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HEALTH AND HIGHERE

MARCH 1936



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HEALTH and HYGIENE

The Magazine of the Daily Worker Medical Advisory Board

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MARCH, 1936

NUMBER 3

TABLE OF CONTENTS

Editorial: Industrial Tragedies	•	•		•	•	•	•	•		•	2
Fleischmann's Yeast: A Fake			•				•				3
New Eyes for Old					•				•		5
Frigidity in Married Women							•				6
Fisherman's Cancer of the Lip				•	•			•			9
What Is "Rheumatism"? .							•			٠.	11
G.E.'s House of Poison, by Jo.	sepl	Fr	eema	ın							13
The Electrical Health-Machine	Rad	cket		•	•						16
Cosmetic Problems: Acne Discussed by a Skin	Spe	ecial	ist		•		•		•	•	21
The Treatment of Epilepsy .			:						•		22
Pain in the Back		•			•						24
The Dangers of Jaundice or "	'Yel	llow	-Skii	ı"		•				•	26
The Medical Board Advises		_	_			_					28

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Editors: Edward Adams, John Stuart



INDUSTRIAL TRAGEDIES

NO casualty list from front-line trenches could be more shocking than the reports of three industrial tragedies that have come to light in the past few months. At Gauley Bridge, West Virginia, hundreds of workers constructing the Hawk's Nest tunnel had their lungs destroyed through inhalation of silica dust. Four hundred and seventy-six died on the job and 1,500 are hopelessly on the verge of death. The workers' families were left in the deepest poverty and in the few cases where the construction company made settlements the funds were hardly sufficient to cover the expense of burial.

Nor is the Gauley Bridge tragedy an exceptional case. In New York City two riveters on the Triborough Bridge died of lead poisoning. Forty-six other men on the same job became seriously ill after working on structural steel covered with lead paint. The first cases of lead poisoning were discovered as far back as December, 1934. But the work was continued and no public authority supervising this public works project intervened to prevent other workers from contracting the disease. Responsibility for the deaths and illnesses in this case rests squarely with the Triborough Bridge authority and with the P.W.A. It amply proves that the government is as guilty of occupational disasters as is any private employer whose working conditions the government is supposed to supervise carefully.

In this issue is reported another instance of occupational poisoning that took place in York, Pa., and which was first revealed in the Sunday Worker of February 2. Here again there was criminal negligence in addition to connivance between General Electric plant officials and health authorities to obscure the real causes of death. No effort was made to safeguard the workers although it was known by the company that the chemicals used were dangerous.

In all these tragedies where was Madame Perkins' "vigilant" Labor Department? Where were the State Labor Departments? Why did they not take steps to avoid these unnecessary deaths and illnesses?

If the investigation of the silicosis tragedy by the Marcantonio Congressional Committee is to have lasting value it must be made nationwide to include all industries where the scourge of industrial disease is ever present. The Committee must pave the way for legislation which would make it impossible for thousands of workers to be poisoned each year. Trade unions and labor bodies must awaken to their responsibilities and take full cognizance of existing industrial hazards by organizing workers to eliminate the hazards and to insure that labor is given full representation in the formulation of laws and in their effective execution. Such legislation must be enacted not only by Congress but also by the state legislatures. Otherwise it will not be amiss to hold these governing bodies as parties in murder wherever such tragedies as that of Gauley Bridge occur.

FLEISCHMANN'S YEAST: A FAKE

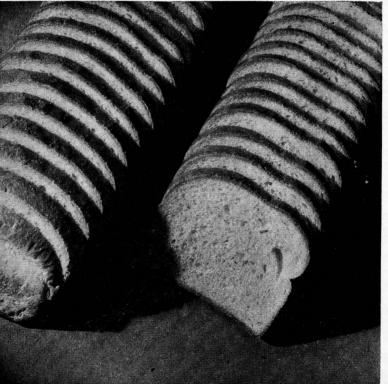
devoted practitioners than our modern patent-medicine manufacturers. Ancient Greece and Rome, the dark and middle ages and modern times could claim many first-rate swindlers, but we are sure they would burst with envy at the technique used by the big time charlatans of today. The most notorious quacks of the past, such as Cagliostro, Spot Ward and Elisha Perkins relied on their personal influence and on "nostrums" which were able to flourish and grow because of the abysmal ignorance of their time. Many of them acquired international reputations and their "remedies" varied from garden snails for stones in the kidney to magnetic tractors or electronic machines for any ailment. Nowadays the frauds and swindles are carried out less crudely

THE fine art of quackery never had more devoted practitioners than our modern patent-medicine manufacturers. Ancient but on a grander scale. In one week a "remedy" can reach millions of people through newspapers, magazines and radio.

The new technique has many variations. One group of exploiters uses the old "knock-emdown" method. They advertise in the tabloids and cheap magazines and assure you that your symptoms are due to cancer, tuberculosis, diabetes or kidney disease and that the cure is easy (just enclose \$1.00 and you will receive it guaranteed). Then there are the warm, human nature gagsters who dress their frauds in rhyme and tabloid pictures such as Alka-Seltzer, Ex-Lax, etc. The most refined exploiters use the educational racket. Their advertisements attempt to impress upon the reader that their sole aim is to give sound information on the newest advances in medicine. Their

altruism, their deep concern for the reader's health forces them to modestly mention the product which they incidentally happen to manufacture and whose development is in line with all the latest trends in medicine.

DICK up for example any nationally circulated weekly magazine. Turning the pages of this magazine the reader is given a broad education in health and hygiene. The reader probably doesn't know the health facts about toilet paper. There's a page to explain that. If the reader sneezes all over her evening dress or his overalls, the Lambert Pharmacal Company gives "astonishing facts" and "amazing results" from the use of Listerine against the common cold. On another page the reader



Yeast is good for bread . . . information about yeast they can turn to the latest text-book of drugs and treatment and to the reports of the Bureau of Investigation of the American Medical Association. They will discover that there are two varieties of yeast-

> a refined, baking yeast and a crude brewer's yeast. Fleischmann's Yeast is essentially a baking yeast. Both varieties have the same effect on the human body. Readers will learn that yeast is an important source of Vitamin B and that yeast is only useful if the diet is deficient in Vitamin B. "Vitamin B is so widely distributed in the ordinary well-balanced diet as to automatically assure an adequate supply." The only possibility of deficiency would be in inadequate and unbalanced diets lacking in fresh vegetables and meats. Constipation, for which Fleischmann's Yeast is supposed to have special virtues, is relieved by yeast only when the constipation is due to Vitamin B deficiency. The more correct method of curing the constipation is to correct the diet, to add fresh vegetables and meat.

Vitamin B deficiency has always existed among the poor, the underfed. It is especially prevalent during war times when large numbers of the population and soldiers may be found to be suffering from mild or severe forms of Vitamin B deficiency. The prevalence of pellagra, a diseast due to Vitamin B deficiency, among Southern workers, especially textile workers, was described in the April 1935 issue of HEALTH AND HYGIENE. The true remedy is not yeast but the means to obtain a well-balanced diet containing fresh vegetables and meat. Physicians who treat serious cases of Vitamin B deficiency may employ yeast but it will be ordinary brewer's yeast which is more effective and incidentally cheaper than baking yeast or Fleischmann's Yeast.

comes plump up against the distinguished features of Dr. H. Stevenin, "the noted clinic head." Beneath his chin there is a caption— "Doctors-clinics are enthusiastic about X-R Yeast; report, 'Quicker than any yeast before!' X-R Yeast gives unbelievably quicker results." The reader is wrong if he assumes that a new and rapid method of making cake has been discovered. This is not ordinary baking yeast. This is Fleischmann's Yeast, the yeast which "stabilizes the nerves, increases the activity of the digestive organs, which feeds and purifies the blood, which gets rid of mental depression, tiredness and nervousness, which acts directly on the skin itself, helping to heal pimples already formed and to prevent new ones from coming." The manufacturers do not ask the reader to take their word for it. According to them three millions are already eating Fleischmann's Yeast three times daily including Sundays. Testimonials and photographs of successful users frame the margin of the full page advertisement. Look at the pure complexion of Miss Florence Ryan of Chicago, whose "pimples left in a hurry," or Brewster S. Beach of Elizabeth, N. J., whose "indigestion stopped fast," or Miss Opal Haymaker, who was "relieved in three days," or Peggy Pool, who says "It's wonwonderful."

 $M_{ ext{still}}^{ ext{ANY readers, however, may}}$ may suspect that the motives of the manufacturers are not altogether pure and altruistic. For accurate

. . . but not for pimples.

THE reader then may investigate the effect of yeast on pimples or acne. He will discover that not a single reputable skin specialist recommends yeast for the treatment of acne. None of the so-called specialists, who now sell their photographs and testimonials to Fleischmann's Yeast, have any genuine authority in their field. The following opinion about yeast was given by one of the leading skin specialists of America, Dr. H. H. Hazen (Journal American Medical Association, March 18, 1933): "Despite the marvelous accounts of the value of yeast, written by the advertising agents of the yeast companies, the relative percentage of acne cases among dermatoses (skin diseases) has not decreased. In addition at least half of the patients suffering from acne have previously tried yeast without any benefit to themselves. But that the administration of yeast may actually induce the appearance of acne vulgaris seems to have escaped attention." He then cites several cases from his own practice. One of these was a "white man, age twenty-six, who such claims. There are no poisons known to had suffered from a mild acne between the ages of sixteen and twenty but had been entirely well for six years. Because of some indigestion he decided to take yeast and after he had done ous illness known as septicemia and which reso for three weeks there was no change in his quires hospital treatment.

gastro-intestinal condition and, in addition, there had developed a severe pustular acne of the forehead and cheeks. This spontaneously disappeared two weeks after the yeast was discontinued and has not recurred for three years." Another case was of a youth, aged twenty-one, who twice developed an acne three weeks after the use of yeast was begun. The condition continued with increasing severity during the taking of the preparation and disappeared spontaneously within two weeks of the time that the yeast was discontinued. These cases are not isolated examples. In any skin clinic or in the waiting room of any skin specialist you will find countless numbers of patients who have tried yeast for acne without success or in whom acne first appeared after the taking of yeast.

Fleischmann's Yeast is supposed to do another remarkable thing-clear the blood of poisons. Here we see the fraud of Fleischmann's Yeast in its boldest and most open form. There is not a particle of scientific evidence to support medicine which will cause the common variety of pimples, fatigue, melancholy, etc. When poisons do enter the blood they produce a seri-

New Eyes for Old

VER 45 per cent of the cases of blindness cornea. This meant that corneas were very are caused by scars in the cornea, the transparent structure in front of the colored part of the eye. Such scars may be caused by such diseases as hereditary syphilis, ulcers of the cornea, or by chemical burns. When these scars occur in the pupillar region (center of the cornea), the rays of light cannot be transmitted and the person so affected becomes blind despite the fact that the retina and optic nerve—the most important light-perceiving parts of the eye-may be in a healthy state.

About 100 years ago, oculists began to experiment with corneal transplantation, the process by which the scarred cornea is removed and a transparent one is substituted for it, but it was not until 1905 that the first successful operation was performed. Until recently, the only source of supply of healthy corneas was from eyes that had been removed from people with eye ailments other than those of the blind people.

difficult to obtain. Now, however, Professor Filatov, of the U.S.S.R., has developed a method of utilizing the corneas of those who have recently died. Professor Filatov found that 40 per cent of the cases in which he transplanted such corneas showed a great improvement in vision and that the cornea remained permanently transparent after the operation.

Besides the excellent work of Professor Filatov, experiments along this line have also been carried out in Czechoslovakia, and recently, such operations have been performed in England and in this country. Although the total number of cases in which this operation has been carried out successfully is still small, and though the perfection of the technique of corneal transplantation has not yet been attained, even in its present stage of development this operation holds great promise for many

FRIGIDITY IN MARRIED WOMEN

 $R^{\, ext{ECENT} \, ext{ studies } \, ext{have}}_{\, ext{shown that about one}}$ out of every four married women get so little pleasure from sexual relations that they can be called frigid. More surprising still, one

What are its causes and bow can it be treated?

out of twenty find marital relations definitely disagreeable, some to the point of loathing and

Not so long ago only men and "immoral" women were regarded as having sex desires. "Good" women, like children, were supposed to be free from sexual curiosity, desire and knowledge. A woman was considered pure, sweet and dumb—a kind of grown-up child innocent of sex and sense. In many ways she was treated as a piece of property to be carehusband.

With the growth of industry and their gradual entrance into factories, offices and professions, women began to play a more important economic role in society. Women's economic independence encouraged them to fight against the old restrictions. The most courageous of them wanted neither to be babied nor repressed. They insisted that they were human beings sharing both the faults and virtues of men. Scientific studies in psychology, carried out at the same time, helped to break down some of the archaic misconceptions and women made a few steps in the direction of equality. However, women are still far from the goal of complete emancipation, and the handicaps that society still places on them play an important part in creating the emotional conflicts that express themselves as frigidity.

Though it should be self-evident, it still needs to be emphasized that women are human beings and, of course, have sexual desires, feelings and

reactions. Their reactions differ in many respects from those of men. Some of these differences are due to the physical differences between the sexes. Though we cannot be certain, it is very

probable that by far the largest part of the differences are due to training and custom. Women also share in the sexual maladjustments so widespread in the world today. However, due to their age-old inferior status they have more than their fair share of sexual difficulties.

The young wife is bewildered when she finds that she is sexually cold. She may react to this realization in a variety of ways. She thinks it is a very rare condition and that she is abnorfully guarded by her father and later by her mal. Often she feels cheated and resentful, longing for the pleasure of which she is deprived. She may become fearful that she will be unable to retain her husband's love. Sometimes she regards her sexual coldness as an inborn condition. At other times she feels that she brought it on herself. She may falsely blame her youthful masturbation and fear that it has cost her her womanhood. At such times the woman wonders if she is fit to have children. Where the reaction to sexual relations is one of repugnance, the woman lives in continual dread of any amorous advances. She then begins to doubt whether she and her husband are as compatible as she had thought. Her repugnance for the sexual act is soon displaced on to her husband and she begins to fear and doubt him.

> As one young wife, since cured, remarked: "I had looked forward eagerly to our marriage. At last to have a home of my own, a husband and babies. I was prepared for economic worries. I knew his job might not last forever

and that I'd have to stretch the pennies, but I didn't count on any personal trouble between us. Of course, like most young women I had seen many movies and had read magazines and books that pictured love as something very wonderful. While I didn't think of sex very directly I thought that if you loved your husband, these things took care of themselves. You can imagine how I felt when I found it otherwise. I didn't know what to think, or whom to turn to. I was afraid to speak to any of my friends about it for fear they would laugh at me or think me queer. Of course I never dreamed of talking it over with my husband. I was worried and afraid that he would notice it and would think it meant I didn't care for him. I had heard that sex troubles make you crazy and I worried that this might be the beginning of a nervous breakdown. I felt as though a dirty trick had been played on me, cheating me of what all other women had. Maybe I had brought it on myself, had hurt myself so that I could never have children."

TRIGIDITY is a state of markedly lowered sexual responsiveness, but there is no sharp line marking off frigid women from other women. People vary greatly in their sexual responses. One person varies greatly under different conditions and circumstances. Frigidity is not a disease, nor is it a hereditary condition. It is not attained at birth and borne throughout life to the grave. The degree of frigidity may vary from diminished pleasure to indifference, dislike, or even disgust.

Frigidity may be of mental and emotional, or of physical origin. Physical frigidity is very rare. Sometimes frigidity may be caused by a glandular defect. However, even when the glands are involved, there is usually in addition an emotional factor that complicates the case. When there is no accompanying emotional factor, the condition does not give rise to distress. Sometimes it is due to some disease or malformation of the femals sex organs which causes painful intercourse. Here again painful intercourse is most often due to emotional factors which result in a spasm or cramp of the genital or sexual muscles. The painful intercourse is then an expression of the frigidity rather than a cause of it. Chronic fatigue, due to long hours of work and the speed-up, may be a factor. By far the most important causes of

frigidity, it is worth emphasizing again, are purely mental and emotional.

Frigidity, in the main, is a form of inhibition, an inability to release oneself or to "let go" sufficiently to enjoy sexual relations. This inhibition is usually largely or, it may be, entirely unconscious. The occasional woman finding sexual relations repulsive may flee from sex into an extreme prudery. She tries only to avoid sex, not to change her attitude. More often she finds the sexual relation disagreeable but wishes it were otherwise. Most of the time the woman is surprised to find that she is sexually cold, resentful of the fact and eager to have this feeling changed. In this last case her conscious inhibitions have been overcome, her unconscious ones persist.

The husband's skill and technique are factors to a certain extent, but their importance has been exaggerated. Certain "marriage advice" clinics put too great an emphasis on the importance of pre-marital instruction in the technique of sexual relations, giving the erroneous impression that this is an art that must be carefully studied and followed strictly. What is of great significance is the husband's attitude to his wife. Like all human beings women crave recognition. Because of the many channels of self-expression that are denied to women in our society, they are particularly dependent on their husband's attitude towards them. Tenderness, affection, and the encouragement of self-expression are powerful forces for the breaking down of the unconscious sexual inhibitions, or the inability to "let go" sufficiently to respond to sexual relations. The husband who treats his wife as an equal partner usually does not have to worry greatly about his sexual skill. Of course it is necessary to do more than acknowledge this principle. Too much must not be taken for granted. The husband must not merely feel tender and affectionate but must express it. He must also give her recognition for her work, and encourage her to express her opinions. If he treats her as an equal in their daily activities, he will tend to carry over this attitude to their sexual life. This involves having relations when both partners are interested in them. It frequently happens that the strength of their sexual drive and the frequency of their desire is not the same. When their desire is unequal, the fact should be faced, and an honest compromise

should be worked out. Many cases of appa- lost his job at the mine. I remember we had rent frigidity clear up by themselves after a few months or sometimes a year or two of married life. The newly married woman may require this length of time to get over the inhibitions toward sex that her earlier training set up in her.

▼MPROPER methods of birth control may slowly, over a period of years, create a degree of frigidity. The worst of these methods is withdrawal before ejaculation. Even if practiced perfectly, it is an unsafe method, because sperm can be introduced before the man reaches his climax. Withdrawal has a bad effect on the woman both directly and indirectly through its effect on the man. In the man the necessity of withdrawing in time, and the fear that he may not be successful in this, often causes him to reach his climax sooner than he otherwise would. In addition the long-continued practice of withdrawal may gradually diminish his potency and in this way affect his wife's sexual responsiveness. While withdrawal is always to be condemned, it is especially bad in its effect on the woman if the man must withdraw before the woman has reached her climax. The repeated sexual frustration of the woman develops in her a resistance to being aroused, as a self-protective mechanism against the anticipated disappointment. The woman's uncertainty that the man will withdraw in time, especially when combined with a fear of pregnancy, may be of decisive importance.

Young women, brought up in homes where each new child has meant so much less of bare necessities for the other children, often come to associate sex with poverty and not infrequently with chronic exhaustion of the mother. Daughters have seen the steady arrival of unwanted children gradually change the mother from an alert, lively woman to a tired, defeated slave. Sex becomes synonymous with children one cannot afford to have, and a deep fear of pregnancy may result. The mothers of these girls, resentful of sex which has crushed them, communicate this resentment to their daughters.

children. My father was a coal miner. We the other. If the earlier experiences during got along pretty well until my father met with an accident in the mine. I was only five years old at the time but I remember it very well,

to move to a poorer neighborhood. After that things got worse all the time. My mother took in some washing, or went out for a day's work at some 'lady's' house, leaving me to mind the kids. As things grew worse my parents quarreled more and more. There were always lots of kids and at eight I had to help with the three younger ones. New ones kept coming all the time. I had a hard time understanding it. I don't know when I first got the idea, but it seems I thought that if you once got married the children came by themselves and that it couldn't be stopped. It was as though you had done something that couldn't be undone. I suppose it must have been later that I decided that in one sex encounter the man plants a lot of seeds which develop one at a time.

"I had another strange idea. Our quarters were small and I couldn't help hearing the sounds my parents made during sex relations. I often heard my mother begging off, trying to get out of it. I thought it was like a fight and that the man hurt the woman terribly during the act and I decided I would never allow it. When I had my first period I got an awful fright. No one told me anything about it and I was afraid that maybe some one had done it to me in my sleep. I wanted to kill myself."

THIS woman's background illustrates several of the ways in which a fear of pregnancy can lead to frigidity. In investigating the fear of pregnancy as one of the causes of frigidity it is not enough to focus attention on the immediate reasons a woman might have for not wanting a child, because all women fearing pregnancy are not frigid. Unmarried women, to whom pregnancy can be a terrible problem, wives who work and to whom the arrival of a child means loss of the job and a reduction of family income to a semi-starvation level of life, women who already have more children than they can provide for decently, all of these nevertheless can and do enjoy sexual relations. The immediate problems and the earlier experiences have a dynamic One patient said: "I was the oldest of seven relation to each other, that is, one re-enforces childhood and adolescence have been particularly unfortunate, a woman will have a deep fear of pregnancy, associated with frigidity, even if although I didn't understand it all then. He no immediate problem is apparent. If the current problem is very severe and has continued over a long period of time, it may set up a strong fear of pregnancy which will gradually lead to frigidity, even if the earlier experiences have been more fortunate. Usually the current fear of pregnancy increases and is strengthened by the earlier fears.

To the woman cited in the last case the persistent arrival of new children meant a constant deepening of the family's poverty so that in her mind having children became synonymous with going hungry and working hard. She could not imagine that her parents would deliberately go on having children if they could help it, so she developed the theory that after one act of sexual relations the children kept coming automatically. In addition her mother's reluctance to have sex relations led her to the belief that the sex act was a kind of struggle between the parents during which the mother was injured. These childhood misconceptions about birth and sex are important factors in the subsequent development of frigidity. Of course they are not consciously retained in adult life, but they persist as an unconscious fear of sex and pregnancy and prevent a proper participation in sexual relations.

In this type of case, if the fear of pregnancy is not too strong, good results may follow the institution of proper birth-control methods. For such women it is of the greatest importance that the birth-control method should be one that is carried out entirely by the woman, without the need for any cooperation or dependence on the man. It is of course essential that the method really be safe and effective and that it not interfere with the proper enjoyment of the sex act. While a completely perfect method of birth control does not yet exist, there is one which meets these requirements in the great majority of cases. Women desiring to get the proper help should go to their family doctor or to the birth control clinic in their community for a fitting of the proper device and for instruction in its use.

When the fear of pregnancy is intense, using the proper birth control method is not enough. In such cases the deep-rooted reasons for the fear must be uncovered by a psychiatrist before a cure can be affected. Unfortunately this takes a good deal of time and money and is available only to a few.

In another issue we will take up the further causes of frigidity.

FISHERMAN'S CANCER OF THE LIP

THE willingness of employers to endanger the health and even lives of their workers in order that their profits may be a few cents higher is well shown in a recent study of cancer of the lip among fishermen which is reported by Dr. Phillip Shambaugh in the Journal of the American Medical Association, for June 29, 1935. Dr. Shambaugh found that cancer of the lip was a definite occupational hazard among the deep sea fishermen of Boston, Gloucester, New Bedford and Provincetown. . It had been previously known that fishermen were subject to this form of cancer but it was thought that they had it more frequently than others because of their excessive exposure to

wind and sun, and because many of them smoked pipes which they held in one corner of their mouths for long periods of time.

Dr. Shambaugh found, however, that a very important factor was their exposure to tar. Tar is used on the nets to prevent rotting. According to Dr. Shambaugh "it becomes smeared on their hands and arms, especially in hot weather when the tar is soft, and it is then carried by the hands to the face. Moreover, it is a common practice to hold the large wooden shuttle-like needle in the mouth while the nets are being mended. The needle soon becomes smeared with the tar which is thus carried onto the lips." These cancers occurred



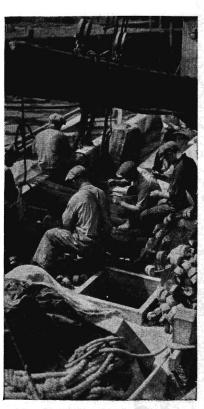
in the men who work in the net lofts where nets are repaired and tarred. They work indoors and are not subject to excessive irritation of sun and air. In addition many do not smoke. Besides the lip cancer, the tar causes tar warts on the hands and arms, and a form of skin disease the fishermen call "pinginits."

Different kinds of tar differ greatly in their cancer producing qualities. Wood tars are appently harmless. Coal tar is very irritating to the skin. The worst kind of coal tar is that which comes from the destructive distillation of coal to form coal gas. This kind is the cheapest around Boston, hence the employers of deep sea fishermen provide it for use on the nets, despite the fact that the saving accomplished by using the coal tar instead of the wood tar is trivial. The harmless pine tar is used in only a very few places.

The fishermen did not need the learned reports of the doctors to discover the difference between the two kinds of tar. They use the pine tar on minor cuts and on hemorrhoids as a healing agent. They complain bitterly of the coal tar which is especially troublesome in hot weather when it causes an intense burning of

An additional interesting fact is that most of these cases were not treated by radium or surgery, which are extremely efficient in the early stages of this type of cancer, but with salves obtained from an old woman. These salves make the lip cancer disappear for a time, but they return and the men die of cancer colonies arising from the original growth.

There is but one remedy for a situation like this. That is for the workers to organize and to refuse to work with the coal tar nets. Obviously employers will go on using cheap, cancer producing tar for the fishing nets as long as it is profitable for them to do so, unless they meet with determined and organized resistance from the fishermen. Also if organized, these men could force the payment of workmen's compensation for this occupational disease. If through organized action employers were compelled to pay for jeopardizing the health and lives of these fishermen, the employers would be more likely to provide adequate safeguards and to use the pine tar.



WHAT IS "RHEUMATISM"?

"Under our present economy we have no way of estimating how many of the failures in the treatment of rheumatism are due to social factors rather than to the lack of sufficient medical knowledge. This social aspect of health is missed by even the most diligent research workers in the realm of medicine."

HEUMATISM to the layman ordinarily means any chronic affection of muscles or joints. With the advance of medical research, however, different diseases which were once lumped in the all inclusive category of "rheumatism" have now been more specifically classified: arthritis identifies inflammations of joints; myostis labels muscular conditions; and fibrositis, affected tissues which connect or bind muscles and muscle bands.

Almost any germ infection provided it invades joints may cause arthritis. Pneumonia, blood poisoning, typhoid fever, mastoid disease, syphilis, gonorrhea can and do give certain forms of arthritis. If the inflammation in the joint subsides there may either be complete restoration of function or loss of function due to the destruction of the joint. The latter is frequently the case if gonorrhea is the source of infection. Here one is dealing with an acute arthritis which accompanies a general infection of the body.

The arthritis or "rheumatism" with which the average person is acquainted is not acute and falls roughly into two types. The first is known as atrophic or rheumatoid arthritis and the second is hypertrophic or osteoarthritis.

Atrophic arthritis is more apt to afflict people in the first half of life. It is a progressive, deforming disease affecting many joints, but most typically the fingers and knees. The membrane which lines the joint cavity overgrows and destroys the cartilage between the bones which form the joint. With each recurring attack the affected joints become more seriously involved

until finally the joint may become grossly deformed and function impaired or entirely destroyed.

THE specific cause of atrophic arthritis is not known but the evidence strongly points to some form of infection. With this in mind the physician attempts to remove all possible sources of infection such as pyorrhea, abscessed teeth, infected tonsils, infected sinuses, chronic infectious bronchitis, kidney infection, prostatic inflammation in the male and the various infections which can attack the female reproductive

While there is little question of the relationship between infection and many cases of rheumatoid arthritis there have been instances where the removal of sources of infection has not relieved pain-racked sufferers. Nevertheless it is advisable to ferret out and remove these sources. There have been too many striking examples of improvement and cure to make a blanket denunciation of such procedure. It requires, however, that the cases be chosen with discrimination and care, and treated of course by doctors solely concerned with the patient's welfare.

Further treatment is more general than specific. Pain and swelling in an acute attack may be relieved by aspirin and salicylates. Foreign protein injections, vaccines made from germs recovered from infected tissues of arthritic sufferers, physical therapy (diathermy, massage, baking machines) to improve circulation, are all used with varying degrees of success-sometimes with remarkable effectiveness. In certain cases surgical intervention may be of great aid. Certainly rest, good diet, sunlight and fresh air are invaluable for cure, in addition to being necessary prophylactics against the more serious consequences of this disease.

HYPERTROPHIC arthritis, or osteoarthritis, usually strikes people at or after middle age. Although here, too, is there great controversy as to cause, still many physicians feel that this disease is not infectious, but developmental; that there is a premature as well as an over-development of certain changes in the joints that occur normally. Longstanding exposure to cold and damp, to repeated injuries are definitely known to be predisposing factors; witness the high incidence of the disease among workers in both England and the United States. The disease essentially destroys the cartilages between the approximating bones of a joint and then because of the resultant injury to the no longer protected bone surfaces, there is overgrowth of bone depending on the severity of the condition and an accompanying stiffness of the joint, pain on use, pain even at rest. It is more often disabling because of the pain than for any other reason, and if not cared for properly, can lead to severe crippling with complete invalidism and deformities.

The principle underlying the most effective treatment for this disease is to decrease the "wear and tear" on the joint. Heavy work must be avoided and the joint receive considerable rest and protection. Local mechanical appliances such as bandages and knee caps may give relief, as may the application of heat by diathermy and other devices. However, local massage may be distinctly harmful in such cases since it may stimulate growth of just those tissues the overgrowth of which are the underlying factors in this disease process. Orthopedic surgery may be necessary to remove spurs which are interfering with function, or to cause artificial ankylosis (locking of joints) in joints which have become too painful for motion.

A T this point it is well to speak of the condition called muscular rheumatism by the sufferer and not a few doctors. These sufferers by comparing notes with the arthritic victims have discovered certain similarities in their conditions.

ditions. Thus while the former have no joint changes or pains, the chronicity, the aches, the tendency to involvement of many areas, have lead the layman as well as the physician to think of myositis (or muscular rheumatism) as a variation of the same or similar diseases. From present knowledge of the subject there is a great deal to be said in favor of such a conception. There are patients in whom both symptom pictures can be clearly demonstrated as well as patients who receive prompt relief from the same methods of treatment.

The subject of "rheumatism" is one of the most controversial and confused of any field in present day medicine—and this pertains to cause, diagnosis and treatment. For this reason sufferers require and deserve a great deal of investigation and concern. There is no mass approach to this ailment; each case must be studied for its particular peculiarities. The very nature of the disease and the present state of medical knowledge concerning it, makes even more perilous the constant danger of quackery and charlatanry that are ever present to mulct the unsuspecting and uninformed worker. Because the average worker cannot afford an exhaustive study of his case, because he cannot give up his job and because he cannot rest or take advantage of climatic resorts which are of benefit to some, he obtains at best the medical treatment which he can afford and which keeps him ambulatory for the sake of his livelihood. Under our present economy we have no way cf estimating how many of the failures in the treatment of rheumatism are due to these factors rather than to the lack of sufficient medical knowledge. This social aspect of health is missed by even the most diligent research workers in the realm of medicine.

SOME will point to the victims of "rheumatism" among the rich. Yet no one will dare deny the predominance of this illness in those whose occupations involve long hours of work, damp working and living quarters, malnutrition, lack of rest and so on. There are no available statistics as to the incidence of the disease among the rich, but we suspect that they would be as revealing as the findings of the Egyptologist who observed its ravages generally in the unearthed bodies of the slaves of the River Nile rather than in the well preserved bodies of the Pharaohs in their tombs.

MARCH, 1936

G. E.'s House of Poison

Joseph Freeman

A killing skin rash afflicts workers in the General Electrict plant at York, Pa.

DEATH by poison, a slow and horrible corrosion of the body, killed two in the General Electric plant of York, Pa., and affected 102 others, as well as members of their families.

Fumes from a commercial preparation known as Hallowax, used for insulating wires and cables ordered by the United States Navy, was responsible for a horrible disease which eats down into the very entrails of its victims.

I looked into the faces of many who are suffering from this dread malady. They include robust young men, their youthful wives, their children, even babies in arms. For the poison carried by soiled clothing, easily transferable, corrodes all it touches.

The York General Electric plant was closed by state authorities following innumerable complaints. Known as the House of Death, it was reopened a few weeks ago. In spite of terror and widespread suffering, nothing was done by the company or the authorities to remedy the situation, which rivals in the scope of disaster and official callousness the silicosis tragedy for profit at Gauley Bridge, West Virginia.

For at least a year the workers of the G. E. plant in York have been suffering from the effects of some chemical poison. They did not know what ailed them, except that they broke out in an acne-like rash which spread over the exposed parts of the body. They were not examined by a company physician and nothing was done to halt the spread of the disease.

On October 15, 1935, the state authorities received a letter signed by a mysterious "Mrs. Green."

"Dear Sirs," it said, "the General Electric Company in York, Pa., are using a compound which is injuring the health and skin of the employees. You were informed about this before. Kindly do something about it."

Three days later, Dr. William B. Fulton, of the state's industrial hygiene laboratory, arrived to investigate the York plant. The General Electric officials here told Dr. Fulton that he might not investigate the mysterious skin disease that was infecting and terrorizing the workers until "the home office" gave permission! Finally, on November 25, the state health authorities were permitted to investigate.

Meanwhile the spread of the poison was veiled in an official conspiracy of silence. Neither the state authorities, nor the company, nor the local press published Mrs. Green's warning. The workers did not know what was ailing them, except the unknown poison struck hardest at those who worked at night, especially cleaning kettles of Hallowax.

Toward the end of last year, a foreman in the General Electric plant named Bender was taken to the hospital. It was said that he was dying of infected teeth. But one of the young workers under him heard otherwise. He was a young Irishman of twenty-two named John Fallon, who had come from Philadelphia only three years before with his twenty-one-year-old bride. Bender told Fallon in the hospital: "John, I've got it."

I T meant the strange industrial poison which was spreading from the galleries where they made wire and cable to the shipping room and even to the office help.

Vapors from an insulating compound were settling on skin and clothes. They cooled, hardened, poisoned. Bender died. His epitaph was "infected teeth."

Then Johnny Fallon himself got IT. I saw Johnny's mother-in-law and she told me the story. Mrs. Wolfe is a buxom, blue-eyed woman, strong and clever. She runs a shoe repair shop in the workers' section of York. Her husband runs another.

She told me how Johnny had come to live with them when he married her daughter Eunice, three years ago. They were both kids only eighteen.

"Johnny got his first job in the G. E. plant," she said. "He was in perfect health, a wiry little Irishman. They examined him at the plant and again six months later, and both times they said he was fit as a fiddle. He worked at night in the gallery mixing the kettles, forty cents an hour for forty hours a week, sixteen dollars. And he was working a rewinding machine, rewinding cables.

"Then he got a burning sensation in his stomach. Boils broke out all over him, and when you squeezed them wax came out. He was worried. Other boys had it. Billy Baldwin had it before him, and the company said, if you talk you'll be fired.

"We took Johnny to the hospital on January 6. He was in such pain he screamed like a wild man. They had to handcuff him to the bed. His whole body was swollen, all the way around, right up to his chin, like a balloon. The last six hours he yelled all the time, tossing in his bed. Then he died."

The company did nothing for Johnny Fallon, Mrs. Wolfe said. When the boy died, Dr. Charles Rea of the York Hospital called in the young widow, Eunice Fallon. He told her that the doctors had done their best for him, but apparently the real cause of death had not been located. To help other workers in the plant, an autopsy would be necessary. Would Eunice Fallon consent to have one made? Eunice consented. Her husband had lived and died a Catholic, opposed on principle to autopsies, but he had himself asked for one—"to help the other boys find what this is."

The bill for the autopsy was not paid by General Electric. Eunice Fallon paid for it, ten dollars out of the meager savings her husband had left her. And after she paid for it, Dr. Rea refused to tell her the results of the autopsy.

"You are one of those grasping widows," he said gruffly to the twenty-one-year-old girl.

"But what did he die of, doctor?"

"Oh, this and that and the other."

One day a gentleman called on Eunice Fallon, representing himself as a state inspector.

"Did your husband ever have syphilis?" he asked. "Did you ever have syphilis? Did your parents ever have syphilis?"

"My God," Mrs. Wolfe exclaimed in telling me the story. "John was never a runaround. He lived in my house for three years. He knew Eunice since they were babies, and I know he was as clean a boy as ever lived. Imagine the nerve of them trying to get away with that!"

Later Fallon's relatives heard that the alleged state inspector was a doctor sent down by the General Electric Company from New York.

"What did the company do for the men who have this poison?" I asked.

"They told them to take shower baths and to use cold cream," Mrs. Wolfe said. "But it did no good."

John Fallon's death on January 10 was not immediately reported in the local press. The first paper which referred to it was The Organizer, an eight-page mimeographed bulletin issued by the International Hodcarriers, Building Trades and Common Laborers Union, Local 536. In its issue of January 13, The Organizer reported Fallon's death and added:

"In this factory all the men working on a certain spraying job get this so-called 'complication of diseases.' A few of these men are known to be dying. Others have developed lumps and abscesses that you can draw a cupful of pus from. Their life is a living death."

THIS report of Fallon's death forced the situation into the open. On January 21, Governor Earle of Pennsylvania requested the General Electric Company to close their York piant. The request was based on a report by Secretary of Labor and Industry Ralph Bashore that Fallon's death on January 10 might have resulted from chemicals used in the plant.

Bashore informed the governor that 102 out of 124 employees examined at the G. E. plant suffered in varying degrees from a skin condition resulting "from the use of cholorodiphenyl and chlorinated naphthalene." The state authorities attributed Fallon's death to "yellow atrophy of the liver, suspected to have resulted from the same chemicals." They indicated that Bender probably died from the same causes.

In the face of exposure, the company closed the plant temporarily.

On January 24, the Farmer-Labor Party of York County, whose chairman is Bernard Child, business agent of the Hodcarriers' union, sent a delegation to the York City Council. They demanded that the City Council and the city health authorities investigate.

The city council abruptly terminated the discussion. At this writing it has done nothing about the General Electric plant tragedy. Neither has the York health department.

Meantime, the Farmer-Labor Party has prevailed upon local civic and labor leaders to write about York's industrial tragedy to Representative Vito Marcantonio, Republican, New York, who heads the congressional committee now investigating the Gauley Bridge silicosis disaster.

JOHN DIFFENDORFER, 220 Patterson Street, twenty-five, is a stocky young man with a fine head, quite good-looking.

He pointed to his face, classic in outline, now warped by a mass of blisters. His hands have the same kind of acidy scars. He used to weigh 195 pounds, but has lost at least thirty since the poison entered his body.

"I went to the company," he told me. "I told them they had to do something about it. So the company doctor shoots something into my arm. And he won't even come here. I have to go there three times a week, sick as I am."

"What good is it doing you?" I asked.

"I can't see any good. I go to the drug store and get something to take the itch out of me."

His whole face glistened with some creamy salve, and the skin was deathly yellow under the grease and the boils.

He picked up his son, James Joseph, who will be three in May. Little Jimmy, blond, blue-eyed, sturdy in his denim overalls, looked gravely at us. His fair skin was red with the deadly rash.

"I'm no hothead," his father said quietly, "but this stuff gets me. I'm disgusted. They're not doing a damned thing." Then, for the first time his voice became tense. "Ain't it a crime," he said, putting his hand on his son's head, "to ruin a kid up like that?"

Mrs. Diffendorfer, only twenty-one, was standing against the kitchen door, smiling ner-

vously. The rash was already beginning to spread on her face. Over the face, too, of her eleven-months-old daughter, Patricia, who lay in her arms.

THE substance of the official report made public by Governor Earle follows:

The material used at the plant is a compound which contains chlorinated-naphthalene and choloro-diphenyl. Any contact with these two substances will produce an acne-like rash. Out of 124 employees examined in the General Electric plant in York, 102 are definitely affected with this skin trouble. There are 160 employees in the plant. Thirty-six have not yet been examined.

The affliction is transmissible to families by contact with soiled clothing. It results even though the employee is not engaged directly in the work.

The manufactured wire is sold to various individuals, municipalities and the United States government. It is feared that contact with the manufactured articles may produce the skin disease prevalent in the York plants of the General Electric.

These are the sensational charges made by the health authorities of the State of Pennsylvania. The rest of the report seeks to whitewash the General Electric by saying that the company is making necessary improvements, that the authorities are continuing their "intensive studies," and that present legislation is inadequate for dealing with the wholesale poisoning of the workers.

The company has established a separate room where the Hallowax process is carried on. It has issued overalls to the workers—which most of them must launder at their own expense. But all the steps taken are useless in face of the state authorities' own admission that any contact with the impregnated wires, cables or fumes is likely to infect.

General Electric seeks to escape responsibility for the deaths of Fallon and Bender and the poisoning of 102 others by claiming that Pennsylvania workmen's compensation law does not cover skin diseases. The state health authorities support this contention by stressing the need for additional legislation. Yet this same report admits that John Fallon died not of a skin disease but of yellow atrophy of the liver—presumably covered by existing law.

THE ELECTRICAL

A L M O S T simultaneous with the development of electro-therapeutics (the use of electrical devices in the treatment of certain diseases) there grew up a whole group of quacks who exploited its possibilities for their personal gain. One of the outstanding electrical frauds of the eighteenth century was that of James Graham who featured an "electrical bed" in his Temple of Health in London. For fifty guineas a night he permitted childless couples to occupy the bed and guaranteed them children after a number of treatments. Graham amassed a huge fortune with this fraud.

Another infamous masterpiece of quackery was originated in this country in 1795 by a Dr. Perkins. Perkins' "tractors" consisted of two pieces of metal which resembled horse-shoe nails. The "tractors" which sold for about \$25 a pair were drawn over the body for the purpose of "curing" rheumatism, pleurisy, epilepsy, lock-jaw, burns, toothache and a host of other diseases. George Washington was one of the famous people who used and endorsed these "tractors".

If the reader wonders how anyone could have been taken in by such obvious frauds he has merely to be told that very similar frauds are flourishing today.

There are two separate fields of quackery in electro-therapeutic devices: one, the out-and-out fraud, and two, the legitimate electrical device which has been misused and misrepresented through high-pressure salesmanship.

In the first field there was the so-called magnetic belt. This was a contrivance consisting of alternate strips of copper and zinc made up in the form of a belt which when worn around the waist was supposed to cure almost any ailment under the sun. One of these devices, the



HEALTH-MACHINE RACKET

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THE SERVICE OF MANKIND

By ATTUNED COLOR WAVES

THE SCIENCE OF

PRESIDENT

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Madam:

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2. Spectro-Chrome has been in use for fifteen years and has proved beneficial in the normalation of many disorder which were declared hopeless by medical doctors. We have numerous cases on file where conditions such as mentioned by you were normalated by Spectro-Chrome and we see no reason why you can not be similarly benefited, provided you follow our instructions carefully.

5. We have a wood Cabinet Equipment suitable for home use which sells for \$75.00 f.o.b. With the purchase of one of these Cabinets, we issue Free a SPECTHO-CHROME GIDE which gives complete detailed information in the use of the apparatus. Then too, our guidance is given Free by mail to the Purchaser for herself and for her family for life.

4. We assure you that this would prove to be the best investment of your life.

Further information desired will be gladly given.

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THEST SILVE BLOWNS

THE SILVE

Addison Galvanic Electric Belt, cost the salesman \$1.10 a dozen which he in turn sold for \$2.50 a piece. The Owens Electric Belt was a somewhat more ambitious affair and it sold for \$12. Both these devices were sold very recently until their sale was stopped on a fraud order issued by the postmaster-general.

It was not shortly after when another device

It was not shortly after when another device of similar design appeared on the market. This time, however, the belt consisted of a coil of insulated wire eighteen inches in length and three-quarters of an inch wide. The coil when connected with the alternating house current generated an alternating magnetic field. The manufacturers claimed that any ailing person placed in this field would quickly be relieved because the iron in the blood was mysteriously magnetized. This claim was made despite the fact that iron, when chemically combined with other substances as it is in the blood, cannot be magnetized.

The first belt of this type was the "I-on-a-co." In 1928, a former employee of the I-on-a-co Company went into business for himself, manufacturing a belt called "Theronoid." No propaganda channels were overlooked to sell this fraud, the radio playing a great part in misleading the public. By 1929 the Theronoid Company had offices in every large city in the United States. The Theronoid "magic horse-collars" soon found competition in a belt called "Vitrona," made by Rodney Madison, who appropriated for himself the title of Doctor. It was only in 1931 that the Federal Trade Commission was able to put the Vitrona Company out of business.

A variation of the belt fraud was also popular several years ago. The Cosmos Pharmacal Company sold a necklace made up of glass beads between which were alternate discs of copper and zinc. It was advertised as a cure-all. especially for goiter. The "Galvana Necklace" was awarded a United States Patent and sold, in 1923, for \$7.50. Therapeutically the necklaces were worthless, and had they any ornamental value, ten cents would have been sufficient cost.

NO DISCUSSION of electrical quacks and quackery is complete without mention of Albert Abrams, M.D., the arch-quack of the twentieth century. About 1920, Dr. Abrams introduced a device labeled "Electronic Reactions." The device with the aid of a drop of blood was supposed to facilitate the diagnosis of any disease. When the "diagnosis" was made Dr. Abrams treated his gullible patients with another set of machines. With the "diagnostic" machines Abrams claimed that he was even able



A widely advertised fraud

to detect the religion of his patients. Later he enlarged the scope of the machines so that a picture or autograph of any person could be used in place of the drop of blood. Using the pictures of such famous personages as Samuel Pepys, Samuel Johnson, Longfellow and Poe, Abrams concluded that each of these people suffered from syphilis.

Abrams' mounting financial success with his machines soon attracted dozens of chiropracors, naturopaths, osteopaths and a variety of other cultists. One of Dr. Abrams' most ardent supporters was Upton Sinclair, who outdid himself to praise the machines. Sinclair wrote a long letter to the American Medical Association in defense of Abrams' machines and his claims for them. Sinclair said that Abrams "discovered the great secret of the diagnosis and cure of all major diseases." In time, the entire Abrams

system was discredited and with his death his machine went into oblivion.

Today the Abrams machine is replaced by another called "Micro-Dynameter," selling for over \$1,000. F. C. Ellis, the manufacturer, makes all the fraudulent claims for his device which were characteristic of Abrams' propaganda.

Another equally fraudulent system of healing is "Spectro-chrometry," discovered by Colonel Dinshal P. Ghadiali, a native of India. The Colonel has an imposing array of degrees after his name, beginning with "M.D., (honorary)." His degree of "Doctor of Medicine" was not granted by any reputable medical school in the United States, nor is he licensed to practice medicine anywhere in the country. His letterhead states his aim: "Down with the medical trust, a Spectrochrome in every home." The "Spectrochrome" consists of an electric light bulb placed in a box with colored glass slides in front of it to give off differently colored lights. Thus, by having a green light projected on the body, eczema and gonorrhea are treated; yellow is for constipation, indigo for diarrhea. Obviously, if these diseases are present, they are not cured by the light. The theory behind this preposterous system is that sunlight is a beneficial agent and that it can be broken up into seven primary colors of the spectrum with each color having a specific function in maintaining the health of the body or of a particular organ. No physicist or physician has ever proven that the individual primary colors of the spectrum have therapeutic value although sunlight as a whole is of great benefit. There is no need for the Colonel's magic box while sunlight is still one of the free necessities available to all people.

Colonel Ghadiali's business is strictly cash and his cheapest magic box sells for \$75. In his promotion leaflets, it is stated that the Colonel has made another contribution to the service of mankind in the form of a three volume "Spectro-chrome Metry-Encyclopedia," bound in red, green and violet, for which he charges ten dollars. He describes the books with rare modesty-"You are not purchasing books-You are purchasing a wealth of rare knowledge not otherwise attainable." In small letters on the bill of sale is a statement that accurately sums up the value of his system of healing: "this apparatus is sold without any liability,

MARCH, 1936

guarantee or warantee, expressed or implied, regarding the results attainable." This is the only sensible statement in the entire hodgepodge of pseudo-scientific nonsense. It might be added that Ghadiali appeared at the second hearing of the Copeland Bill to protest against a law that would make it necessary to be a little more truthful in advertising.

TN the December 7th, 1935, issue of Liberty Magazine appeared an advertisement inserted by the G. Lindholm Co., praising the "Evans Dermectro Comb." It was also extensively advertised in the daily papers of New York some time ago. The claims made by the manufacturers for this comb are fraudulent. By brushing the hair with a comb having a double row of metallic teeth connected to a small flash-light battery, it is claimed dandruff and falling hair are checked; dull, lifeless hair is given new life; straight hair becomes wayv. Blood circulation in the scalp is supposed to be improved by passing the comb through the hair. The facts not mentioned in the advertisements are that hair is a good insulator and will not carry an electric current and that a dry scalp is a very poor conductor of electricity. At the offices of the G. Lindholm Company, only one comb was available for demonstration, but the office girl volunteered the information that it could be bought in any department store. When she was asked about the testimonials of the users of the comb, she replied that thousands had been sent in, but the salesman had them all in his portfolio. The advertisement gives extracts from two such testimonials and states that "the originals are in the files and are free for inspection." The price of the comb is \$3.25, a lot of money to pay for a comb which is worthless therapeutically.

WE are all familiar with the second type of electrical quackery. Here, a legitimate electrical therapeutic device, designed to be used by those skillful in diagnosis and treatment, is advertised to the public and sold indiscriminately by high-pressure salesmanship making exaggerated claims.

The danger in the use of these devices is two-fold; namely, self-diagnosis and overtreatment. The layman is not sufficiently versed in medical problems to make an accurate diagnosis. A diseased condition, often incorrectly

diagnosed is then treated with a therapeutic device with no regard for the dosage required. The dangers of over-dosage or the complications which may arise when a disease is treated by the wrong type of therapy are not known to the individuals using home methods of treat-

An especially vicious type of exploitation flourishes in the sale of electrical machines. In New York City, a number of high-pressure sales-offices have sprung up, selling a cheaply built diathermy machine for the treatment of sciatica, arthritis, hay-fever and almost any ache in the body. Their advertising claims are all exaggerated, they all promise definite relief and cures that are not achievable.

They do not, of course, advertise the facts that the machines are cheaply built and overpriced, and that the machines can cause deep,



The "Magic Horse-Collar" fraud

severe burns when not operated by experts. The electrodes supplied with the machines are inadequate for successful treatment. And as the danger of inaccurate diagnosis is always present, diathermy will sometimes aggravate the pain, as for example, in cases of acute sciatica.

The information about the sale and manutacture of these machines was obtained from the owner of the Rex Diathermy Corporation. Mechanically, the machines made by the different companies resemble one another. The machines cost about \$18 to build. They are sold by high-pressure methods for whatever price they will bring, beginning at \$100. The

companies will rent these machines to those who cannot pay the full cash price, with the cost of rentals running from \$20.00 to \$35.00

The New York Herald Tribune of December 8, 1935, carried an advertisement of the Domestic Diathermy Corporation, in which was promised "blessed relief for arthritis through the use of a new medical unit generating ultra-modern radio waves." The medical unit, of course, is not new, nor are radio waves ultra-modern. The point of interest is the statement that the "Domestic Diathermy Corp., operates only with the consent and supervision of the medical profession." This statement differs slightly from that which appeared in the New York State Journal of Medicine on September 15, 1935. Among other things, the Journal pointed out that a diathermy machine in the hands of the patient would be useless and even dangerous. It said that no patient can get penetrating heat of therapeutic value through his own use of a diathermy unit, and that if he did not suffer a severe burn, the most he could expect is a surface warmth which can be gotten equally well by twenty-five cents worth of liniment or a dollar heat lamp. The Journal also warns against the use of cheaply constructed machines, calling them electrical toys. It concludes with the story of a man with advanced heart disease and swollen legs, who was told by a salesman that he could successfully treat this condition at home and was inveigled into spending \$120 for a machine. Modern Medicine, for November, 1935, summed up the situation in an article called "The Diathermy Racket." Yet the Domestic Diathermy Corporation advertises that it operates with the consent and supervision of the medical profession. The other companies engaged in the exploitation of diathermy machines make use of the same misleading and fraudulent statements in their advertisements.

 $S_{
m over-exposure}^{
m UNLIGHT\ lamps}$ are dangerous in that over-exposure can cause severe burns over large areas of the body and cause irritation of the eyes. Yet almost every drug and department store offers them for sale. The cheaper carbon arc lamps sold by the stores are inefficient as generators of ultra-violet light, and here also over-exposure may cause trouble. The

20

quartz ultra-violet lamp manufactured by the Hanovia Lamp Co., and advertised in the Herald Tribune (Nov. 3, 1935) is a powerful generator of ultra-violet light and an exposure of five minutes may be enough to cause a painful burn of the skin and eyes lasting several days. Several large department stores, beauty parlors and barber shops have ultraviolet lamps and sell "health-giving sun-ray treatments" for small sums ranging from 25 to 50 cents a treatment. The danger in this is that everyone receives the same length of exposure, with the possibility of burns for individuals with sensitive skins. The claims for these lamps are also exaggerated. If very carefully used in the home, these lamps will produce a tanning of the skin and that is the only result which can be expected.

The violet-ray machine sold in stores is another device for which fraudulent claims are made. This machine is not an ultra-violet ray generator, but a miniature high-voltage coil connected to a glass vacuum tube. The passage of the high-voltage current causes the tube to glow with a violet light which has very little value. The heat effects are slight, a flax-seed poultice or hot water bottle serving the same purpose at less expense.

A word of warning should be added concerning electrolysis. This method is the best for removing hair permanently and safely and should be used only by skilled operators. The "Tricho" system used some years ago removed hair by the use of X-rays. The hair was removed, but X-ray burns were produced, scarring the skin and not infrequently causing skin cancers. A large number of complaints and many lawsuits soon put a stop to this method of hair removal. Electrolysis should not be employed indiscriminately to remove warts, moles and other skin lesions unless a definite diagnosis has been made by a physician and electrolysis advised.

The layman should be cautious when considering the purchase of electro-therapeutic devices for home treatment. He should consult a physician who is best qualified to make a diagnosis of a disease process and who will treat it with whatever therapeutic agent he thinks will be most successful. If any treatment is carried out at home, it should be under the supervision of a physician.

Cosmetic Problems

Discussed by a Skin Specialist **ACNE**

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

THERE seems to be so much misinformation about the home care of acne that some advice on this subject may be helpful. By acne, we mean the pimples and blackheads seen most commonly on the face, chest and back of persons between fourteen and twenty-five years

Washing the face: This is very important. If the skin is thin and tends to be dry, a soap like castile is best. If the skin is thick, greasy and covered with many blackheads, tincture of green soap is more desirable. In washing the face, warm water should be used first. And after the skin has been thoroughly cleansed, it should be rinsed with cold water. Washing the face gets rid of collected dirt and, more important, removes the germs that cause the pus pimples. Washing also removes part of the outer layer of the skin and gives the fat glands a chance to empty themselves. When these glands are blocked, lumps, so familiar to acne patients, appear under the skin.

Removing blackheads: Though this should not be overdone, it is helpful if you do it carefully and moderately. First, the face should be washed. Then a blackhead remover, which can be bought at any drug store, should be placed with the hole over the blackhead and moderately pressed down. If the blackhead does not come out with moderate pressure leave it alone for a day or two. Don't try to remove too many blackheads at one sitting. After pressing out the blackheads, wipe the face with alcohol or peroxide.

Opening the pus pimples: Only when pus pimples are right on the surface and covered by a thin layer of skin, and the pus inside is quite

HEALTH and HYGIENE

needle for this purpose, but before opening the pimple, dip the needle into tincture of iodine for at least a minute. The needle should just pierce the top coat of the pimple and should be held parallel to the face. The larger and deeper infections should be handled by a doctor. After opening the pimples, wipe the skin with alcohol.

Steaming the face: This is not necessary because you can get just as good results by washing the face with warm water and soap.

Massage: This is dangerous when there are infections because the infections may be spread by the massaging.

Creams: The many widely advertised creams and skin foods are not only useless but may actually make the condition worse because the cream gets into the pores and blocks up the fat glands.

Local applications: The most common preparation suggested by skin specialists for acne is lotio alba. You can buy this at any drug store. Shake it well and apply it to the skin at night. If this causes irritation and too much dryness, skip a few nights before applying it again.

General health: This is of first importance. Anemia and constipation must be cured. If you suffer from a general disturbance of your health, you must consult a doctor.

Diet: There is no special diet for acne. What is important is that the diet must be well balanced. Meats, vegetables, fruit and dairy products are quite all right. The only "don't" in an acne diet is: Don't eat too many sweets, spicy foods or fried foods.

If these "home suggestions" for acne do not help you, visit a skin clinic or a private skin specialist. Sometimes, other measures, such as easily seen, should you open them. Use a X-ray treatments, must be used in curing acne.

THE TREATMENT OF EPILEPSY

N a previous article we discussed the causes of convulsions. It will be remembered that in many cases there is a definite and specific cause such as head injury, brain tumor, apoplexy, hardening of the arteries, lead poisoning, etc. But aside from such cases, there are what are called epileptics—patients who have convulsions for which no specific cause can be found and whose convulsions begin in most cases during childhood or adolescence.

The treatment for convulsions, naturally, depends on the cause. Where there is a brain tumor, the treatment consists of operation. If syphilis is the cause, the treatment of the syphilis is the all-important factor. In cases due to lead poisoning, the treatment is directed towards the poisoning.

In true epileptics, however, the problem is not so direct or simple.

In any discussion of such treatment, it must constantly be remembered that many epileptics have periods of relative freedom from seizures. Such periods occur entirely independently of treatment and may last for years. It is this fact which is such a boon to the hordes of quacks, charlatans and outright thieves who prey on the unfortunate victims of this disease. Patients using patent medicines may have a spontaneous cessation of attacks and promptly give undeserved credit to the medicine. This is true not only of patent preparations but also of legitimate medical treatment of epilepsy. Only careful study of the case by a competent physician can lead to a correct interpretation of the patient's course and response to treatment.

THE treatment of epilepsy must observe five general principles:

- 1. Attention to general hygiene.
- 2. The use of medicines.
- 3. Diet.
- 4. Precautions against injury during the attack.

5. Mental and social management.

Whenever we mention personal hygiene which includes such elementary necessities as warm baths, fresh air, adequate diet and regulated exercise, among other things, we immediately find ourselves in sharp conflict with the realities facing many epileptics. Fear of having an attack while out walking tends to keep such patients at home. Worry about economic insecurity, distress over the inability to obtain adequate medical care—these and many other emotional situations quite definitely increase the frequency of seizures. It is of the greatest importance for epileptics to avoid all physical, mental or emotional strain. They should work in short periods (an hour or two) with intervals of rest. Meals must be taken regularly, slowly, and in small amounts. Many patients obtain striking improvement by frequent meals, especially by taking food just before retiring. All highly spiced foods and all alcoholic drinks must be avoided. Constipation should be guarded against by following proper diet in addition to the use of mineral oil and perhaps an infrequent enema or mild laxative such as cascara.

THE two most valuable drugs in epilepsy are the bromides and luminal. The exact dosage should be controlled by a physician. It is well to know that the cheapest of the bromides is sodium bromide, which is just as effective as the more expensive preparations. When you call luminal, theno-barbital, which does not in the least alter its composition, it is much cheaper. Luminal is a proprietary trade name for pheno-barbital. It is very often necessary to alternate or combine these drugs; that again depends upon the judgment of the physician. A drug may at first produce a favorable effect and then, for no apparent reason, become ineffective. This does not mean that it might not be effective again if it were used together with another drug. When the results are good the drug may gradually be reduced in quantity and the patient may be able to get along without it for a while if not permanently. Bromides may produce acne (pimples) if used in large doses by the average patient and even if used in small doses by the susceptible individual. If this happens, the drug should be discontinued. It is not necessary, however, to use large quantities of the drug. If the epilepsy can be controlled by bromides, it will be controlled by small or moderate doses.

It is important to know that the treatment of epilepsy by glandular extracts, which may be very expensive, has thus far been a failure. In rare cases, where there is a definite glandular condition, such medication may be of help, but cases which are benefited are so very rare that at present no faith should be placed in such treatment.

WITH regard to diet, a few facts have been established. Several types of special diets have been used with varying success. One is the diet in which salt is reduced to an absolute minimum, eliminating it completely if possible. Such a diet is of value by itself. If, in addition, bromides are given at the same time, their effectiveness is distinctly increased. Another form of diet is one in which fluids are sharply reduced, the patient being given barely enough to keep him comfortable. Finally, there is what is known as a "ketogenic diet"—one containing relatively large quantities of fats and other acid producing substances. Under such a diet, some of the effects of a starvation diet are produced.

These diets must all be carefully supervised, preferably in a hospital.

With children, the dehydration (reduction of fluids) and ketogenic diets have shown very good results in a considerable number of cases. With adults, the results are not very good. The diets are certainly worth trying, but again, no miracles should be expected.

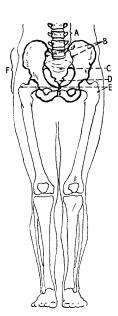
Many epileptics tend to become faddists about food and believe that there are certain kinds of food that they absolutely must not touch. Of course most people find that some food or other does not agree with them, and this is as true of epileptics as of anyone else, except that in such patients it may result in convulsion. Aside from those already given, there are no general rules about food for epileptics;

the avoidance of certain foods simply depends upon practical experience.

PEOPLE often are alarmed at the thrashing and kicking of the epileptic during a convulsion and try to restrain him. This does no good whatsoever. The important thing is to loosen the clothing, especially the collar, and to place a soft piece of wood or a spoon between the teeth in time to prevent the patient from biting his tongue. Otherwise there is nothing to do but wait for the attack to subside. In the case of children, a warm mustard bath may be given and an ice-bag applied to the head. If the convulsions continue a physician should be called.

The mental and social management of epileptics is extremely important. Anyone who has seen an epileptic go into a convulsion after someone teased him or after he received bad news knows how much he can be the victim of his environment. The epileptic may be shunned because his disease inspires superstitious fears in the uninformed. He is frequently excluded from education and from employment. There are many types of work which such patients can do safely and productively, such as farming or the handicrafts. But a society which cannot employ millions of ablebodied people will take no steps to fit an epileptic into the types of work best adapted to his needs. When it becomes necessary for him to enter an institution, all that is offered him is an over-crowded, understaffed, inadequately supplied farm colony or state hospital. It is a mistake, however, to throw up our hands. We must continue to fight for better institutional provision for epileptics just as we must fight for additional general hospitals, unemployment insurance, and health insurance.

In conclusion, we may summarize briefly by pointing out that in early cases of epilepsy, the outlook is by no means discouraging where the proper routine can be followed. This necessitates frequent supervision by a physician, and includes careful avoidance of all physical, mental or emotional strain, regulation of the diet, drug treatment, plenty of rest and attention to the patient's social well-being. In more advanced cases much can be done to limit the number and severity of the attacks. In the very advanced, chronic cases, institutional treatment is necessary.



PAIN THE BACK



- Lumbar spine Sacro-iliac joint
- Coccyx Trochanter

TO call a bore or some annoying individual a "pain in the neck" is a mild rebuke from the standpoint of one who has suffered from a pain in the lower back. Such a person would gladly exchange his ailment for the relatively mild one of neck pain.

Pain in the lower back is a symptom, not a disease. Its causes are legion, numerous ailments affecting other parts of the body being accompanied by backache. Even the specialist in diseases of the eyes has cases where backache is involved. Influenza, and other acute diseases, often start with severe backache. Displacements of tumors of the womb often manifest themselves by pain in this region. Inflammations, infections, or stones in the kidney or its related structures show themselves most often by low back pain. Many diseases of the abdominal organs, such as cancer of the intestinal tract, may have similar pain as one of the symptoms. Tonsilitis, abscesses of the rectal region, abscesses at the roots of apparently healthy teeth, pregnancy, constipation, growths and inflammations of the prostate, gall-bladder trouble, certain psychological states, all these and more, may involve the lower back as a center of pain. To call every pain in the back lumbago, and treat it as a disease in itself without discovering what has caused the pain, is therefore sheer folly.

There are, however, certain conditions affecting the lower back itself which cause backache. To understand these conditions, some knowledge of the structure of that part of the body which we are considering is necessary. When man assumed the upright position, he placed upon the relatively few bones of the lower back the task of carrying the trunk and head. These bones include the pelvis, an ovalshaped, basin-like structure made up of four bones—the two hip-bones which meet in front, and the sacrum and coccyx which complete the oval in back. The joints at either side where the sacrum meets the hip-bones are called the sacro-iliac joints. These joints are immovable in their normal state. The lower back bones also include the five vertebrae above the sacrum which are called the lumbar spine. This portion of the spine moves when the body bends forward, backward, or sideways.

The lowest, or fifth, bone in the lumbar spine is a very important one, for it is the last movable bone of the spine and forms the connecting link between the movable spine and the immovable pelvis. Man's assumption of an erect posture found this bone unprepared for its new weight-carrying function. For its size it does its work excellently, but it is nevertheless the weakest point in the skeletal structure if one compares the work to be done with this bone's intrinsic strength.

It is easy to understand what may happen to this delicately adjusted bone if its work is made still more difficult by such things as lax, unexercised abdominal muscles, obesity, and weak feet. It may slip forward in order to obtain a new center of gravity. If it does so, it plays havoc with the tissues and nerves in the

region, and the result will be a severe backache.

Another common source of backache from the set of bones making up the pelvis is in the sacro-iliac joints. These joints can be pulled apart slightly as the result of injury or sudden undue exertion. This separation, though so slight as to measure only a small fraction of an inch, is crippling and disabling. Ditch diggers, or others who do heavy manual work, frequently wear wide belts which help prevent such separation. These workers have learned through experience the need for keeping these joints

Another important injury which may occur at this point is the slipping either forward or backward of the hip-bone upon the sacrum. A belt is of no assistance in preventing this and any belt which has been purchased for such a purpose will prove worthless.

The back is composed of more than just bones. There are the muscles and ligaments connecting these bones and they also are important in the various movements of the back. If these parts are subjected to abnormal strain they may tear, producing hemorrhage and inflammation within and about the muscles and ligaments. After such an injury, movement will be limited and painful until the parts are healed.

MOST of the discussion regarding possible causes of pain in the lower back has thus far centered around possible injuries to the bones, muscles, or ligaments of this part of the body. Infection is another common cause for such pain. Germs arising from diseased tonsils, inflamed or infected sinuses, abscessed teeth, bladder and womb inflammations, and even intestinal poisons, may lodge in all, or any, of the joints of the back. The pain produced by these infections is as severe as that caused by other conditions. In this type of case the patient must realize that there are many possible reasons for the pain and not be disheartened and abandon treatment if the cause is not quickly discovered.

We often hear the term sciatica in connection with low back pain. As with lumbago, sciatica is a symptom and not a disease. To the physician it means an irritation of the sciatic nerve accompanying some other condition. It may be caused by injuries, or some of the diseases we have so far enumerated, or by many other conditions.

The sciatic nerve is a large nerve divided into two main parts running along the sides of the lower spine and formed by many small branches coming out of the spine. From the spine it runs downward between the muscle fibers of the buttock, along the back part of the thigh, and, subdividing, enters the leg and foot. Because of its location, it partakes of the inflammations and injuries of the back, and that is why low back pain may be accompanied by pain as far down as the toes.

INJURIES to, or inflammation of, the lower back may result in many other effects than sciatica. If one sacro-iliac joint is affected the body immediately sets out to protect that part. The weight bearing gradually shifts until most, or all, of it is transferred to the opposite hip. In order to maintain the proper balance, the spine shifts also, producing a curvature away from the inflamed part. The hip on the affected side is raised and the entire body posture changes, resulting in a vicious cycle; for then the entire spine, even to the head and neck, will be carried at an abnormal angle which causes more pain. Continued and repeated attacks of low back pain without adequate treatment may be sufficient to produce almost irreparable changes in the spinal column.

About as ancient as low back pain is the conglomeration of belts, corsets, and braces which have been used for its relief and treatment. From the description of the anatomy of the lower back and possible causes of pain in this region, it is evident that only after the most rigid and careful examination can the reason for such pain be determined. Frequently, the condition responsible for backache is one that will in no way be helped by a sacro-iliac belt.

In making his diagnosis of backache it is essential for the doctor to discover if the condition is due to some general infection or to some injury, even if the injury occurred so long ago as to be almost forgotten by the patient. Flat feet, general posture, and weight will be regarded as possible causes. Teeth, sinuses, kidneys, and other parts of the body may have to be thoroughly investigated. Many X-rays of the lower back may be essential. These are some of the more important things which may have to be done to determine the cause of the pain.

THE DANGERS OF JAUNDICE OR "YELLOW SKIN"

THE yellow color of the skin which develops when jaundice attacks the human body is the characteristic of the disease by which everyone recognizes it, and which, of course, is the reason for the simple, homely name often given it, "yellow skin." It may be of passing interest that the ancient Romans knew the disease and named it after the golden oriole—the bird and the disease having the same name. According to Pliny, the authority on natural history in Roman times, a person suffering from jaundice who, while ill, caught sight of a golden oriole would quickly recover, but the bird would die.

As a matter of fact the ideas of present-day laymen are often not much more enlight-ened than those of the ancient scientist. Many people believe that a good physic to "stir up" the liver is the proper treatment for jaundice. While it is true that the liver is the organ primarily involved in creating the condition of yellow skin, the use of a cathartic to stir it up will not aid in curing the disease. We shall show in this article why careful treatment and a physician's care are essential.

Besides making the skin yellow in color, jaundice also irritates it and makes it intolerably itchy. It often weakens the heart and affects the mind. The blood condition which causes the discoloration of the skin also reduces the clotting quality of the blood to such an extent that a cut may result in bleeding to death and operations are exceedingly dangerous.

Although there are three distinct types of jaundice, the yellow discoloration of the skin is characteristic of all of them. The discoloration is caused by a waste product of the body known as bilirubin. Bilirubin is a reddishyellow substance which results from the breaking down of old red blood cells. Red cells are manufactured in the bone marrow

of the body and are destroyed by the spleen, the liver, and the lymph glands. When they are destroyed the hemoglobin which they contain is broken down into two parts—the iron, which the body retains, and bilirubin, which the liver eliminates through the intestines.

When jaundice exists, the bilirubin is no longer eliminated from the body in the usual way, but is thrown into the system for the kidneys and the skin to get rid of. The kidneys control the elimination of bodily wastes through the urine, and the skin's sweat glands aid in throwing off liquid and soluble matter through the skin. When the liver cannot take care of the elimination of bilirubin, the skin and kidneys take over the task. The urine becomes highly colored and that portion of the bilirubin which passes through the skin leaves behind it a yellowish stain creating the characteristic color of the skin by which the disease is identified.

AS we mentioned above there are three distinct kinds of jaundice, and each must be treated in a different manner. Because the types cannot be identified without careful examination, a physician should always be consulted when jaundice appears.

The first type is known as *hemolytic* jaundice. This type generally appears in conjunction with some other disease, and is caused when the blood-destroying agencies destroy too much blood and thus create too much bilirubin for the liver to take care of normally.

The second type is known as *hepatic* jaundice. This type appears when the liver has been injured and is unable, therefore, to take care of its job completely. Because the liver cannot throw off all the bilirubin, some of it gets into the blood and the kidneys and skin have to take care of it.

The third type is known as obstructive jaundice. This is in many ways the most serious and is caused by a blocking of the bile duct. Usually gall-stones cause the obstruction.

Hemolytic jaundice often occurs in persons ill with pneumonia or blood-poisoning. In either of these the body may begin to destroy blood so rapidly that the liver is over-burdened with the task of carrying off the bilirubin. In cases of malaria, pernicious anemia, sickle-cell anemia, and hemolytic anemia, jaundice invariably appears, although sometimes only to a mild extent. Generally the curing of the disease with which this type of jaundice occurs will also cure the jaundice.

Hepatic jaundice occurs independently and as we have noted is caused by an injury to the liver which prevents that organ from functioning normally. The liver is the great chemical factory of the human body. One of its jobs is to get rid of the poisons which get into the body. In doing this it frequently becomes injured itself, for poisons in the system are likely to injure the liver before they damage anything else. Among the drugs which will injure the liver are chloroform, carbolic acid, arsenic, alcohol, and cinchophen. The most dangerous of these is cinchophen because the average layman is totally unaware of its toxic qualities, and because he may use it quite unknowingly in the form of some proprietary remedy which goes under a trade name.

OBSTRUCTIVE jaundice, as has been said, is the most dangerous type. It was pointed out that this type is usually caused by gall-stones obstructing the bile duct which leads from the liver and so preventing the bilirubin from passing into the intestines and thus being eliminated. When gall-stones do form such an obstruction, an operation is usually necessary. Unless the gall-stones are removed the condition will continue and eventually cause death. Of course we must remember that jaundice may continue over a comparatively long period of timeoften from eight months to a year. Nevertheless, the condition is always dangerous. The difficulty in obstructive jaundice lies in the fact that the operation may be successful in every respect except the healing. We mentioned earlier that bilirubin in the blood interferes with the ability of the blood to clot and thus stop flowing. Consequently when an operation for gall-stones is called for in a jaundice condition, there is every likelihood of continuing hemorrhages after the operation, which means simply that the patient will bleed to death unless special means are used to stop the flow of blood. Of course if surgical instruments can be used to stop the blood flow until the jaundice condition is corrected, the blood will return to normal and regain its ability to clot.

JAUNDICE is not a disease to trifle with. Liver pills and cathartics are definitely dangerous and self-treatment should be avoided under all circumstances. Jaundice requires careful diagnosis as to type, and special treatment for each type. Even the doctor cannot always readily discover what causes the disease. In order to diagnose it he may have to make the following tests:

- 1. Thorough physical examination.
- 2. Examination of urine.
- 3. Examination of feces (stool).
- 4. Examination of blood (both from vein and finger).
- 5. X-ray studies of gall-bladder and tomach.
- 6. Pumping of the stomach.
- 7. Cutting out of gland for diagnosis.

All of these tests may not be necessary, but in difficult cases they may be.

Treatments vary so much that they cannot be considered in detail here. Each type requires a different treatment, which means that no one should attempt to treat himself without proper diagnostic tests. Briefly, this can be said about treatment: in hemolytic jaundice the disease which accompanies it must be cured first and usually the jaundice condition will be cured with it; in hepatic jaundice, the use of the drug or poison which has injured the liver must be immediately discontinued, and the liver treated so as to bring it back to normal activity; in obstructive jaundice, operation is usually called for and can be successful only if mechanical means are available to stop the flow of blood until the jaundice condition is remedied.

Many physicians advise that every case of jaundice be sent immediately to a hospital, unfortunately it is economically impossible for many jaundice patients to carry out such advice.

THE MEDICAL

The doctors of the Medical Advisory Board, including specialists in almost every field of medicine, will answer reader's questions

Rings Under the Eyes

Chicago, Ill.

To the Medical Advisory Board:

I am a girl 15 years of age. I go to school, live a normally active life, have enough sleep and follow the right diet. However, since I was a little girl I have had dark circles with wrinkles under my eyes. I would like to know how I can get rid of them as they are very ugly and noticeable. I was told by many people that as I grew older, the rings would disappear but they don't—in fact they get worse. Other people have told me not to even think about it.

Secondly, I have enlarged pores and blackheads on my nose. They are not noticeable unless someone is very near me. I have used hot towels followed by ice; plain soap and water (Ivory Soap) and sometimes cold cream to try to soak the dirt out. But nothing helps. What would you advise?

Next, lately I have not been active because of a great deal of attention to my school work. I do not attend dances and parties as often as I did. It seems I've gotten much heavier than I was. Although I weigh about 111 or 112 pounds (my height is five feet one inch without shoes), I look as if I weigh much more. How can I get my weight down, especially around the hips and thighs, without reducing other parts of my body, such as my face. My cheeks are not as firm and hard as I believe they should be. (I'm not afraid of diets, by the way.)

Also, please let me have your opinion of plastic surgery to change the shape of the nose.

One more thing. My mother and I disagree on the idea of being active, such as taking a five-mile walk during menstruation periods. I always exercise and do not have pains but my period stays for five or six days.—C. L.

C. L.—Dark circles under the eyes are not a sign of illness. Your friends who advise you not to think about them are right. The circles and wrinkles are probably not nearly as noticeable as you think they are. As a matter of fact, women

who use considerable make-up usually put blue or brown color under their eyes to bring out the color and improve their appearance.

Wash under your eyes twice a day with warm water and soap, using a face cloth. Then apply warm compresses for five minutes, followed by cold compresses for two minutes. This may be done at night before going to bed. You may also massage very gently around the eyes, beginning at the upper lid next to the bridge of the nose, and letting the fingers sweep out to the outer corner of the eye, then in under the eye toward the nose, finishing at the point where you started. Use any pure cold cream for this and do it once or twice a day. It will have a tendency to keep the skin around the eyes soft and smooth.

There is no way to reduce the hips or thighs or bust without affecting the rest of the body, although "beauty experts" often promise the impossible. In the attempt to reduce one's weight, a large part of the problem is mental, that is, it consists of overcoming the temptation to eat too much of the foods that tend to fatten the individual. It is not advisable for you to reduce unless you find that you continue to gain weight up to 120 pounds and more. As you grow older, it is quite possible that you will become slimmer, especially if you exercise regularly and avoid too many fattening foods, such as large amounts of cream and butter, potatoes and sweets.

Concerning your complexion, this issue of HEALTH AND HYGIENE comments on this subject on the Cosmetic Problems page.

It is possible to change the shape of the nose by plastic surgery, but you must be very careful to get an honest and competent plastic surgeon.

Your mother is wrong and you are right about being active during menstrual periods. Menstruation is a normal function of the female. A menstruating woman is not sick and there is no reason why she should not take long walks or go to dances, in fact, indulge in any of the usual activities while menstruating.

BOARD ADVISES

on health and personal hygiene. All questions must be signed and accompanied by self-addressed, stamped envelope.

Angina Pectoris

Nashville, Tenn.

To the Medical Advisory Board:

An old acquaintance of mine, fifty-eight years of age, is suffering from angina pectoris.

Three years have elapsed since he was seized with this dreadful disease. He now is practically an invalid, his activity being walking from one room to another.

Recently, I read about the discovery by a Dr. Munch. He claims the extract from the glands of a certain animal when injected in the abdomen of the afflicted person would induce immediate relief or possible permanent cure of angina pectoris.

Is this true?—I. S.

J. S.—Angina pectoris means pain (angina) in the chest (pectoris). The pain arises from the heart but the patient usually feels it over the upper chest. It is due to a shortage of blood supply to the heart muscle. The blood vessels to the heart are narrowed and insufficient blood comes through. Relief from the pain is often obtained from nitroglycerine but to cure the disease is much more difficult. Cure means opening up narrowed blood vessels and this, in turn, amounts to solving the secret of old age.

In regard to Dr. Munch's gland extract, this is made from the pancreatic gland of animals. According to some medical authorities, injections of this or similar extracts cause an improvement in some patients with angina pectoris. Attacks become less frequent and less severe. These claims have not been disproven. It would be worth while for the patient to take a course of such injections. No harm would follow and it is possible that some benefit might result—but do not expect too much.

Superfluous Hair

Bronx, N. Y.

To the Medical Advisory Board:

I am bothered with a dry skin plus a tendency to grow hair on my face. I find cold cream very beneficial but am afraid to use it because it might promote the growth of more hair. There are cold creams that are more expensive and guarantee that they "positively do not promote growth of hair." Are these creams better or are they all alike?

I have been taking electrolysis treatments which are very good. The hair taken out never grows back, but new ones constantly do. All the women in my mother's family have it. Is it a glandular disorder and can anything be done to check it?

—A. W.

A. W.—No cold creams, even the cheaper ones, promote the growth of hair. The underlying cause of superfluous hair is unknown, although it is probably due to some disorder of the endocrine glands. We know of no method of preventing the growth of hair. Unfortunately the tedious electrolysis method is the only means of clearing up the superfluous hair.

Masturbation

Houston, Texas.

To the Medical Advisory Board:

Will you please publish some information about combatting masturbation or self-abuse. I am extremely neurotic. I work around twelve or fourteen hours a day, seven days a week. I am a girl of twenty and was led innocently enough into this terrible habit. It was economically impossible for me to get married and not wishing to be promiscuous, it just started, and quieted me down. I know that I am not alone in this—one young man was confined to an insane asylum with a nervous breakdown. When things are suppressed, they only grow, but it has been impossible for me to talk of this to anyone. It has been nearly driving me crazy, gnawing away inside of me, until suddenly I thought of writing to you. This is the thing I want to know: Am I spoiled for normal natural sexual gratification forever? I had relations with a young man I love, to help me combat this habit. There was all the excitement but no gratification, and it left me more high-strung than ever. If I break completely with this habit, in time will I revert again to normal

and be able to lead a normal sex life? Or shall I simply resign myself to going through life missing half of it? I feel I must not be alone in this and many others are as miserable as I am, so won't you please give me some information on the subject? Sometimes I think I can't go on; I shall kill myself.—D. A.

D. A.—HEALTH AND HYGIENE has already published an article on masturbation in its November 1935 issue but there are a few things, we think, that we can add to help you in your predicament. Be sure, however, to read this article. The reason that you did not have the gratification in your sexual relationship after you had been masturbating is that you were afraid that you were not going to have such gratification. Fear and anxiety can seriously interfere with sexual gratification. For example, a woman who is afraid that she will become pregnant may have her gratification seriously interfered with during intercourse, and in such cases masturbation may seem to such a person to be a safer outlet for her sexual feelings. However, masturbation can never be accompanied by the joy, the love, and the tenderness which make sexual intercourse so satisfying. You need not fear that masturbation has produced such terrible effects as you imagine. The reason you think so is that you have been told, we are sure, by all sorts of people what a terrible practice it is. As a matter of fact, it is only a rare and usually an abnormal type of individual who has really never masturbated. Because of the restrictions which society places upon sexual gratification and the horror and fear which are instilled in children concerning sex, masturbation is often the only possible outlet, and even that is denied to one by the foolish superstition that it ruins health and sanity. The boy, who you say went to an insane asylum because of masturbation, undoubtedly went out of his mind for an entirely different reason and the fact that he masturbated was only incidental.

It is not enough, however, to know and to be convinced that masturbation has not affected you in the way you fear that it has. A healthy, normal sexual life is necessary for a human being and one need not be promiscuous to obtain it.

Syphilis

Grand Rapids, Mich.

To the Medical Advisory Board:

Please inform me by mail on how I can take care of myself in taking treatment for syphilis. I first contracted this disease in 1919 and spent quite a bit of time taking treatments from several different doctors. One was a doctor in Grand Rapids who treated me with shots of 606.

Those treatments of 606 made me feel some-

what better. But in the last 2 or 3 years I seem to be suffering with the same disease. My mind is very poor, and I cannot remember things. I feel weak and don't seem to have any ambition.

My pay is very small and I would appreciate it very much if you would advise me what I should use for medicine or the kind of treatments that would be best for me.

My age is 33.—A. K.

A. K.—There are no home treatments for syphilis. You first contracted the disease in 1919 and you do not state exactly how much and what kind of treatment you received. You also do not state whether you had Wasserman blood tests and their results. It seems evident that you should be examined by a competent doctor. We suggest that you go to the skin clinic of one of the larger hospitals in your vicinity for an examination and treatment.

Rheumatic Fever

Brooklyn, N.Y.

To the Medical Advisory Board:

I have had several slight attacks of rheumatic fever in recent years—each occurring in April during the rainy season. Since I have become steadily more susceptible to dampness at all times of the year, it has been suggested by physicians that I leave New York City each April, at least, to escape other attacks.

Can you suggest any particular section of the South that would afford me a comfortable and safe climate—dry, warm and of constant temperature?

Also since this would be a real strain on my limited financial resources, I should like to have some expression from you as to the merit of the idea.—B. S.

B. S.—If you could live permanently in a warm dry climate, you could reduce to a minimum the chances of fresh attacks of rheumatic fever. To go only for the month of April will probably not produce the anticipated effect of warding off a recurrence. It is, however, impossible to state dogmatically that a month will be of no value. It can do good; it can do no harm. Many patients who have had the benefit of warm dry climate for several years have not developed new attacks of rheumatic fever.

Arizona and New Mexico are the ideal places in the United States. Tucson is a sufficiently large city to prevent lonesomeness in a visitor from a larger city. Santa Fe, New Mexico, is also recommended. The climate is similar in smaller towns but the atmosphere, psychologically, may not be so pleasant for some people. Most New Yorkers are happier in a town where there is more social activity.

MARCH, 1936

7orms

Los Angeles, Cal.

To the Medical Advisory Board:

Kindly advise me correct treatment for thread or pin worms found in a little girl four and one-half years old.—M. K.

M. K.—Both threadworms and pinworms are not uncommon in children but they do not occur as frequently as people usually suppose. Only by finding the worm or its eggs in the stools can one

say that these worms are present.

In treating the condition, the dose of the medicine will depend upon the age of the child. To children of seven years or over, give twenty grains of bismuth-carbonate, three times a day for two days. To children under seven years give fifteen grains, three times a day over two days. In addition, the child should keep his hands away from the anus. The bed clothes should be boiled every day, the night clothes and underwear should be worn for one day and boiled. The course may be repeated after a period of one week or more.

Deafness

Minneapolis, Minn.

To the Medical Advisory Board:

Please write if there is any cure for deafness caused by an overstuffed nose and when there is a ringing and hissing sound in the ears and head. I am eighteen years old and am almost deaf in one ear and slightly so in the other. I have been going to doctors for about five years. They tell me to let it go and let nature take care of itself. Please tell me if this is true and if there is any cure for this type of deafness.—F. J. S.

F. J. S.—From the description of your case, you appear to be suffering from catarrhal deafness. This is a condition in which change in the conduction of sound waves in the middle ear ensue as the result of inflammatory conditions involving the eustachian (hearing) tube. These changes frequently accompany nasal disease. Direct treatment of the catarrhal condition is not very effective. If there is definite disease of the nose or sinuses, treatment should be instituted to correct this—not only because it might improve the hearing, but because disease anywhere in the body should be treated for the harm it is doing.

Because of the unsatisfactory results obtained in the treatment of catarrhal deafness, there is a lack of desire on the part of a specialist to assume any responsibility for improvement in these cases by medical treatment. For this reason the patient is often told that nature will take care of the condition—not satisfactorily, perhaps, from the point of view of the patient—but with results not inferior to that obtained from medical treatment. Inflation of the tubes is the standard method of treatment employed in these cases, but its value is not very great in cases of long standing such as yours appears to be.

"Safe" Period

Detroit, Mich.

To the Medical Advisory Board:

I am writing in my question hoping that you will answer it for me. My question is—when does the "safe" and "unsafe" period of the month come?—

J. P. M.—There is no safe period. When seeking a method for birth control, a woman naturally wants the safest and surest method known. It is true, of course, that using the so-called "safe period" may cut down the chances of becoming pregnant, but that isn't what is wanted by women seeking birth control.

Insomnia

New York, N. Y.

To the Medical Advisory Board:

Last winter I had severe attacks of bronchitis accompanied by insomnia. The condition of insomnia lasted for three months and I could sleep only when I had taken pills prescribed by my doctor.

This winter the insomnia returned unaccompanied by any bronchitis or other symptoms of illness. My doctor called it a "psychic recurrence," advised taking the sedative capsules again until my sleeping habits were re-established.

The fact now remains that I have been unable to sleep regularly for a month and cannot sleep at all

unless I take the capsules.

I feel utterly fatigued at the end of the day. There is no mental strain or anxiety of any kind that would cause sleeplessness—yet the fact remains that I am constantly worn out through lack of rest.

Would you be good enough to advise what measures I should take to ameliorate this condition and whether it is advisable to continue taking sedatives.

I've been married for the past five years (happily) and am twenty-five years old. My doctor tells me that I have a sinus infection but I have no pain. I am very susceptible to nasal colds.—A. C. B.

A. C. B.—There is probably no direct relation between your last winter's bronchitis and your insomnia but, as your physician has stated, the cause is probably psychic. In that case, no "cure" can be described here but must be sought through a thorough study of your case. In the meantime, a glass of warm milk before retiring might help. It is best not to use sedative drugs as a routine procedure.

Pyelitis

Brooklyn, N. Y.

To the Medical Advisory Board:

I would deeply appreciate your giving as much information as space in your health column will permit on pyelitis. My little girl of four has just been diagnosed as having this disease, and, as we cannot afford too frequent visits from our doctor, we are seeking some additional information from

I would appreciate especially the answers to the following questions:

- 1. What is the cause of pyelitis?
- 2. Assuming that we clear up the present attack, how can we prevent recurrences?
- 3. How does pyelitis affect an active child's normal activities?
- 4. What are the most obvious symptoms by which we can recognize any possible recurrences?—D. P.
- D. P.—In answer to your very intelligent questions, we can tell you that pyelitis is an inflammation of the kidneys which is caused by germs. Some of these germs are found more frequently than others. It is most common to find pyelitis, especially in girls, as a complication of some other illness, such

as tonsilitis, abscess of the ear, or an ordinary cold or any acute infection.

Assuming that an attack of pyelitis is cleared up, a child may never have another attack and on the other hand may have an attack each time another illness occurs elsewhere in the body. There is no positive way of preventing these recurrences. There are different grades of severity of pyelitis and that alone determines the amount of restriction of the normal activity of a child. It is a safe rule that if the temperature is 100° F., or more by rectum, a child should be kept at rest in bed. The most obvious symptoms by which you can recognize a recurrence of the symptoms are:

- 1. The presence of pus in the urine as determined by microscopic examination of the urine.
- 2. Frequency of passing the urine, sometimes associated with pain.
- 3. The presence of recurrent temperature of a fluctuating type; normal in the morning, rising during the day several times. The presence of temperature persisting for a long time without any other obvious cause is probably the simplest symptom to attract your attention to the urine to find the cause for the unexplained fever in a female child.

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