I represent Slimotto  
And I speak for its producer.  
It's a guaranteed reducer.

CHEMIST

But it burns the tissues too, Sir.

REPRESENTATIVE OF SLIMOTTO Co.

(Puts the bottle down on the stage. It has a string attached which he holds in his hand.)

Says who?

(Postman enters.)

POSTMAN

By order of the postal board,  
Seized for trying to defraud.  
It's got to be withdrawn from sale.

REPRESENTATIVE OF SLIMOTTO Co.

(Yanks bottle away with string.)

I won't send it through the mail.

POSTMAN

Out of my jurisdiction.

(He exits. Representative of Food and Drug Administration enters.)

FOOD AND DRUG ADMN.

There's still protection for the nation.  
The Food and Drug Administration.  
We'll fine you, throw you in the jug.

(Grabs for bottle.)

REPRESENTATIVE OF SLIMOTTO Co.

(Jerks bottle away.)

Who says Slimotto is a drug?

FOOD AND DRUG ADMN.

Out of my jurisdiction.

(Exits as two representatives of the Federal Trade Commission enter.)

REPRESENTATIVE OF SLIMOTTO Co.

Here come two more master minds.

F. T. C.

The Federal Trade Commission finds  
Your blurbs and labels need revising.  
You're guilty of false advertising.

(One takes the bottle and puts it in his pocket.)

CHEMIST

Now, at last, Slimotto's caught.

REPRESENTATIVE OF SLIMOTTO Co.

Not me, I'll take the case to court.

(Supreme Court judge enters.)

JUDGE

It's true the advertising's spurious.  
It's also true the drug's injurious

However . . . harmful advertising claims  
Can do no wrong, the court affirms,  
Unless they harm competing firms. (He exits.)

REPRESENTATIVE OF SLIMOTTO Co.

(Yanks bottle out of F. T. C.'s pocket with string.)

As long as profits keep on growing,

We'll find a way to keep it going.

(Kisses bottle. A huge manuscript rolled up and tied with a ribbon lands on the stage with a thud.)

CHEMIST

What's that?

REPRESENTATIVE OF SLIMOTTO Co.

My God, a bill!

(Blows a police whistle. Roll of drums. Representatives of drug companies, periodicals, a couple of senators rush on. They unroll the bill and examine it as they talk.)

GROUP

A bill!

A bill!

A bill, my friends,

Would kill the till!

And bring the profits down to nil!

LOUDSPEAKER

The National Association of Radio Broadcasters.

The National Association of Periodical Publishers.

The National Editorial Association.

Assisted by Senator Bailey and Senator Vandenberg.

ALL

We all agree this bill of Mr. Tugwell's

Would make a fine addition to the laws,

Provided you pay heed to our suggestion,

And eliminate a simple little clause.

And eliminate a simple little clause!

(They tear out a piece of the bill.)

While we feel that bottles shouldn't be mislabeled

And we read the section on this with applause,  
Still we must remember we are all in business,  
So—let's just eliminate that little clause.

ALL

So—let's just eliminate that little clause!

(They tear out another piece.)

The restrictions that you put on advertising,  
Though on the whole they're good, have certain flaws.

When they begin to hurt the advertiser,

(Continued on page 182)

A school teacher tells how she handled the problem of temper tantrums in one of her pupils.

## A Problem Child

By HELEN JAY

TO THE EDITOR:

Mrs. Davis' article, "Sex Education for Children," in the October issue of HEALTH AND HYGIENE was unusually valuable because it was an exposition of a method that had actually been tried and proven successful.

Those formative first seven years are the making or the breaking of grown men and women. How much deep-rooted maladjustment could be prevented if our parents had had young Danny Davis' sane upbringing and had been enabled to pass it on to their children.

The following is an incident from my teaching days in a section of Boston's South End known variously as the "suitcase district," the "red-light district," and the "hop-head district"; also, incidentally, the district of the malnourished and underprivileged, and the poor. I am sending it to you with the thought that your readers might find it an interesting account of how one teacher handled a difficult situation.

Sincerely,

HELEN JAY

THERE is a key to the "naughtiest" of them. If we had the time, the patience and the understanding, there would be few, if any, "problem" children. At any rate, that is my conclusion after ten years of teaching in public school kindergartens.

Ruth came to our kindergarten when she was four years old. She had the coarse black hair of the Indian combed straight to her shoulders. For the rest, she was a handsome little Negro. She was brought that first day by a neat middle-aged woman who said she was the little girl's "guardien." The child's mother was working outside the state—came to see her every few months. Ruth was illegitimate, part-Negro and part-Indian.

For three weeks we needed no advance

notice of the child's daily arrival. We could hear her slamming doors and stamping down the long hall. She would stand at the entrance to the room, her large brown eyes shooting sparks. Then she'd slam the door and stamp into the dressing room. We knew from past performances that she would throw the other children's things to the floor, and we knew, too, that she would refuse to pick them up. Then she would come bang-stamp into the room, pick up her chair and throw it down before sitting on it.

SHE WANTED ATTENTION

The director of the kindergarten said that it was no wonder she was a little savage with the "blood of those two barbaric races in her veins." The poor woman was at her wit's end and one day she said, rules or no rules, she was going to give that kid the beating she was looking for. I kept asking her to let me have a try at the child. But she insisted I wasn't strong enough to cope with the "little devil." She showed me her legs where the child had kicked her, and the scratches on her arms. I guess I wore her down because she finally agreed to give me just one week to let me do whatever I wished with little Ruth. During this week she promised to keep hands off. After that, if nothing could be done, she was just going to bar the Negro child from the "privilege" of coming to the dirty, drafty old pile of bricks known as the "school."

First of all, I knew that the child was being "naughty" because she wanted attention and lots of it.

And so, early one morning I took her into the schoolroom with me. I placed the prettiest doll in the carriage and said nothing. Even with no one else around, Ruth banged and stamped. I still said nothing, but went on folding paper napkins. While she was undressing the doll, I said, "Do you have a baby at your house?" I saw her eyes flash. "Naw!" she said. Finally, I learned that "Granny," as

she called the "gardeen," had "lotsa kids home—too much kids." She named five or six. State wards, I imagined, since they had different family names.

The only time Ruth wasn't banging or stamping about or pinching the other children was when she was listening to a story. Those wild eyes would become soft and the tense little body would become soft, too. Poor little kid, if I only had the key, I thought.

My week was almost up and she continued throwing the coats to the floor of the dressing room and doing even "naughtier" things. I was ready to admit failure one rainy morning. I had been so busy helping children with two-sizes-too-small rubbers and raincoats and sweaters that I didn't notice Ruth hadn't gone home with the others. She never allowed anyone to help her because she "wasn't no baby," and yet here she was sitting in her chair with her rubbers on the floor and her coat and sweater piled on the next chair.

Luckily, the director had left the room. I sat down on a little chair and said quietly, "Would you like me to help you with your rubbers?" Not a word. She merely put her foot out so quickly she almost kicked me. I put her rubbers on. She put on her sweater and coat, yanking away from me when I offered to help. Then she stood in front of me, her eyes on the floor. "You button me," she said crossly. I did as I was commanded and told her she'd beter run along or she'd be late for her lunch. I gave her the ghost of a hug and then I thought an avalanche had hit me. Those strong little arms were tight around my neck and she was saying over and over, "I love you, teacher." I unbuttoned her coat and gave her a cookie and just sat there with her on my lap. I asked her if "Granny" ever took her on her lap. She said, "Naw! She too busy. Ain' got no time fo' kids. I help Granny. I clean the dishes.

#### STARVED FOR AFFECTION

Ruth was too young to understand what it meant to be poor and a Negro—an illegitimate Negro, at that. She was given enough to eat and her clothes were clean and well-mended. Just a little pup, kicked around, starving for a bit of petting.

Habits die hard, so I can't report Ruth's reform as an overnight accomplishment. I got

her to do little things for me when I saw her restless hands reach out to pinch or punch. But those feet stamped on.

I thought I had an inspiration when I said quietly, "I believe we'll have to tell Granny to get you another pair of shoes. Or perhaps we can have these fixed. Here, you take them off and let me have a look at them." "Ain' nothin' matter with them shoes," said Ruth. "It's me." And the little monkey stamped louder, looking at me all the while.

Then I did get an inspiration. I asked another little girl to put our doll to sleep. Said Ruth: "I'll do that." I said quietly: "Why, no, you'd probably keep her awake, you stamp about so." I had to steel myself against the sudden tears in her large eyes.

"Well, you let me try, that's all," she said.

There was an end to slamming doors and stamping feet. Other "mean" acts gradually subsided. I found her an extremely intelligent child.

The director was satisfied with my "miracle." However, she showed that she had not understood the process by which I had accomplished it, because she advised me to put Ruth "in her place" and not to let her keep on hugging me in such a "free way."

#### Medicine: A Satire

(Continued from page 180)

Then we simply must eliminate that clause,  
Yes, we simply must eliminate that clause!

*(They tear the whole bill to pieces and throw the pieces up in the air with a whoop. The patent medicines come on and all sing while Representative of Slimotto Co. dances, holding up the bottle.)*

Run, don't walk, to the nearest store,

Buy a bottle of Squirk.

It doesn't matter what it's for,

It's always sure to work.

Take it when the weather's cold,

Take it when it's hot.

Take it if you're young or old,

But always take a lot.

Then—

When the movies want a he-man,

Or the government a G-man,

Or the girls a Tarzan tree-man,

You'll be there!

Don't despair,

You'll be there!

## An embryologist discusses the causes of marks and disfigurements in the newborn child.

# Birthmarks

By JOSEPH HIRSH

Medical Editor, Bureau of Cooperative Medicine

IT HAS always been a popular belief that the effects of the emotional and imaginative experiences of a pregnant woman can be transmitted to her unborn child. Many an expectant mother has worried herself sick in the belief that she can "mark" her baby. We have all heard of "strawberry" birthmarks attributed variously to a craving for the fruit on the part of the mother or to a fright incurred by the mother when some one, intentionally or in jest, hit her with a strawberry. Then there is the "mouse" birthmark. Who amongst us doesn't know the story of Mrs. X, whose brother, a practical joker of the most irritating kind, fully aware of how she detested mice, bought an artificial, mechanized mouse and almost scared her to death with it when she was five months along with her second child. As time went by she forgot about the unpleasant incident but, sure enough, when the baby was born it had a gray mole on its leg. And it looked exactly like a mouse! With slight variation this is the story we've all heard countless times.

#### PRENATAL IMPRESSIONS

Literature is full of accounts of babies born with "mouse" moles, "strawberry" marks, distorted features or limbs—all because the mother had suffered an unpleasant sight, a sudden fright, or some long-tormenting fear. Scientific and medical writers have always ascribed such markings and disfigurements to coincidence and for the most part this has been the correct explanation. But merely to say that it is impossible for mothers to mark their babies is not enough. In order to refute the mistaken notions about prenatal impressions we must consider the mother and the developing child in the light of our knowledge of anatomy and physiology.

Abnormalities of body structure and markings are generally brought about in one or more of three ways: (1) By direct injury to the particular region as a result of trauma (a

wound) or infection; (2) Indirectly through the blood stream; (3) Directly or indirectly through the nervous system.

Structural abnormalities are often the result of direct injury. Unsightly moles, blood tumors, sometimes mistaken for the "strawberry" mark, scar tissue, and colored warts and moles (naevi and melanomas), many of which may look as much like mice as a basketball, are also the result of trauma and infection.

#### THE BLOOD AND NERVES

The blood stream can affect the body detrimentally by failing to carry the proper amount and kind of nutriment; by a closure of the blood vessels in a particular part, causing that part to atrophy or shrivel; by a fusion of the blood vessels, causing the tissue to become reddish and scarred; and, lastly, by carrying bacteria which causes destruction of the tissues.

The nerves, by functioning improperly or not at all, can cause a wasting away of that part of the body in which they are located. Such shriveling or paralysis actually means death to the affected part.

How then can the mother transmit her impulses to her unborn child? It is almost impossible directly to injure the developing child. It is immersed in a sac containing a water-like fluid, called the amnion or "bag of waters." Surrounded as it is on all sides by fluid, any blow or injury suffered by the mother can have one and only one of two results. If the injury incurred is not severe it will be harmless because the shock will be uniformly distributed throughout the fluid. In essence, the fluid acts just as a pad. To test this statement in a practical way, try to hit some one under water. Your most powerful blow, even at close quarters, will prove quite painless. On the other hand, if the injury to the mother is serious she will give birth, not to a deformed baby, but to a dead baby. In other words, she will have a miscarriage.

There are, therefore, but two routes left by which impulses can be carried. Although we know that the blood stream does not carry impulses, in the case of mother and child the lack of connection between the two makes this theory all the more untenable. In the womb, the baby is attached to the mother by the umbilical cord, a cord that contains three blood vessels, no intermediate branches, and no nerves. Its sole function is to carry food and oxygen in solution to the baby and carry waste products from the baby to the mother's blood stream and then to her organs of excretion. The blood vessels in the cord are not attached to, and, in fact, never come into contact with, the mother's blood vessels. Not only do mother and child have independent circulatory systems but the baby even creates its own blood. When the baby is born and the cord is cut, there is no appreciable bleeding because none of the maternal blood escapes. Experiments have been made in which materials were injected into the maternal vessels but not the minutest trace of these materials could be recovered from the fetal circulation. In reverse the experiments have likewise proved fruitless. The blood vessels of the cord terminate in the placenta or after-birth, which is made up of a great many interstitial spaces. These spaces contain blood from the mother, and the blood vessels from the baby are bathed in them, discharging their waste and absorbing the food and oxygen in solution. Since the placenta acts as a filter and purifier few harmful elements can enter the baby's blood. Exceptions are such tiny organisms as the germ of syphilis. *Except in the case of a few such germs*, and possibly certain chemicals (hormones), the only way the mother's blood can affect her child is by not providing the food it should get.

#### THE CAUSES OF BIRTHMARKS

Sensory impressions, the transmission of impulses, muscle and body activity depend upon our nervous system. So far as the actual transmission of nervous impulses from mother to child is concerned, no question can even arise, for it is a well established anatomical fact that there aren't any nerves from mother to child!

But we do have malformations and blemishes! This is also a fact. Hence, how do we get them? To answer this question let us refer briefly to the chief facts in the development of

the baby. First, by the time a woman becomes aware of her condition, that is, by the seventh week of pregnancy, the fetus is almost fully formed. If it is marked or malformed, it will be so at this stage of development. Whatever injuries it may sustain later in its development can have no effect upon it but death. Yet, in spite of this fact, many of the incidents which are supposed to result in the marking of the baby occur late in pregnancy!

"Wine stain" birthmarks result from an exaggerated growth and clustering of tiny blood vessels in the early development of the child; "strawberry" marks result from a fusion or anastomosis of these blood vessels, and often have as much resemblance to an elephant as to a strawberry. Such marks are due to an excessive growth of the blood vessels and the portions concerned during the process of development. Moles and warts are the result of excessive growth in particular regions.

Birthmarks are sometimes caused by the pressure of instruments or injuries in the process of delivering the baby. Such marks generally resemble bruises in which blood clots are formed just under the skin. Marks of this kind are usually transient and disappear by themselves.

The expectant mother should avoid excitement and anxiety for her own peace of mind, and thereby assure a sound body for the baby she is carrying. In daily intercourse anything may happen; if there be some accidental encounter, some unnerving incident, she need not brood over it nor concern herself with it. There is nothing in medical science to substantiate her fear, and there is enough to prove that it does not rest upon scientific grounds.

Just as there is no evidence to prove that a woman can affect the physical shape of her unborn child, neither can she shape its character, personality, or talents. During pregnancy she may devote her entire spare time to some field of special interest: painting, sculpture, music; she may concentrate on books and mingle with men in the professional fields, but alas, wishing does not bring fulfillment. She cannot, often much to her consternation, mould her future son or daughter into painter, sculptor, composer, doctor, lawyer, or Indian chief. Her job in this direction begins only with the birth of her child.

*(A subsequent article will deal with the removal of birthmarks.)*

*The desire for "sparkling" teeth sometimes leads to the use of dangerous cleansers.*

## "Pearly White Teeth"

THE influence of the printed word is an enormous one. Millions of dollars are spent on advertising, yet it is a good investment for it creates demand and, what is more to the liking of the manufacturers, *profits*. That these profits are obtained at the expense of the consumers' health, seems to be of little or no concern to the advertising agencies or their sponsors. There are those who are ready and eager to enter any lucrative field, only too anxious to give to the public what it thinks it wants, with no regard for the public's welfare. And what the public thinks it wants is usually determined by high-pressure, and often false, advertising.

This has been particularly true as regards "white teeth." The daily papers and magazines are full of those little dramas enacted in cartoon strips, which, in spite of their inanity, continue to bring in the cash by appealing to the more elementary desires and emotions. Susie Cue, who has languished for years because the boy friends do not compete for her favor, buys a tube of Dr. Blank's Blanc-o-Dent and is immediately swept off her feet by the rush of suitors. Or Bessie Boop, who has never gotten very far with a desire to set Hollywood on fire, purchases a can of Astro-Dent and is rewarded with "teeth that shine like the stars," and a moving picture contract at \$1,500 a week. The formula is always the same and so is the moral: in order to be popular and successful *white* teeth are essential.

#### WHITE TEETH AND DENTAL HEALTH

What is the truth concerning the desirability of "white" teeth? The fact is that whiteness of the teeth is not necessarily a sign of good dental health, for dentists know that vital, healthy teeth may vary in hue and shade from a creamy white to a grayish color. In fact, Dr. Charles F. Bodecker, Professor of Oral Histology at Columbia University, and one of the foremost dental authorities in the country, states that the healthiest teeth have a yellowish hue, whereas chalky white teeth are deficient in calcium.

Teeth that are dull and dirty due to lack of oral hygiene can be made clean and stains can be removed by a harmless method, the method taught in dental schools. However, dentists know that in the neglected mouth the cleansing process is a tedious task, requiring patience, care, the proper instruments, and skill. In other words, there is no quick way or short cut that is safe.

Yet in spite of this knowledge there are dentists who, relying on the manufacturers' claims regarding the safety of their products, use hydrochloric acid preparations in an attempt to hasten their work and give their patients the white, "sparkling" teeth that the advertisements have "taught" them they should have. As a result of the use of such preparations many patients' teeth undergo irreparable damage, for hydrochloric acid acts as a solvent of the calcium and phosphorus which are essential ingredients of tooth enamel.

#### STAIN REMOVERS

The Research Council of the New York Academy of Dentistry and the Council on Dental Therapeutics have made extensive clinical analyses of a number of so-called stain removers. Among those tested were: *Taxi*, *Stain-Remover*, *Bleacho-Dent*, *E-Kay*, *Ex-Tartar*, *Snowy White*, and *Tartaroff*. Some of these acid stain removers have been sold to the general public. *Taxi*, which is sold only to the profession, is the product that is most in use among dentists who resort to this method of cleaning teeth.

*Tartaroff* was examined by the Bureau of Chemistry of the American Dental Association and found to be essentially a solution of hydrochloric acid in water. In an article printed in *The Journal* of the American Dental Association the following statement was made: "If such a dangerous fluid as hydrochloric acid is indicated it must be used with extreme care on the teeth and then only in the hands of a skilled dental operator. It should never be used by the laity. The profession would do well to inform the laity of the dangerous character of



this preparation and the injurious result of its use." Contrast this unprejudiced report with the circular which accompanied a package of *Tartaroff*: "*Tartaroff*, a sensational new liquid discovery, removes all blemishes and turns cloudy teeth to sparkling White within a minute. Just a Safe, harmless, magic liquid that accomplishes things no toothpaste ever can!! This wonderful formula is a simple raspberry-colored liquid, contains natural ingredients—secretly combined which gives astonishing results. Absolutely Safe and harmless."

This, in spite of the fact that tests proved that calcium and phosphorous were dissolved from the teeth by *Tartaroff*!

#### TAXI

The dental profession has been warned by these official investigating bodies and yet the sale of these advertised products continues. In answer to the charge of the Research Council that *Taxi* had a definitely harmful action on the teeth, the manufacturer reported that if *Taxi* had been used as directed on the label, namely, "apply to teeth, wait a few seconds and use brush wheel," no damage would have resulted. Further tests were made with *Taxi* upon extracted teeth and even when the solution was allowed to remain for as little as five seconds, enamel was found to be dissolved from the teeth.

It is clear, therefore, that the use of tooth bleaches and whiteners such as *Taxi*, *Bleachodent*, *Tartaroff*, and the rest cannot be too strongly discouraged. Informed dentists do not employ them in their practice, and the public should be made aware of the dangers involved in their use.

#### FALSE CLAIMS

Finally, people should realize that the purpose of a dentifrice is not to remove film (*Pepsodent*), "bryten" teeth (*Iodent*), or make them "shine like the stars" (*Calox*). Dentifrices have no purpose beyond helping to clean the teeth. They cannot cure or prevent specific diseases of the teeth or gums, and any claims that they can are fraudulent. When this is more widely understood less harm will be done by the tooth whiteners and bleaches that are used in order to do what the above products and other dentifrices will not do, namely—whiten teeth.

## Appendicitis—A Warning!

(Continued from page 167)

doctor or a consultant than to allow the patient to be treated by what the physician in charge knows to be an ineffective method.

So if your doctor ever tells you that you have acute appendicitis you should not ask, "Do I need an operation?" Instead, the question ought to be, "How soon will you operate or have me operated on?"

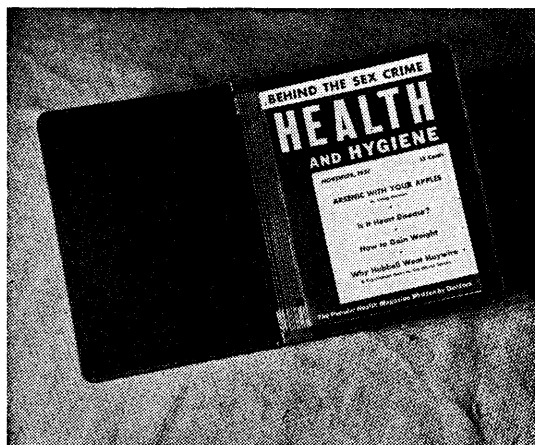
If the above suggestions were universally followed, appendicitis would cease to be such a common cause of death and would become one of the most negligible ones.

## Vaginal Tampons

A RECENT TEST of the efficacy of vaginal tampons, which are coming into popular use in place of sanitary pads during the menstrual period, showed that only eight out of ninety-five, or 8.4 per cent of the women in the test, were afforded complete protection by the tampons. However, 81.1 per cent of the women were completely protected during the latter part of the menstrual period when the flow was diminished.

## Physicians in United States

ACCORDING to the latest report of the American Medical Association there are 156,339 physicians in the United States. This is one physician for every 815 persons in the country.



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Patent medicine labels often fail to inform the user that poisons are present.

# What's in That Bottle?

An Official Government Exposé, III

WHEN Eben M. Byers, wealthy Pittsburgh manufacturer and former amateur golf champion, lost his health he was persuaded to dose himself with *Radithor* "certified radium water." Perhaps he reasoned that if *Radithor* didn't cure him, it wouldn't do any harm. But the medicine killed him. It literally disintegrated the bones of his head.

Newspaper editorials were caustic in their criticism of the government. Why wasn't the Food and Drugs Act enforced? Editors, in common with most well informed people, assumed that the food and drugs law prohibits nostrums that are dangerous to health when used according to directions on the bottle or in advertising. Unfortunately, the law does not prohibit nor restrict the sale of dangerous drugs. Only when the labels of medicines bear "false and fraudulent" therapeutic claims, or misrepresent the identity of the ingredients, are they subject to legal action. The label of the medicine that killed Byers bore only a simple, truthful statement that *Radithor* was a radium-active water.

#### LABELS DO NOT INDICATE DANGER

*Radithor* is by no means the only dangerous medicine. Preparations used for rheumatism, neuritis, and similar disorders may contain cinchophen, a drug that injures the liver. Among many reports in recent medical literature on the deadly effect of cinchophen is one from the Mayo Clinic, Rochester, Minnesota, describing five fatalities. In October, 1932, *The Annals of Internal Medicine* reported six deaths from cinchophen poisoning, four of them caused by one proprietary medicine. Such reports multiply as time goes on. The present food and drugs law does not even require that cinchophen be declared on the labels of drugs containing it.

Medical records also show the perils of unwise use of "pain killers." Many contain potent ingredients that can safely be used only in carefully restricted dosage, and then not too

frequently. Others contain drugs dangerous in any therapeutic amount. None of them cures the cause of bodily distress. At best, "pain killers" can only dull for brief periods those aches and pains that are not too severe. If the pain is really bad and the first dose does not get results, there is a strong temptation to take another dose too soon, and perhaps to double it.

#### POISONING FROM PAIN KILLERS

Numerous deaths have resulted from overdosage of headache powders containing acetanilid. [Editor's note: Acetanilid is an active ingredient of *Bromo-Seltzer*.] Aside from the knockout punch of an overdose, acetanilid, taken over long periods of time by those who suffer chronic pain, may seriously alter the oxygen-carrying power of the red blood corpuscles. The victim turns blue; serious illness and death may follow.

While acetanilid is one of the few drugs the law requires to be declared on the labels, the lengthening record of tragedies from its use demonstrates that mere label declaration is not enough. The ordinary purchaser cannot avoid its dangers unless the label bears clear warning against probable misuse.

Another notorious "pain killer" is aminopyrine, found in many "pain relievers," especially those recommended for the periodic pains of women. While aminopyrine may not adversely affect all who take it to a readily recognizable degree, it does cause, among other effects, in those who are susceptible, a curtailment or destruction of the function of the tissues that make white blood corpuscles. So insidious is the effect that the danger may not be recognized until too late. The percentage of deaths among susceptible individuals is very high. The law does not require even a label declaration of aminopyrine. [Editor's note: *Midol*, *Dysco*, *Kalms*, and *Lydia Pinkham's Tablets* contain aminopyrine.]

(Continued on page 190)

## Questions and Answers

(Continued from page 162)

tive sluggishness of the circulation in the region, a primary vaccination on the leg of a person who walks about after the operation often results in ulceration, slow healing, and a large scar. Moreover, the superficial lymphatic drainage is better over the deltoid insertion (the section of the arm on which vaccinations are generally performed) than at other sites.

A further consideration is that routine vaccinations are more dexterously performed when the site is always the same, and the evidence of previous vaccinations are more easily inspected.

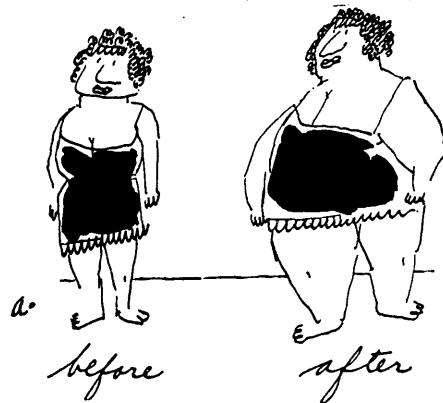
### Weight Reducers

Sioux City, Iowa

DEAR DOCTORS:

I have been advised to buy a device called *Thermo-Roller* to help me to reduce. Is this device effective?—M. R.

*Answer*—There is no mechanical device of this type that can be used safely and effectively in re-



A. Ajay

ducing body weight. *Thermo-Roller* is nothing but an expensive gadget which is supposed to massage away fat. However, fat cannot be removed in this way. Save your money.

### "Flat" Feet

Newark, New Jersey

DEAR DOCTORS:

What kind of corrective shoe do you advise for children whose feet seem to be too flat?—F.C.

*Answer*—Feet that appear to be flat are not necessarily weak. This is especially true of children under five years of age who may have pads of fat so situated on the soles of the feet as to give the appearance of what many laymen call "sunken arches," "fallen arches," or "low instep."

There is too much confusion about so-called

corrective shoes, orthopedic shoes, and the like. The average foot needs a wide, roomy shoe with a snugly fitting heel. For the abnormal foot a shoe manufactured by an "orthopedic" shoe company may not be adequate. For feet needing special footwear it is best that a physician trained in the field be consulted. Proper advice can be obtained from an orthopedic surgeon or an orthopedic clinic connected with a large hospital.

### Metal Polishing

New York City, New York

DEAR DOCTORS:

My husband has obtained employment as a polisher (uses emery powder and jewelers' rouge) in a chromium and metal factory. Could you tell me if there is any danger to his health in this job?—J. S.

*Answer*—The Division of Industrial Hygiene of the New York State Department of Labor recently published the results of a study on metal-polishers. About two and one-half per cent of the workers studied showed a mild degree of silicosis. The material used in metal polishing which may produce damage to the lungs is tripoli. Emery and jewelers' rouge do not cause any serious harm to the health of the workers. If any of these substances are used in such a way that large amounts of dust are inhaled by the polisher, mild irritation of the nose, throat, and lungs might result, but serious damage is not likely to occur.

Some plants in which polishing is done are equipped with exhaust ventilation systems to carry off dust which is formed in the process. If no such ventilation system is present in the plant where your husband works this fact should be reported to the Division of Industrial Hygiene, New York State Department of Labor, 80 Center Street, New York City.

### Sterilization Operation

Easton, Pennsylvania

DEAR DOCTORS:

Is the sterilization operation performed more easily on a man than on a woman?—P. N.

*Answer*—Sterilization of a woman requires a major abdominal operation. A man, on the other hand, can be sterilized with much less difficulty. Sterilization of the man is a simple office procedure. Any competent genito-urinary surgeon can perform this operation. It does not require loss of time from work by the patient. Local anesthesia is used, and there are no harmful effects afterwards.

However, it is far better to use proper birth control methods than to undergo a sterilization operation which has a permanent effect. While sterilization of the man is simple enough, and while it may

seem advisable in particular cases, it leaves the man unable to have children if the circumstances of a subsequent marriage should make them desirable. This is a factor which should not be regarded lightly.

### Bromo-Seltzer

Winston-Salem, North Carolina

DEAR DOCTORS:

I have been trying to break a friend of mine of the habit of taking *Bromo-Seltzer* by telling him that it is harmful. Can you tell me where I can get authentic information on the actual dangers of this product?—F. T.

*Answer*—The essential ingredient of *Bromo-*



A. Ajay

*Seltzer* is acetanilid, a drug used in a number of "pain-killers." Individual reactions to this drug vary, but there are cases on record in which persons have died after taking a single dose of *Bromo-Seltzer*. For more information about this habit-forming product we refer you to the article entitled *Bromo-Seltzer Addicts* in the December, 1936, issue of *HEALTH AND HYGIENE*.

There is also the danger of chronic acetanilid poisoning which may give rise to many serious symptoms.

### Caution in Kidney Disease

Los Angeles, California

DEAR DOCTORS:

Can you tell me what kind of diet is usually recommended for chronic parenchymatous nephritis?—M. H.

*Answer*—Chronic parenchymatous nephritis is an older name for what is now generally called chronic glomerular nephritis. This is the technical name for inflammation of the tiny blood vessels of the kidneys.

Individuals with this ailment should avoid heavy work. There should be little restriction in diet. Salt should be reduced but not avoided. It is essential that an adequate amount of protein be eaten. The chief protein foods are meat, fowl, fish, cheese, and eggs. If too little of these foods is eaten, dropsy may occur. This may sound like heresy, but such dietary treatment has been regarded as conservative for twenty years or more by the more eminent kidney specialists. The bowels should be kept

open but the use of cathartics is undesirable. (See the article entitled *The Constipation Complex* in the January, 1938, issue of *HEALTH AND HYGIENE*.)

There are no medicines that have been proven to have any value in the treatment of nephritis, in spite of the fact that there are a lot of quack and semi-quack remedies.

It is important that any foci of infection be removed. Abscessed teeth and diseased tonsils should be removed.

It is also extremely important to avoid chilling the body. Ocean or fresh-water bathing, unless air and water are warm, is hazardous. Exposure to drafts should be avoided. It is a good idea to wear thin woolen underwear throughout the year. Shoes should be kept waterproof.

### Dale Carnegie Exposed

(Continued from page 165)

if you appear to be interested in them. But they won't raise your pay or reduce your rent. Carnegie says, "Did you ever stop to think that a dog is the only animal that doesn't have to work for a living? A hen has to lay eggs; a cow has to give milk; and a canary has to sing. But a dog makes his living by giving you nothing but love." Try it some time, Mr. Carnegie. We suspect you laid a bad egg this time.

### Medical Education in U.S.S.R.

(Continued from page 178)

child to use. There were also types of wells, pumps, food exhibitions, and food poisons, as well as many detailed miniatures of machines and their safeguards.

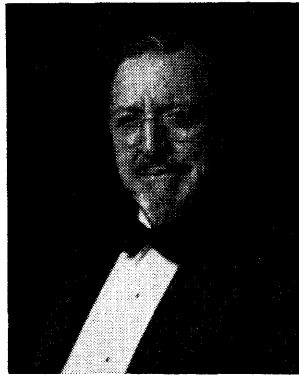
The director explained that preventive medicine had its roots in communal life, in care and selection of food, in the factory, nursery and school, and in all the social activities of the people. He indicated that the people were the first concern of the government and, as such, were entitled to the best possible care. And so, after visiting a room in which actual working conditions could be duplicated and research work done in the direction of alleviating these conditions, the interview came to an end.

It had been a remarkable experience. I had had the opportunity to examine, at close quarters, one phase of a new social system that is now sharply focused in the world's eye. Certainly what I had seen reflected credit upon their methods.

## Who's Who on Our Advisory Board

John A. Kingsbury

JOHN ADAMS KINGSBURY, a descendant of a long line of American pioneers, statesmen, and soldiers, was born at Horton, Kansas, the son of John T. Kingsbury and Anna Gibson Adams Kingsbury. Mr. Kings-



JOHN A. KINGSBURY

bury's maternal grandfather, Major Henry J. Adams, took an active part in the Anti-Slavery Movement in Kansas. He was a member of the Leavenworth Constitutional Convention, and under the constitution framed by that convention he was elected Governor of Kansas. This Free State Constitution, however, like its predecessor the Topeka Constitution, failed of ratification by Congress.

Educated in the public schools of the State of Washington, a student of the University of Washington and the Washington State College, Mr. Kingsbury completed his academic work at Teachers College, Columbia University, and received the degree of Bachelor of Science in Education in 1908. He received the honorary degree of Doctor of Laws at Syracuse University in 1931.

Mr. Kingsbury has written extensively for magazines and professional journals on the subject of public health and public welfare. He is the joint author with Sir Arthur Newsholme of *Red Medicine: Socialized Health in Soviet Russia*.

Since his retirement from the Milbank Memorial Fund in 1935, of which he was Executive Director for 15 years, Mr. Kingsbury served as Administrative Consultant to Harry L. Hopkins, Administrator of the Works Progress Administration. Recently he has joined the Board of Directors of The Social Economic Foundation and has been elected president of the foundation.

## What's in That Bottle?

(Continued from page 187)

The definition of *drug* in the present law limits legal jurisdiction to preparations recognized in the *United States Pharmacopoeia* and the *National Formulary*, and to other substances "intended to be used for the cure, mitigation or prevention of disease." The law does not control drugs used for the diagnosis of disease, nor those intended to affect bodily structure or function. For example, "slenderizing" preparations are not legally drugs, although the public usually regards them as such.

The law, therefore, has no authority over the deluge of dangerous dinitrophenol fat reducers that have recently sprung up all over the country. Dinitrophenol actually does reduce weight by speeding the body processes and literally burning the tissues, including fat. But it may produce nausea, abdominal distress, high fever, and muscular rigor followed by death. It frequently produces blindness. It may damage liver, kidneys, heart, and sensory nerves. It may produce the same blood disorder caused by aminopyrine. The list of dinitrophenol victims continues to increase despite wide publicity in both the lay press and in medical journals, reciting instances of blindness and death. [Editor's note: *Dillex-Redusols*, *Slim*, *Tabolin*, and *Formula No. 17* contain dinitrophenol.]

Most useful drugs can profoundly affect the human body. Their value lies in their potency to bring about *desired changes* in the ailing organism. But whether they are a boon to health or a menace to life depends upon whether they are properly administered—whether the quantity and frequency of dosage, the duration of use, and other conditions are what the patient requires.

A proper revision of the Food and Drugs Act would not impair the right of any citizen to medicate himself—to act as physician to himself. But it would make self-medication safer. It would prohibit traffic in drugs that are dangerous to health when taken as directed by the manufacturer. It would require patent drugs to bear label warnings against probable misuse. It would require label declaration of ingredients so that the user may know what he is taking.

(The fourth instalment in this series will appear in the July issue)



M. F. OF BALTIMORE writes: I enjoyed your article in April's *HEALTH AND HYGIENE*, "Ship's Quarantine; Protecting Our Shores."

"The iron heel of Nazism is stamping out every bit of progress the civilized world has been striving for centuries to achieve, spreading its hateful doctrine wherever it is allowed to set foot.

"We need more such articles so as to make more people conscious that every dollar spent on anything German is furthering the spread of disease, war, pestilence and ruin.

"Thanks are indeed due to the staff of *HEALTH AND HYGIENE* for ferreting out the many dangers that an all too gullible public is prone to overlook."

THE READER WHO signs himself e.d.b., and whose letter concerning the poisonous nature of all fruits and vegetables we printed in this department last month, writes to say that he hopes we will some time "print a long list of the poisons in fruits, vegetables, and grains." Still shunning capital letters, he continues, "ay would send you my list right now, but a party of thugs followed me to the fourth floor and held me up and took out of my coat pocket what they thought was money, but was a lot of memorandums of poisons and other things that were the product of a lifetime of investigation. unluckily ay had not yet made a copy for my files."

Can it be that e.d.b. was waylaid by a group of vegetarians bent on destroying the evidence?

JOSEPH HIRSH, WHOSE ARTICLE on birthmarks appears in this issue, is Medical Editor for the Bureau of Cooperative Medicine. He has also served in this capacity for Oxford University Press, and he has been a consultant in embryology for the Loomis Laboratories.

MANY ORGANIZATIONS and trade unions have ordered quantity lots of our pamphlet entitled *How to Fight Syphilis*. For information concerning this valuable booklet see the advertisement on the inside front cover of this issue.

Mrs. S. F. OF THE BRONX writes: "I inquired at the Tremont Avenue Branch of the library and they told me they do not keep *HEALTH AND HYGIENE*, but that they would accept a gift subscription. I would be willing to pay half if there is anyone else in the Bronx willing to pay the other half. Would you then cooperate and mail two copies to the library so that they could have one on the desk and one for replacement?"

SURE THING, WE'LL DO our part by contributing the extra copy. Now is there some reader in the Bronx who wants to join Mrs. S. F. in providing the library with the subscription? Incidentally, we'll do the same thing for other libraries, so here's a chance to help those in your neighborhood who can't afford to take out a subscription for themselves.

M. H., A PHYSICIAN in Staten Island, writes: "Enclosed find my check for renewal of subscription. As for your magazine, it is certainly the finest journal of health obtainable for the laity. It is regarded as highly by my patients as by me. If it could be read by every person in America I think most of the ills in the practice of medicine would quickly be cured."

THE ARTICLE ON JOSEPH O'DWYER in this issue is the second in a series of biographical sketches of great American medical men. Next month there will be an article on Joseph Goldberger, the brilliant investigator who discovered the nature of pellagra.

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 Kallet, Arthur. May: 137  
 Kingsbury, John A., June: 190

## SAVE MONEY on Shoes, Coffee, Razor Blades, Canned Foods, Breakfast Cereals, Tires, Cosmetics, Soaps, Radios

—and dozens of other every-day purchases by using Consumers Union's 1938 Buying Guide in your shopping. This Guide, just off the press, gives you ratings by brand name of over 2,000 brands of products as "Best Buys," "Also Acceptable," and "Not Acceptable" based on expert technicians' tests.

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A vacuum cleaner selling for \$21.95 ranked high in cleaning ability and all round value in laboratory test of 18 models of vacuum cleaners reported upon in Consumers Union's 1938 Buying Guide. Another model, selling for \$89.50 was below average in cleaning ability and was rated "Not Acceptable." If you were going to buy a vacuum cleaner you would save over \$60 by buying the first model. Several brands of razor blades selling at 2c apiece were found to shave as well as, if not better, than other brands retailing for 5c or more. A famous brand of coffee selling at 30c a pound was found to be much inferior in quality to another brand selling at 21c a pound in tests of 36 brands.

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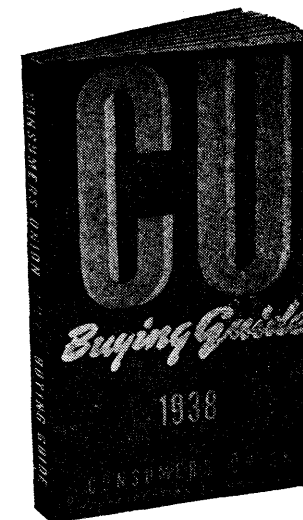
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| Soaps        | Stockings | Wines and Liquors |
| Gasolines    | Radios    | Autos             |

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