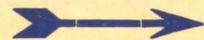


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- June, 1937—Bell-Ans, "T.B.", Bunions, How Pregnancy Occurs, More About Meat.
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Purely Personal

IN THIS ISSUE we begin two new departments which will appear, if not every month, at least at frequent intervals. One is *Ha! Ha!*, being a collection of the month's best laughs culled from the advertisements of well-known brands of products that make health claims; the second, *On the Job*, will deal with industrial hazards and accidents, and ways of combatting them.

NOT A FEW OF OUR subscribers have written in to say that they do not like our practice of punching holes in the margins of subscribers' copies. They say it detracts from the appearance of the magazine, and that they would much rather have it without the holes. When we began sending out punched copies we thought we would make it easier for those who wished to keep the magazines together with rings or in a binder. How about it? Shall we go on punching holes or not?

WE ARE STARTING out this month on a campaign to make free diagnostic blood tests for syphilis available to all who want them. Details will be found in the editorial on page 126 and in the announcement on page 132, both of which we urge you to read.

LAST MONTH'S REQUEST for comments on Z.G.'s claim that we devoted too much attention to sex problems brought an avalanche of mail, and—believe it or not—out of the hundreds of letters that we received not one agreed with Z.G. It looks as if we were right in thinking that our readers do not want us to pull our punches as far as sex is concerned. Excerpts from some of the letters follow:

"It is not that sex rears its head too consistently in the columns of H. & H., but that sex ignorance and misinformation are too consistent to be ignored. . . . Your method of presenting the facts on sex is vitally necessary. . . ."

"Too much silence and misin-

(Turn to page 135)

In This Issue

OCTOBER, 1937

VOLUME 6, NUMBER 4

Questions and Answers	106
<i>Readers' Medical Questions Answered</i>	
"Old Doc Copeland"	107
<i>The Man Who Wanted to Be Mayor. By Carl Malmberg</i>	
Care of Children's Teeth	111
<i>Advice to Parents</i>	
Accidents in the Home	114
<i>How to Safeguard Your Household</i>	
On the Job	115
<i>Industrial Safety and Hygiene</i>	
Medical Cooperatives	116
<i>A New Medical Service Explained. By Kingsley Roberts, M.D.</i>	
Patent Medicines and Freedom of the Press	120
<i>The Advertiser's Stranglehold. By Charles E. Colahan</i>	
Ha! Ha!	123
<i>Advertising Laughs of the Month</i>	
Sex Education for Children	124
<i>One Mother's Experience. By La Iva Belle Davis, R.N.</i>	
Join the Movement to Wipe Out Syphilis	126
<i>Editorial</i>	
Infantile Paralysis	127
<i>A Summer Epidemic Disease</i>	
Health and Hygiene's Bookshelf	129
<i>Reviews of Recent Health Books</i>	
What's New in Medicine	131
<i>News from the Laboratories</i>	
Syphilis Control Announcement	132
<i>Free Blood Tests for Syphilis</i>	

Drawings by Chas. E. Colahan, Mischa Richter, and William Steig

CARL MALMBERG, Editor
SADIE FRANKLIN, Business Manager

HEALTH AND HYGIENE

Magazine of the People's Health Education League

HEALTH AND HYGIENE is published monthly by the H. & H. Publishing Co., Inc., 215 Fourth Avenue, New York, N. Y. Subscription price \$1.00 a year, in advance; Canadian and Foreign, \$1.50. Single copies, 15 cents. Copyright, 1937, by the H. & H. Publishing Co., Inc. Entered as second-class matter March 27, 1935, at the Post Office at New York, under the Act of March 3, 1879. Text may not be reprinted without permission. HEALTH AND HYGIENE is a non-profit, cooperative organization and does not pay for articles. Subscribers are informed that no changes in address can be effected in less than three weeks. Please send old address along with the new.

Questions and Answers

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

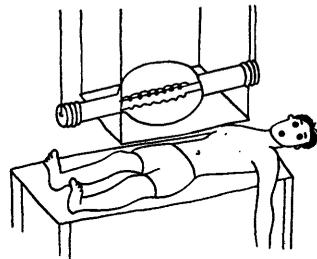
Effects of X-Rays

Sandusky, Ohio

DEAR DOCTORS:

I have heard that the taking of x-ray pictures is harmful to the patient. If this is not true why does the doctor stand behind a lead shield when the picture is being taken?—F. T.

Answer—Exposure to x-rays in x-ray photography is not harmful to the patient. It is true that



x-rays can produce harmful effects, but in order to do so frequent exposures over long periods of time are necessary. The doctor is exposed to the x-rays day in and day out, and this is the reason he protects himself behind a lead screen which filters out the rays when he takes the photographs. The patient, however, is exposed for only a few seconds at the most. This, unless repeated over a period of months, does not constitute a dose sufficient to be harmful.

Over-exposure to x-rays affects the skin of the hands and the gonads or sex glands—the skin of the hands because this is the part most exposed, and the sex glands because they are the most susceptible. However, the patient need fear no ill results from the amount of exposure necessary to make a photographic record.

Correct Shoes for Children

Westport, Connecticut

DEAR DOCTORS:

Will you please be good enough to advise me as to the best makes of children's shoes? Will you also give me what information you can about Dr. Posner shoes. They were recommended to me be-

cause my little girl seems to wear the heels and soles of her shoes off at the side.—M.A.

Answer—Shoes are usually sold under the brand names of the retail stores in a particular locality and therefore without a knowledge of the locality it is difficult to give specific recommendations. However, any reputable shoe store usually sells good brands of children's shoes, since fashions do not usually interfere with the manufacturing of children's shoes adapted to the shape of the foot. As a rule we discourage buying brands of shoes that have the title "Dr." as part of the brand name, since this title implies curative qualities that are not inherent in any shoes.

If your daughter is wearing off her soles and heels on the inside of the shoe she should have an inner heel wedge of 3/16 of an inch inserted by any competent cobbler. The brand of shoe will make very little difference in this respect, providing that the shoe is well made and intelligently fitted.

Consumers Union of the United States, 55 Van Dam St., New York City, which is the most authoritative source we know for consumer information, has published a report on children's shoes in which it recommends as "Best Buys" *Edwards and Thom McAn* and rates as "Also Acceptable" *Indian Walk, Pediforme, Buster Brown, Wilton, Pied Piper and Bonnie Laddie*.

For further information concerning shoes and care of the feet we refer you to the article entitled *Pity Your Feet* in the December, 1936, issue of HEALTH AND HYGIENE.

Entoral for Colds

New York City, New York

DEAR DOCTORS:

I am employed in a large Wall Street firm. This firm has made an arrangement with Eli Lilly and Company for the sale to every employee of an oral vaccine called *Entoral*. We have been told that this vaccine will protect us from colds throughout the winter. Of course, we have to pay for the vaccines. We would not mind doing this if we

(Continued on page 133)

Presenting a well-known radio broadcaster and medical columnist. A review of the career of the doctor-politician who wanted to be mayor of New York City.

"Old Doc Copeland"

By CARL MALMBERG

"I LOVE babies and loathe germs."

On this platform Royal S. Copeland has gone from one political job to another, having progressed all the way from mayor of a small town in Michigan to a seat in the United States Senate. At no stage of his career has he forgotten—or allowed the public to forget—that he is first and foremost a physician. He has utilized the average citizen's respect for the medical profession in much the same way as Herbert Hoover made political capital out of the public's respect for the engineer. Engineers had quite a laugh over this before the public became aware that poor Herbert's engineering experiences consisted mainly of speculating in mining securities, and in the same way doctors are likely to smile when reminded that Royal S. Copeland is one of their number. For though it is true that "Old Doc Copeland," as he is called in the Senate, has an

M.D. degree, some of the uses to which he has put the title during the course of his career are not those which serve to raise his standing in the eyes of the profession.

Copeland has now been chosen by Tammany Hall as candidate for mayor of New York. The political organization whose name has become synonymous with civic corruption could hardly have chosen a candidate more suited to its needs. During his fourteen years in the Senate Dr. Copeland has been legislative errand boy and flunkey for some of the most reactionary groups in the country, including the shipping companies, the patent medicine group, and William Randolph Hearst. At the same time the publicity he received as Health Commissioner of New York City, as well as his newspaper columns and radio broadcasts on homely health topics, have made the name of Dr. Copeland a byword in thousands of homes

Mischa Richter

You've got to save him, Doc!



and endeared him to countless mothers as a kindly old man who dotes on babies and despises bacteria.

But there were two flies in the ointment with which Tammany proposed to grease the city. One was that New York is predominantly a New Deal town and was not likely to elect a man whose legislative activities in recent years have been devoted largely to scuttling New Deal policies; the other was that as a speaker Dr. Copeland is a dud. Give him a microphone and a prepared script, and he will turn in a performance good enough to make his listeners run to a drug store for whatever brand of pink pills he happens to be endorsing. Put him on a platform, and his dull, ponderous, and long-winded oratory will not stir up much enthusiasm even in a clubhouse gathering.

It was as Health Commissioner that Dr. Copeland got his name before the public. Until this stage of his career he had dabbled somewhat in politics, having been mayor of Ann Arbor, Michigan, but most of his time had been spent in the field of medicine. The story is that one day in 1918 Copeland walked into Mayor Hylan's office to offer his services as an expert in public health. Hylan is reported to have talked with him for some time and then at the conclusion of the conversation to have said, "God sent you to me. You are now Health Commissioner of New York City."

This is undoubtedly a simplification of the matter, for it is well known that Mayor Hylan would not have taken Copeland even on God's recommendation without first getting the approval of William Randolph Hearst.

CATCHING RATS AND VOTES

Once installed as Health Commissioner, the enterprising doctor set out to put health and Royal S. Copeland on the front page. Shortly after he took office the great influenza epidemic of 1918-19 broke throughout the country. Copeland refused to be alarmed, adopted a Pollyanna attitude, and issued daily reassurances through the newspapers. Meanwhile the death rate mounted.

This complacency about epidemics at home did not, however, extend to epidemics abroad. When the counter-revolution broke in Russia and reports of epidemics in that country began to appear in the American press Dr. Copeland became really alarmed. He visited Poland himself and came back with reports that a vast

army of disease germs was sweeping westward across Europe and would soon attack the United States. This was really front-page stuff, for it gave both Copeland and the American press a chance to express their views about the disastrous results of "experiments" in government.

The threatened epidemics never arrived, but they got Copeland's name before the public and enabled him to hand out quite a bit of patronage to the clubhouse boys. One of the epidemics he saw arriving from Russia was bubonic plague, a deadly disease that is carried by rat fleas. After raising the scare it was a relatively easy matter to appoint a small army of "rat catchers" who were to "render service of a professional, scientific, technical or expert nature." Since the "experts" employed did not have to pass any sort of civil service examination, the jobs were distributed where they would do the most good politically. In all, 356 men were appointed as "rat catchers," and before the fiasco was over it had cost the taxpayers of New York \$700,000.

WAISTLINES AND HEADLINES

A stunt that gained the Commissioner widespread notice was his "Fat Reduction Contest." He gave out interviews and wrote articles on the dangers of overweight, and then selected a group of fifty fat women whom he proceeded to put through a strenuous reducing program. He dressed them up in knickerbockers and sweaters, put them through all sorts of exercises, and took them on hikes in Central Park. When the group met Copeland for their daily dozen they greeted him with the following yell:

Commissioner,	Royal S. Copeland!
Commissioner,	Rah! RAH! RAH!
Rah! RAH! RAH!	We have reduced our
Are we thinner?	waistlines,
I should say we are!	Sis-boom-BAH!
	Royal S. Copeland,
	Ha! HAH! HAH!

In three weeks the women lost an average of thirteen pounds and Copeland gained nationwide publicity.

It was during his office as Health Commissioner that Copeland began to write his daily syndicated health column for the Hearst newspapers. He was also a frequent contributor to popular magazines, including the women's group and Bernarr Macfadden's *Physical Culture*. It is interesting to go back to these old

articles written by Dr. Copeland and see how some of the ideas he expresses in them fit in perfectly with the platform of the ultra-reactionary groups who are now supporting him. For instance, we can easily imagine Fritz Kuhn and his Hitler-dominated troop of Yorkville Nazis who recently came out in support of Copeland, reading with pleasure the article in the July, 1922, *Ladies' Home Journal*, in which Copeland laments the fact that the birth rate among our "Nordic" (quotations mine; C.M.) citizens is low in comparison with the rate among our southern European immigrants.

"The native American is becoming extinct . . ." warns Copeland in this article urging all good readers of the *Ladies' Home Journal* to do their duty for America. "If New York conditions were to prevail for 100 years throughout the United States, the 'native American' would have black hair, black eyes, and be of swarthy complexion. . . . Imagine George Washington coming to life a century hence and finding his country peopled by a swarthy host." The doctor goes on to reveal "the startling fact" that in New York City the birth rate is higher among the foreign born than among the native born. The fact that the birth rate is particularly low in those parts of the city where there are "many persons of American birth whose lineage goes back to the Mayflower" causes him special distress.

Fritz Kuhn and his Nazis know their man. This alarmist and race-prejudiced bilge written by Dr. Copeland in 1922 makes his present fulsome attempts to win the Jewish, the Negro, and the Puerto Rican vote sound rather unconvincing.

Perhaps the American Nazis also remembered another magazine article when they came out in support of Copeland. Most people are familiar with Copeland's part in the passage of the law making the continuous discharge or "fink" book compulsory on American ships and thus providing an effective method of blacklisting any sailor whose union activities might be displeasing to the shipowners; however, few people are aware that Copeland has advocated a similar means of regimenting American school children. In the May 12, 1934, issue of

School and Society, Copeland urges the adoption by our schools of a "continuous record card" to show not only classroom grades but also a "behavior record." Every child would thus be continuously under "expert observation," and, according to Copeland, "the child who shows anti-social tendencies may then be given special attention and such treatment as the individual requires."

Knowing the old Doctor's ideas as to what constitutes "anti-social tendencies," it does not require much imagination to foresee the repressive uses to which he would have such a scheme put.

Dr. Copeland won his seat in the Senate when he was named as Tammany's candidate by Boss Murphy in place of William Randolph Hearst, who lost out because he was at that time in the bad graces of Al Smith. However, as far as Hearst was concerned, Copeland was a very satisfactory

substitute, for during his successive terms in the Senate the Doctor-Senator has consistently done the bidding of his yellow-journalist boss. Perhaps the best example of his unswerving loyalty to the Lord of San Simeon is his sabotage of the so-called Tugwell Bill to regulate the food and drug industry.

Here was a bill which Copeland as a doctor and one who is forever proclaiming his deep interest in public health should have given his whole-hearted support. However, if the bill had passed Hearst would have lost millions of dollars, since his numerous newspapers and magazines are filled with the kind of false advertising for foods, drugs, and cosmetics that the Tugwell Bill would have made illegal. Naturally neither Hearst nor the food and drug manufacturers could tolerate such a bill.

A ONE-SIDED HEARING

So Dr. Copeland was given the job of wrecking the bill. True, he introduced it into the Senate and gave himself an air of righteousness by ranting in his usual muddied prose style against "every slimy serpent of a vile manufacturer of patent medicines who is working his wicked way about the Capital"; but Copeland was also chairman of the Senate Commerce Committee, and as such he had charge



Mischa Richter

of the hearings on the bill and its subsequent revision. Step by step the Doctor superintended the emasculation and wrecking of the legislative measure that would have done much to safeguard the lives and protect the pocket-books of the American consuming public. During the hearings Copeland listened benignly while one "slimy serpent of a vile manufacturer of patent medicines" after another testified as to why the bill was unjust, but when expert pharmacologists signified their willingness to testify they were mysteriously not called upon to do so.

Needless to say, when Copeland was through having the bill amended it was utterly useless as a protective measure for the public.

BEHIND THE SCENES

At the same time as he was thus engaged in drafting legislation to protect (?) the consumer, the Copeland Service, conducted by the Doctor's son and then, when publicity got too hot, by his friend Ole Salthe, was engaged in the business of offering "advice" to food and drug manufacturers who would have been seriously affected by the Tugwell Bill. Reference to the latest edition of the New York City telephone directory discloses the following interesting entries:

Copeland, Royal S., Senator, 250 W. 57
Columbus 5-8492

Copeland Service, Inc., 250 W. 57
Columbus 5-8491

The conclusion is inescapable that some of the manufacturers affected by the Tugwell Bill must have found it to their advantage to seek the "advice" of the Copeland Service. It is interesting to note that after Copeland's son turned over the Copeland Service to Ole Salthe he formed the company known as Copeland Shipping, Inc., an organization which aided the shipowners in their fight against legislative reform of the subsidy gouge and working conditions among seamen. At the same time his father had charge of the Senate investigations of the shipping companies. It seems that Royal S. Copeland, Jr.'s business activities have a way of following the direction of Royal S. Copeland, Sr.'s legislative activities.

After the drug industry had convinced the Senate Committee that the Tugwell Bill was impossible a new food and drug bill was prepared under the direction of Ole Salthe. This was equivalent to letting the patent medicine

manufacturers and their allies write their own bill. That these industries fully appreciated the service of Copeland in their behalf is indicated by the following statement which appeared in the trade journal *Food Industries*:

"To Senator Royal S. Copeland goes our unqualified admiration for his ability to discuss the pending Food and Drug Law revision in public addresses without spilling the beans, not even a single one. An expectant audience on two recent occasions departed equally expectant and not very much wiser. It's a gift." Some of the Doctor's political audiences have been left in the same fix.

But there is still another reason why Copeland, of all persons, was least fitted to conduct hearings on a bill to regulate the patent medicine industry. That reason is that the medicine industry has paid Dr. Copeland a great deal of money for letting them use his name in promoting their products. In spite of the fact that professional ethics forbid such a practice, Copeland has been one of the most persistent endorsers of commercial products ranging from laxatives to vacuum cleaners. He has not hesitated to use his professional standing to earn money by appearing on radio programs sponsored by the makers of such products as *Phillip's Milk of Magnesia* and *Fleischmann's Yeast*. Both of these products have been sold to the public under false claims, and the latter product has so grossly exaggerated its virtues that the American Medical Association was forced to take disciplinary action against any doctor whose cupidity led him to endorse the product. Yet at the very time that Copeland was conducting the Senate hearings he was also broadcasting on the radio for *Fleischmann's Yeast*.

Other products which the Doctor seems to have sponsored at one time or another are *Nujol*, *Pluto* water, and *Buffalo Lithia Water*. *Pluto* water is capable of causing great harm and even death if used indiscriminately, and it has been repeatedly cited by government agencies for false and fraudulent advertising. The latter product is a useless humbug which, as its name signifies, would naturally be expected to contain lithium; however, its lithium content is so slight that the user would have to drink about 200,000 gallons of it a day in order to receive any effect whatever.

The Doctor's activities in behalf of so many questionable medicinal products force us to
(Continued on page 134)

Proper attention given to children's teeth will save much trouble and expense in later years. An article containing practical instructions for parents.

Care of Children's Teeth

ACCORDING to an old story, a doctor in China receives payment from his client only while the client is in good health. As soon as the client becomes ill payment stops and it is up to the doctor to get his patient well again if he wants to earn his fee.

Whether or not this story has any basis in fact, sensible people everywhere are beginning to regard this kind of medical insurance—i.e., preventive care *before* sickness—as the best way of keeping well. In no branch of health work is this truer than in the care of children's teeth.

BABY TEETH ARE IMPORTANT

There is an unfortunate tendency among parents to neglect the care of young children's teeth. You often hear the remark: "Oh, there's no use doing anything about those teeth; they are just baby teeth and will soon fall out." People who talk this way do not realize that the sturdiness and regularity of the second or permanent set of teeth depend to a large extent upon the dental care given the "baby" teeth.

It will surprise many mothers to learn that the care of a baby's teeth should begin while the mother is pregnant. During the sixth week of pregnancy the deciduous or baby teeth begin to form in the foetus (unborn child), and they are fully hardened or calcified before the child is born. Therefore, it is essential that the expectant mother have a proper diet with the correct calcium and phosphorous balance, and enough vitamins. She should also get sufficient rest and be spared unnecessary worry and anxiety. The expectant mother will be taking a wise precaution if she goes to the dentist to have any necessary dental work done, for in this way she can be assured that the trying time of her delivery will not be complicated by toothache or other dental troubles. However, the actual condition of the mother's teeth during

pregnancy will have no effect on the child's teeth.

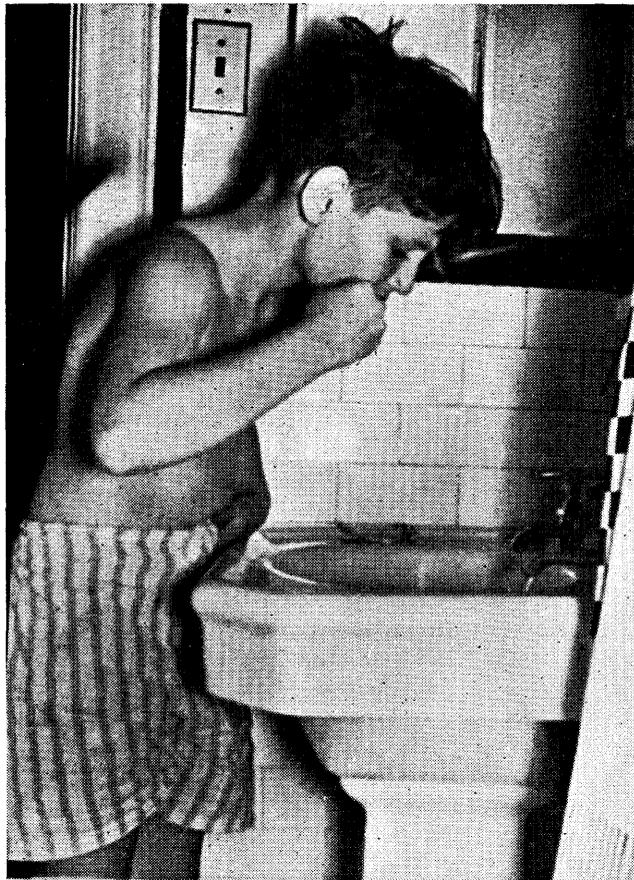
After the child is born it too must have a balanced diet in order to maintain the health of the baby teeth so that the permanent teeth which follow will have a fair chance of being strong and regular. Sunlight, fresh air, and sufficient rest are naturally also important.

This sort of basic general care is all that parents need resort to until all twenty of the baby teeth have erupted, which will usually be between the ages of two-and-a-half and three years. After that there are more specific things to be done. First of all, the child should begin to use the toothbrush and some pleasant tasting dentifrice in the morning, after each meal, and, most important of all, before going to bed. The mouth should be thoroughly rinsed after each brushing.

At this time, too, the child should be taken for his first visit to the dentist. The experience should be made pleasant rather than disagreeable for him, and this will not be difficult if the parents go about it properly. In the first place, they should refrain from talking about painful dental experiences in the child's presence, for this will only instill fear in advance. Above all, the child should not be frightened into allowing himself to be taken to the dentist, nor should the trip to the dentist ever be undertaken as a form of punishment. The child should be made to feel that the dentist is his friend and that he is simply going to clean his teeth—a perfectly natural and uninvolved process.

CHILDREN ENJOY IT

If accomplished in this way most children will actually enjoy their first trip to the dentist. They will like the novelty of the situation, the flavor of the pumice cleanser, and, since there is no pain, they will be perfectly willing to return in a few months. If by this time a small cavity has formed it will be a small one that can



Lyon and Engel

The child should begin to use the toothbrush at an early age. After each brushing the mouth should be rinsed thoroughly.

be repaired with a little painless drilling. In such cases most children will say that the drilling "tickles."

No toothpaste manufacturer can tell you how often your child should visit a dentist. Only the dentist himself can decide; the interval that should elapse between visits varies from three months to a year, depending upon the condition of the patient.

TAKING CARE OF CAVITIES

A cavity should never be neglected until extraction of the tooth is necessary. The loss of a tooth, whether it be a baby tooth or a permanent one, is a matter of importance. When a baby tooth is prematurely lost the adjacent teeth will often drift together and as a result there will not be sufficient space to allow the second tooth to erupt in its proper place. It will remain imbedded in the gums, or else it will erupt out of line of the dental arch. The result in the

latter case is crooked, or "buck" teeth.

Such teeth not only mar the appearance, but they often interfere with correct breathing and speaking.

In order to make sure that the second and permanent tooth will have sufficient space to erupt properly, a device called a "space retainer" should be inserted in the child's mouth whenever a baby tooth is prematurely lost. This device will prevent the adjacent teeth from drifting together, and it can be easily removed when the permanent tooth makes its appearance.

Orthodontia, or the practice of regulating and straightening the teeth, has become an essential part of children's dentistry. But if we successfully preserve deciduous teeth and prevent such habits as thumbsucking, this expensive dental treatment could be avoided in most cases. However, if irregularities do exist they must be corrected or else they will cause harm later on. Irregular teeth and malformed dental arches make the teeth more susceptible to decay and pyorrhea.

As we said, the deciduous teeth begin to form about the sixth week of foetal life. Their formation, color, shape, and hardness cannot be affected after birth. But it is different with the second or permanent teeth. They begin to harden (calcify) after birth but before they erupt, and during this period of hardening certain illnesses, diet deficiencies, or the action of certain drugs can arrest the process of calcification. When teeth that have been so affected erupt we find areas denuded of enamel, pits, and discolored parts. Such teeth are commonly called measles teeth, and the best way to prevent them is to give the growing child cod liver oil and similar preparations which contain the vitamins that aid the body in utilizing the calcium and phosphorus in our food.

THE SIX YEAR MOLAR

The first of the permanent teeth to erupt is the six year molar. It appears before the loss of the deciduous teeth and is the most important tooth in the mouth. It protects the shape and development of the jaws and maintains the proper

relationship of the upper and lower jaws. However, the six year molar is especially subject to decay; it is estimated that only one out of every two thousand does not decay. In order, therefore, to guard against decay this tooth should be

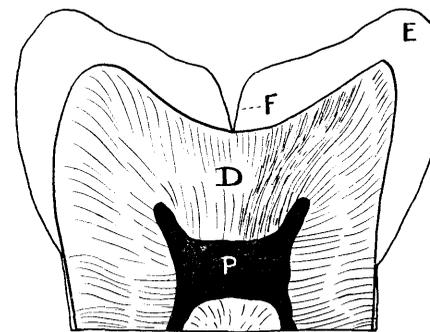


FIGURE 1

filled before decay sets in. Since the decaying process begins in the grooves of the chewing surfaces the very narrowest filling possible can be used. It need be no deeper than the groove in the enamel and it is not at all painful to prepare.

In order to understand why and how teeth decay we must understand the construction of the teeth. The outer layer of the crown is the enamel. (*E* in Diagram 1.) This is the hardest substance made by the body. Underneath the enamel, forming the body of the tooth, is a bone-like substance called the dentin (*D*). The pulp of the tooth (*P*), commonly called the nerve, consists of blood vessels, nerves, connective tissues, and cells. The pulp nourishes the dentin.

Diagram 1 illustrates a cross section of a tooth cut through at the center. The surface (*F*), which is a continuation of the groove mentioned above, is really a fault in the construction of the enamel. The enamel (*E*) begins to harden from several points in the same tooth, and when the calcified parts meet they often fail to form a perfect union, resulting in a fissure. Such a fissure is the most vulnerable spot in a tooth and it is at this point that decay commences. The hard enamel offers resistance to the decaying process, but the dentin, being much softer, decays very rapidly.

The decaying process is most active in young people. The pulp (nerve) sets up a barrier of secondary dentin to stop the decay, but the process is usually so rapid that before long the pulp or nerve is penetrated and it becomes infected. An abscess usually follows and in many

cases it means that the tooth is necessarily lost.

The following are some facts regarding the care of children's teeth that every parent should know:

1. In a normal healthy child the eruption of teeth is usually painless.
2. It is perfectly normal for some children to be born with teeth.
3. It is generally agreed that the later the teeth erupt, the harder (more calcified) and consequently less liable to decay they will be.
4. Habits such as the use of pacifiers, thumb sucking, sleeping with a fist under the cheek, contortions of the lips and tongue are responsible for many dental deformities.
5. There are twenty deciduous teeth and thirty-two permanent teeth.

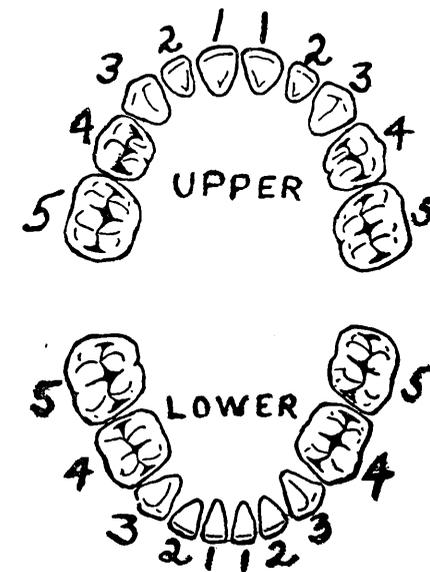


FIGURE 2

1. Central Incisors—7-9 months.
2. Lateral Incisors—9-12 months.
3. Cuspids—18 months.
4. First Molars—14 months.
5. Second Molars—26 months.

Diagram 2 shows the position of the deciduous teeth in both the upper and lower jaws, and the legend below the diagram indicates the ages at which these teeth usually erupt. In referring to this diagram it should be borne in mind that the ages given are approximate, and that if a child's teeth erupt a few months earlier or later there is no reason to be concerned.

Is your home a safe place to live in? A great many homes are not. The first of a series of articles telling you how to safeguard yourself against domestic accidents.

Accidents in the Home

SO much publicity has been given to the tremendous loss of life due to motor accidents that most people will be surprised to learn that more fatal accidents occur annually indoors in private homes than on our teeming highways. Nevertheless, this is a fact which is proven beyond a doubt by the carefully compiled figures of the National Safety Council.

38,500 persons died in the United States last year as a result of preventable accidents *in the home*—in other words, one such death every fifteen minutes!

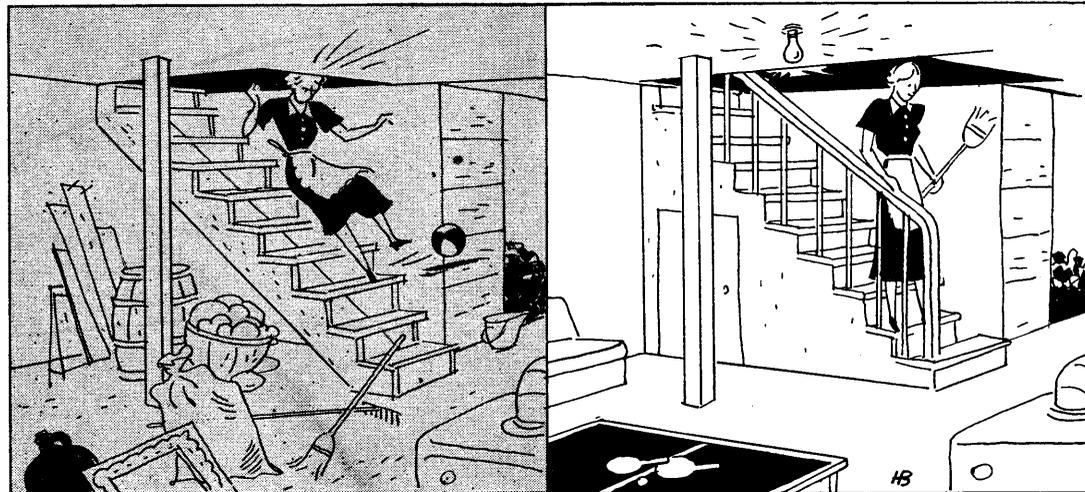
You wouldn't think there were so many ways of getting killed at home, would you?

money is necessary it is usually only slight.

What, then, are the features of the average American home that contribute to the loss of life from accidental causes? In this and the subsequent articles in this series we will point out the dangers and show how they may best be avoided.

If you want to go about making your house accident-proof a good place to start is with the stairways. The National Safety Council tells us that falls are responsible for more than 50 per cent of all fatalities resulting from home accidents, and that 35 per cent of falls take place on stairways.

There are certain safety considerations that



The kind of stairway that invites accidents. Poor lighting, no hand rail, insufficient headroom, and objects on the stairs.

The kind of stairway that makes for safety.

And that's just where the trouble lies—in failing to realize the existence of common, everyday hazards until it is too late.

Preventing unexpected tragedies of this kind in your home is largely a matter of realizing what the hazards are, and then setting out to eradicate them without delay. In most instances all that will be involved is a correction of habitual carelessness; when an expenditure of

must be borne in mind when a stairway is constructed. If there are babies in the home a gate should be placed at the head of the stairway. Providing a hand rail at the side of the stairway is always a wise precaution. Narrow treads, sharp turns, insufficient space for landings, and insufficient head-room are all common features of stairways that should be avoided. Back stairs, cellar stairs, and attic

stairs are most likely to be faulty in these respects.

Even though a stairway that has already been constructed may be faulty in some of the respects mentioned above, there are certain things that can be done to minimize the danger.

Illumination is always an important factor, and a bright light should be placed in such a position that all parts of the stairs are visible. Moreover, light switches should be conveniently located both at the head and the foot of the stairs where they can be reached at all times before stepping onto the stairway. When a stairway is likely to be approached from more than one direction, it is well to provide a light switch at each point of approach. Where electricity or gas for illumination is not available a flashlight should be kept handy for use on dark stairways.

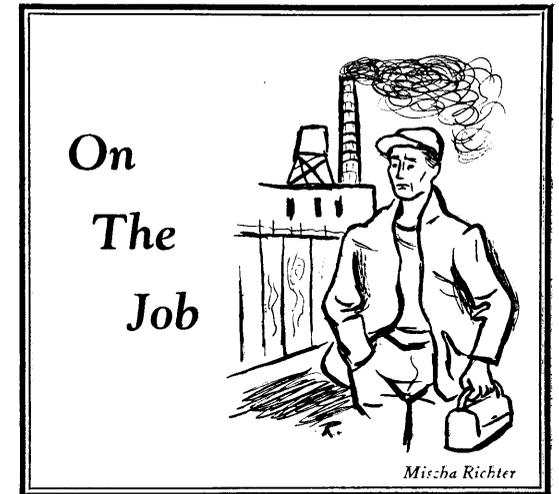
Under no circumstances should the treads, the landings, or the floor spaces at the head and foot of a stairway be waxed, nor should loose rugs be put down in these places.

KEEP STAIRS CLEAR

No objects of any kind should be left on the stairs at any time. Brooms, mops, ironing boards, and other articles of household equipment should never be stored on a staircase, and children should be taught at the earliest possible age never to leave their toys and playthings on the stairs.

Carefulness with regard to stairways is especially necessary where there are children and aged or infirm persons in the household. Children are naturally inclined to be careless and the aged are especially susceptible to accidents because of their lack of agility. When an elderly person suffers a fall the danger of a fracture is great because an old person's bones are considerably more brittle than a younger person's. Even a slight fall may cause a fractured hip, and such a fracture in a person of advanced age is frequently fatal. Moreover, any fracture which confines an elderly person to bed for any length of time is apt to be fatal because old people's lungs tend to become waterlogged when they are no longer up and about.

Follow the "Accidents in the Home" series which will appear regularly in HEALTH AND HYGIENE, and learn how you can avoid the domestic mishaps and disasters that befall thousands of people every year.



Industrial Accidents and Hazards

THE AVERAGE length of life of the American industrial worker is seven years shorter than that of the general population. Death rates of workers in industry are one and a half to two times as high as among the rest of the population. What are the factors in modern industry which bring sickness and premature death to so many workers in industry? This department will discuss regularly some of the various hazards which surround workers on the job, and will tell what can be done to minimize or wipe out these hazards.

We have just received the figures on fatal accidents in industry during 1936. Occupational deaths in the United States last year amounted to 18,000! This is the highest figure in the last five years and represents an increase of 9 per cent over 1935. The industrial division of the Metropolitan Life Insurance Company records an even greater increase of 16.9 per cent over 1935! These alarming figures are for 1936, a year when the most dangerous industries such as construction, transportation, and public utilities were still at a relatively low ebb of activity. With an increase in the activity of these branches of industry present indications are that occupational fatalities for 1937 will be even higher than for 1936.

Most industrial deaths are preventable. They are increasing in number because machines are not properly safeguarded and because factory inspection is a farce. So little money is appropriated by the States for purposes of inspection that it would take existing staffs almost decades to catch up with the work they are legally bound to do.

Adequate factory inspection, abolition of the speed-up, machines that are kept in good repair, and sufficient rest periods are necessary. Wherever such a program is in force the accident rate drops precipitously. Here is something for the trade union movement to sink its teeth into.

The breakdown of the present medical set-up has led to the development of new forms of medical organization. A doctor who has studied these new forms states the case for the cooperatives.

Medical Cooperatives

By KINGSLEY ROBERTS, M.D.

Medical Director of the Bureau of Cooperative Medicine

THE facts set forth in bold type on the opposite page indicate that there is a crisis in American medicine. We must act at once to protect our greatest asset, the health of the people, but the steps taken must be sound economically and medically. Cooperative medicine is designed to meet these requirements as far as a considerable portion of the population is concerned.

Cooperative medicine is a form of medical organization that makes a direct attack on the economic problems of present-day medicine with a view to making the best in medical science available to the people on the most favorable terms.

GOOD MEDICAL CARE TODAY?

The California Medical Economic Survey* revealed that among persons who knew they needed medical care only 66 per cent were receiving it, thus disposing of the charge that popular ignorance is primarily responsible for the failure of medicine in reaching the public. However, disregarding this evidence, to say that ignorance on the layman's part is one of the chief reasons for such a situation is as damning as the bare facts themselves, for a system under which such ignorance can exist must take full responsibility for it.

Thus, the first indictment against the present system of medical care is that it reaches

* This survey, also known as the Dodd Report on Medical Needs in California, indicated such a shocking inadequacy in medical care that the California Medical Association, under whose supervision the survey was undertaken, decided to suppress it—in spite of the fact that the survey was paid for largely out of public funds. A preliminary report was issued only to be promptly withdrawn, and the complete report has not been forthcoming. HEALTH AND HYGIENE has attempted to get a copy of the preliminary report from the California Medical Association, but the Association has ignored our request. [Editor's Note]

only a small proportion of those who need it. Inadequate care, however, tells only part of the story. More serious is the complete failure of present-day medicine to make use of known methods of prevention. As Dr. Michael M. Davis has said:

The fee system of paying for medical care at the time when service is rendered was built up long before the advent of preventive and control measures. It depends psychologically upon the compulsive motives of fear, pain, or anxiety. With diseases and conditions which can be prevented, or which can be benefited in incipient stages, the fee system presents an economic barrier against the receipt of care at the most favorable period.

Under the fee for service system the cost of illness varies so greatly that when illness strikes any member of the household the family budget is thrown out of gear. No provision for medical care can be made in the budget because of the utter unpredictability of the incidence, the nature, and the duration of sickness. Mr. Jones can never know when he may be disabled, and when he is taken ill he has no idea what the ultimate cost is going to be. The doctor examines him and prescribes treatment. Mr. Jones fails to respond and is thereupon shunted from one specialist to another, duplicating records, having numerous x-rays taken, and running up bills for doctors' and laboratory services.

BILLS ARE TOO HIGH

How many people use up their savings and then fail to pay the balance of the bills cannot be estimated. If illness is serious enough to require specialists, hospitalization, or nursing, pressure is brought upon the patient for immediate payment of the bills. The only solution is to borrow. This taxes income for an indefinite period and is disastrous in the event of

slow recovery or further illness. Thirty-eight per cent of all small loans are made for the purpose of paying medical bills. Hundreds of thousands of people run up bills equal to or exceeding their annual incomes, and millions more never submit to medical treatment because they are afraid of what the costs may be.

The second count of the indictment, therefore, is that such service as is received imposes a financial burden that seriously affects the living standards of many of those concerned.

Let us now see what forms any organization which sets out to increase the availability and improve the quality of medical care must take. One of the fundamentals of any organization which aims to provide medical service and distribute it more widely, is *the substitution of group medical practice for individual practice*. There are several reasons for maintaining that only groups can furnish medical care that will meet the essential requirements of being complete in form, good in quality, and reason-

Consider These Facts

Two and a half million people are sick today and every day.

Four out of every ten of these Americans did not see a doctor last year.

Three and a half billion dollars were spent for medical care last year. Yet only about one hundred million were spent for preventive medical care.

One-third of the doctor's time is wasted waiting for patients.

Four American doctors out of every ten fail to keep up with scientific advances in their fields.

Unnecessary illness and death costs ten billion dollars each year—\$330 for every family in the United States.

In short, in America today, doctors, patients, and medical practice are in a mess.

Many people, however, who do see the doctor do not receive good care. No argument is necessary to support the position that care given by doctors who are years behind developments in modern medical science is both wasteful and, in many cases, harmful. Old-fashioned practice is hit-or-miss. It neglects modern scientific methods and diagnostic facilities. It is poor medicine. It keeps bills low but it is expensive in the long run.

The difficulties attendant upon post-graduate work have caused many physicians to fall behind their fellows. Several years ago doctors in five States were asked twenty-nine simple questions based upon modern medical science. Forty-two per cent answered incorrectly, and the ability to answer correctly fell in proportion to the number of years out of medical school. A report of the Committee on Maternal Mortality of the New York Academy of Medicine states that 61 per cent of preventable maternal deaths occurred because of the negligence of physicians.

The third count in the indictment, therefore, is the low quality of much of our medical care.

able in price. The most important of these reasons is that medical science and methods of practice have advanced with such rapidity that the lone physician can no longer cover the entire field of medical knowledge. Organized groups of physicians representing all branches of medical science must replace the individual practitioner if patients are to receive accurate and thorough examination and treatment, and if the prevention of disease is to become an outstanding feature of medical practice. There is no present dearth of specialists but there is so little coordination in their work that it is not of maximum value even to those who can afford to pay for it. Group practice promotes the consultation of physicians, and frequent consultation is imperative if medical care is to be of the highest quality.

ECONOMY IN GROUP PRACTICE

Another important reason for advocating group practice is economy of operation. The equipment necessary for anything approaching adequate diagnosis and treatment is extremely expensive. Private practitioners either cannot afford such equipment or they must charge

large fees to cover the cost. Physicians working together may share the cost of equipment and thus keep their overhead relatively low.

The saving of time and energy is still another strong argument in favor of group practice. Under present conditions physicians must devote a disproportionate amount of attention to building up and maintaining their private practices. Freedom from the worry and stress of financial and administrative detail would enable them to concentrate on professional matters.

COST KNOWN IN ADVANCE

While the quality of care may thus be kept at the highest level by means of group practice, the patient's problem of how to pay the bill still remains unsolved. Common sense and all available experience indicates that the only way of meeting this problem is through prepayment. It is possible to compute the amount of service necessary to provide adequate medical care during the year to a given number of people. Once the volume of service is known the costs can be readily computed. Make allowance for sufficient reserve and then divide the total amount by the number of people in the association. Divide again by twelve and you will have the cost of adequate medical care per month for each member. *Prepayment is the second fundamental feature of any acceptable plan of organized medical care.*

The third essential feature in an acceptable plan for organized medical care is the incorporation of the principles of preventive medicine. Preventive medicine is sound economy. Through it the possible savings to a cooperative health association, as well as to the individual members, are extensive. Many illnesses, such as tuberculosis, the care of which is extremely expensive, can easily be prevented. Today there are approximately 20,000 deaths a year from appendicitis, due solely to delay in treatment. When the symptoms of sickness are detected before disaster is upon the patient medical treatment is more effective.

These three fundamental principles characterize cooperative medical service. The question immediately arises as to how a cooperative health association should be controlled. From the organizational standpoint the fundamental principles of consumers' cooperation apply: one member, one vote; no proxy voting; no political, racial, or religious discrimination; open

membership. These principles are the essence of democracy. Through consumers' cooperation members of the cooperative health associations receive the type and quality of care that they themselves want. They are the ones who are to be treated by the doctors; they are the ones who are insistent upon the competence of the doctors. They know there is no real economy in cheap medicine.

These fundamental features of organization and control, however, are absent in most other types of medical organizations. With private control, as distinguished from control under the cooperative form, profit becomes a primary consideration. It is only essential to maintain quality at a level high enough to hold subscribers, and so inadequate are normal standards of care that this level can be surprisingly low.

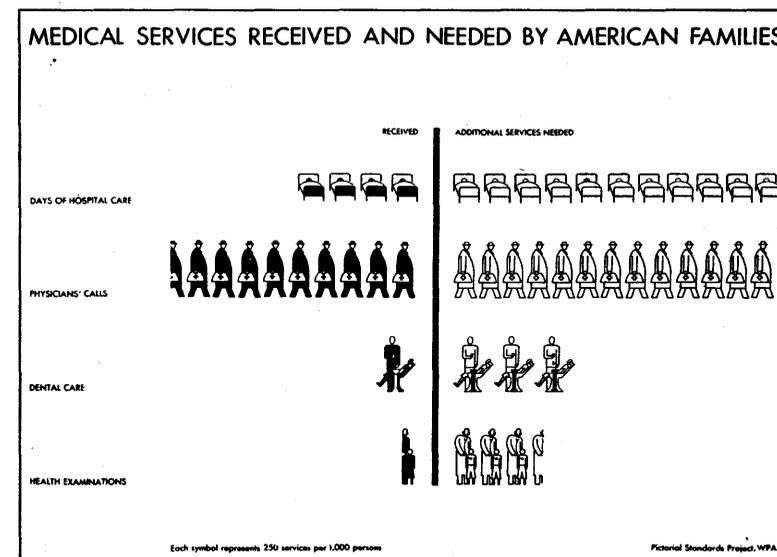
When industrial concerns undertake to organize medical care it is often for their own immediate purposes, with the concept of employee welfare a secondary consideration. Commercial insurance companies have the disadvantage of interposing a third party between the patient and the physician, with the result that the doctor's loyalty is divided between the company and the patient. No agency except an association of patients seems to be so motivated as to provide the proper relationships between the doctors, on the one hand, and the purchasers of medical care, on the other. However, under the cooperative plan, lay control does not extend into the field of medical matters. These are the province of the doctor, in which he has been specially trained, and in this field there must be no lay interference or regulation.

COMPULSORY HEALTH INSURANCE

On almost every point cooperative health associations offer advantages not present in other types of organizations for the provision of medical care. This is because cooperative medicine is deliberately aimed at the solution of as many of the economic problems of today as is possible in any one organization. Cooperative medicine is not a panacea. One of its faults is that in its effort to provide the best of medical care it places its services out of the reach of a great many people in the lower income groups and the unemployed. For these groups the only answer may be compulsory health insurance.

Compulsory health insurance has been de-

As graphically illustrated in this chart, the American people receive only a fraction of the medical care they need.



veloped principally to remove the cost problem and in this way to attack the problem of adequate care. It cannot wholly do so, for under a compulsory insurance system incompetent doctors may practice on insured persons. Thus the position of such doctors is, in fact, solidified. Furthermore, the low remuneration to doctors which is likely to prevail in any compulsory health insurance plan that is likely to be adopted in this country in the near future makes it difficult if not impossible for the doctors to give adequate and complete care. Low remuneration for the doctor penalizes attempts on his part to give adequate and complete care. Preventive medicine does not receive the attention that is its due.

Other suggested solutions do not even have the virtues of the compulsory insurance system. The postpayment and "bargain-basement" proposals are faulty on every count and are therefore not deserving of consideration. However, the fact that they can be effectively presented to the average layman warrants mention of their deficiencies.

In postpayment plans a central bureau investigates the patient's income and arranges for payment over a period of time. If we assume that the family income is \$1,200 a year—and at least one-fourth of the families in the country come under this income level—we can see that in order not to impose a financial burden that would seriously interfere with the standard of living, payments for treatment in many illnesses would have to be stretched over a period of many years. This much time is not

generally allowed the patient in which to pay.

The "bargain-basement" proposal is just as unsatisfactory. You join the organization and pay a certain amount a year. For this you receive a list of physicians who will treat you at rates usually fixed at 50 per cent of normal charges. If the intention is to exploit the patient, this is as satisfactory a way as any. To mention only two of the objectionable features: the doctor is free to charge for such medicines as he may dispense, and in many cases the difference between the normal fee and the cut-rate fee is made up by such charges. Against such exploitation the patient has no recourse. Furthermore, patients are often given unnecessary treatment.

In proprietary medicine such as lodge practice, commercial insurance, or private clinics, the necessity of making a profit either for a third party or for the doctor renders the best type of medical care impossible.

BETTER CARE FOR MORE PEOPLE

Cooperative medicine appeals to any group that knows the value of health. By making good doctors available, by coordinating their activities, by doing away with fear and pain psychology, by stressing preventive medicine, and by reducing costs, adequate medical care becomes a reality for a great many people who cannot now know the meaning of the term. Cooperative medicine offers adequate care under the most favorable conditions for both doctor and patient. That is why cooperative medicine can take as a slogan "Prevent illness, don't wait for disaster."

PATENT MEDICINES AND FREEDOM OF THE PRESS

Through advertising contracts the makers of fraudulent medicinal products maintain a stranglehold on our daily newspapers and dictate the kind of "news" that may or may not be printed. A revealing exposé of a combination in restraint of truth.

"WHAT does your little splurge in type come to? You tell folks maybe half a dozen times a year that patent medicines won't cure 'em. The newspapers tell 'em every day of the year that patent medicines will cure 'em. What are they going to believe . . . ? We've got the newspapers and we've got the politicians, and we'll have the lawyers when it comes time."

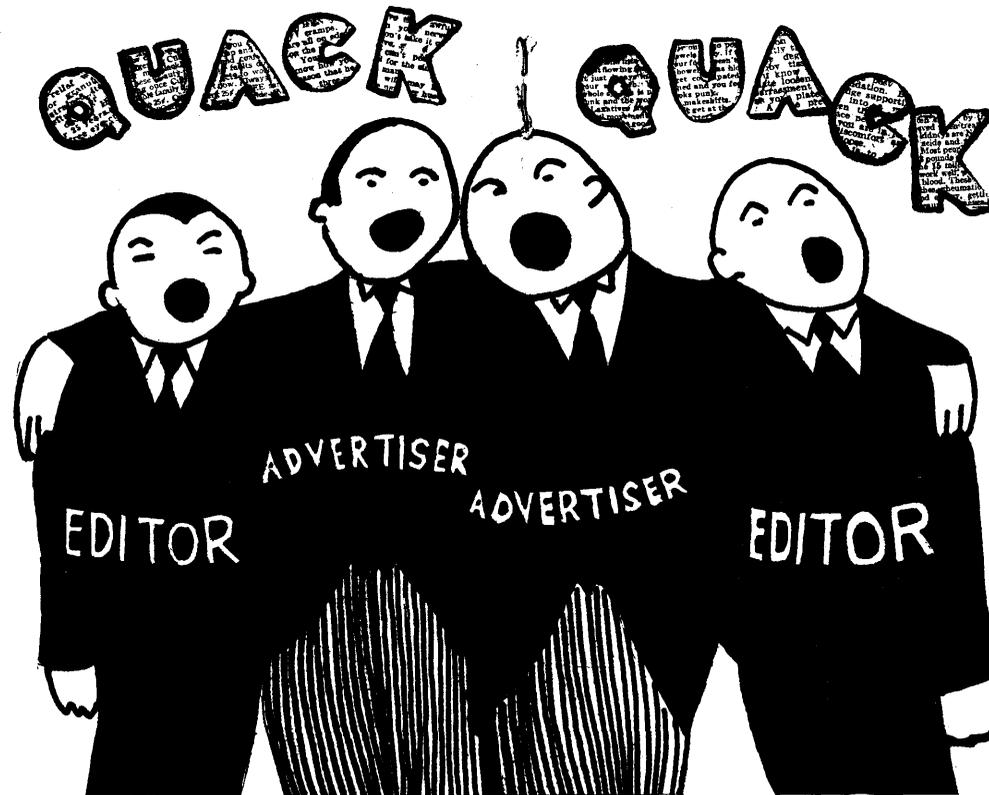
This is what a salesman for a patent medicine company told Samuel Hopkins Adams in 1912, in an effort to convince him that all of his crusading activity, which to a large extent had been responsible for the passage of the Harrison Food and Drug Act of 1906, were in vain. It was a factual statement of conditions as they had existed for years.

OPIUM FOR THE BABY

Adams had become interested in quack remedies in 1905 when he prepared a series of articles for *Collier's Weekly* exposing the viciousness of the racket. There were several highbinding methods for the successful exploitation of proprietary medicines in those days. One of the favorites was the inclusion of a habit-forming drug in the formula, thus guaranteeing that a regular user would become an unconscious drug addict and would require continually larger doses until such time as he retired to an early grave. A second method was the inclusion of a large quantity of alcohol, frequently more than in standard whiskies; a few stiff doses made the patient feel fine. A third successful practice was putting sizeable doses of opium into "soothing" syrups for babies and children.

But during the course of this series Mr. Adams began to discover other fascinating aspects of the trade and in November, 1905, *Collier's* published an article entitled *The Patent Medicine Conspiracy Against the Freedom of the Press*, presenting information which remains startling even to the present day. The article was well documented with photographs of advertising contracts drawn between the

By
CHARLES E. COLAHAN



Chas. E. Colahan

medicine men and the newspapers. A particularly interesting clause was to be found in each of these contracts, for example:

First—It is agreed in case any law or laws are enacted, either State or national, harmful to the interests of the J. C. Ayer Co., that this contract may be cancelled by them from date of such enactment. . . .

Second—It is agreed that the J. C. Ayer Co. may cancel this contract, pro rata . . . in case any matter otherwise detrimental to the J. C. Ayer Co.'s interests is permitted to appear in the reading columns, or elsewhere, in this paper.

The nature of the conspiracy was fully illustrated by photographs of communications from the medicine men to the papers calling attention to pending legislation and requesting press

campaigns for "mutual benefit." Adams states that there existed "a national organization of quack doctors and patent medicine makers" under the harmless title of the Proprietary Association of America, and that "The fighting of public health legislation is the primary object and chief activity, the very *raison d'être* of the Proprietary Association." Mr. Frank J. Cheney of the Cheney Medicine Co., maker of *Hall's Catarrh Cure* (14 $\frac{3}{8}$ % alcohol), president of the Association and originator of the scheme of incorporating cancellation clauses in the advertising contracts, interpreted the strategy of the scheme in a speech before the Association:

We have had a good deal of difficulty in the last few years with the different legislatures of

the different States. . . . I believe I have a plan whereby we will have no difficulty whatever with these people. . . . My point is merely to shift the responsibility. We today have the responsibility of the whole matter upon our shoulders. . . . There has been constant fear that something would come up, so I had this clause in my contract added. This is what I have in every contract I make: "It is hereby agreed that should your State, or the United States government, pass any law that would interfere with or restrict the sale of proprietary medicines, this contract shall become void. . . ." In the State of Illinois a few years ago they wanted to assess me three hundred dollars. I thought I had a better plan than this, so I wrote to about forty papers and merely said: "Please look at your contract with me and take note that if this law passes you and I must stop doing business, and my contract ceases." The next week every one of them had an article. . . . I have carried this through and know it is a success. I know the papers will accept it. Here is a thing that costs us nothing. . . . It throws the responsibility on the newspapers. . . . I think this is pretty near a sure thing.

These disclosures, as well as those concerning the dangerous character of the medicine men's products, attracted widespread attention and gained excellent results. In the following year, 1906, when the Food and Drug Act was passed, credit for the victory was rightfully given to Dr. Harvey W. Wiley, then chief chemist of the Department of Agriculture, Samuel Hopkins Adams, and *Collier's*. The new law provided that medicines containing certain drugs must state upon the label that such drugs are present and that no false or misleading statement should appear upon the label, the package, or the instructive matter enclosed. The value of the latter provision, however, was destroyed the following year when the makers of a cancer "cure" carried a case to the Supreme Court and won a decision that the law prohibited only false and misleading statements pertaining to the ingredients and had no bearing on claims for curative effects. The law had no authority over intra-state sales or advertising. Unfortunately, buyers of patent medicines read ads, not labels.

The *Cleveland Press* decided to fight the quacks but the campaign was short-lived. In forty-eight hours six advertising contracts were

cancelled. The Proprietary Association said, "Gentlemen, when you touch a man's pocket, you touch him where he lives; that principle is true of the newspaper editor or the retail druggist, and goes through all business."

By 1911 an organization for the special purpose of fighting state legislation had appeared under the impressive title, the League for Medical Freedom, and the Advertisers' Protective Association had been formed. *Collier's* offered a reward for a list of the backers of the latter organization but did not succeed in getting it.

FAKE NEWS ARTICLES

In 1912 Mr. Adams wrote a new series of articles dealing with the failure of the Food and Drug Act as employed. Here he quoted at length a patent medicine salesman who explained the inside methods of the racket—the methods employed to extort low advertising rates, the demanding of "reading notices" or fake news articles, the gathering of testimonials, and the joyous cooperation of the press in spreading a false news story to the effect that one manufacturer had sued *Collier's* for libel and won.

The racket flourished. Any individual on a sufficiently low moral plane could tack the title "Doctor" to his name, bottle a mixture of turpentine and ragweed, and state on the label that it was "recommended" for the cure of syphilis, sore joints, and nymphomania. He could make any claims in his advertising, accompanying "reading notices" inserted in the papers as news items would decoy the unfortunate, and America's free press took its cut and afforded the medicine maker protection. As the years passed there were many changes in the methods of exploiting patent medicines but there was only one significant change in the relationship between the press and the quacks who were becoming the largest group advertisers in America. Formerly individual publishers fought corrective legislation but now the press learned to fight on an organized scale—through the newspaper publishers' association. Our "free" press succeeded in postponing drug legislation for a generation, receiving in return a large share of the \$300,000,000 the American public pays for worthless nostrums each year. In 1933 came the test to determine whether or not the conspiracy still existed. With the advent of a new administration and much talk of social legislation it was realized that

more adequate food and drug laws must be forthcoming. A bill was prepared by Assistant Secretary of Agriculture Guy Rexford Tugwell, providing, among other things, for the restriction of false and misleading advertising, and the test was under way. Certainly, if there were any reliable medicine manufacturers dependent upon legitimate channels for the disposal of their products, they would support a measure which would curb some of the out-and-out swindlers. E. R. Squibb & Son was the only drug maker in America who supported the bill. The advertisers and the advertising agencies were direct and to the point. The Creomulsion Company of Atlanta, Georgia, circularized all the papers that carried its advertising:

Gentlemen: You are about to lose a substantial amount of advertising revenue from food, drug, and cosmetic manufacturers. Your pocketbook is about to be filched. . . . You publish your paper for profit and as a service to your community. In most virile business organizations the altruistic policies in the final analysis are means to a primary end, which is profit. . . . An isolated editorial or two will not suffice. . . . You need to take an aggressive stand against this measure. You need to bring all personal pressure you can upon your Senators and Representatives. You need to enlighten and thereby arouse your public against this bill that is calculated to greatly restrict personal rights. If this bill should become a law we will be forced to cancel every line of Creomulsion advertising.

Editor Frederick Sullens, of the *Jackson Daily News*, said in that paper, "Frankly I am interested in this because many of these products are extensively advertised, in fact, they form at least ten per cent of our advertising revenue." Assistant Secretary Tugwell wrote to Mr. Sullens to inquire if that gentleman was willing to sacrifice public health to his advertising profits, and Mr. Sullens replied explicitly, ". . . the inclination is strong to tell you to go to hell. . . . Just consider I was correctly quoted."

WHAT CONSTITUTES PROPAGANDA?

Mr. Avron Spiro, of the Lake, Cohn, Spiro Advertising Agency, addressing the United Medicine Manufacturers of America, said, "Self-preservation is the first law of nature and self-medication is one of the first laws of self-preservation. . . . The newspapers are vitally concerned for this bill hits directly at them. The United Medicine Manufacturers were

meeting in Chicago in September, 1933. They adopted a "fighting program," the second point of which was: "To secure cooperation of newspapers in spreading favorable publicity, particularly in papers now carrying advertising for members of the Association." They appealed to the President, stating that the mere introduction of the bill in Congress was already having a ruinous effect on the drug and advertising industries.

The American Newspaper Publishers Association opened its 1934 convention with a resolution favoring "freedom of the press," and then went to work on the Tugwell Bill. The general manager of the Association said this legislation was "the most offensive measure ever introduced in Congress insofar as proper advertising was concerned." He accused the administration of attempting to "harass manufacturers and advertisers" and wanting "to prohibit any advertising that is not literally true." He then turned to a volume written by Mr. Tugwell and Howard C. Hill, which dealt with the social waste of advertising and which had nothing to do with the case, saying, "It is our opinion that the attempt to use our school system for this or any kind of propaganda is reprehensible and should be condemned." It is to be imagined that in response the representatives of the press cheered loudly and waved red herrings.

MR. BLAIR ACCUSES

That was the keynote. The herring was dragged until it was a skeleton. Those champions of free thought, Mr. Frank Gannett and Mr. Paul Block, threw their newspaper chains into the campaign. The *New York Herald Tribune* turned Mark Sullivan loose on Mr. Tugwell's reputation and if Mr. Sullivan had any memories of his younger and more virile days when he was a fellow writer with Samuel Hopkins Adams on *Collier's Weekly* he showed no sign of them. With a straight face and that high moral earnestness that comes over American business men when their dividends are threatened, Mr. Frank A. Blair, President of the Proprietary Association, inveighed against "legislative experimentation fostered by pressure groups, each with a selfish motive." Seldom did these attacks mention the bill Mr. Tugwell had prepared in his regular capacity in the Department of Agriculture, but rather they accused him in some vague manner of "inciting

(Continued on page 136)



I just had lunch with Helena Rubinstein. To describe that experience none but vital and brilliant words are useful. Emeralds in Sunlight was the main course, served on a sunburst cutglass plate.

Color, vitamins radiating light—I was eating those dynamic elements. In the center of the flashing plate some artist had painted a circle of tiny herbal cheese balls rolled in pale green gratings, jewelled together with enormous strawberries. From each delicate globe shot out an endive spear, filled with strips of avocado, highlighted with grapefruit. And the emeralds—perfect cups of pale lettuce for setting—vivid green vegetables held in their crisp embrace. —*Food for Beauty*, an advertising booklet issued by Helena Rubinstein.

The best of meals tastes better and digests easier when you have an abundant flow of digestive fluids—alkaline digestive fluids so vital to good digestion. Smoking Camels encourages this flow.—*Advertisement for Camel cigarettes*.

Vitamin content will . . . smooth out premature wrinkles, reduce large pores, eliminate blackheads and pimples, correct subnormal skin conditions, and restore youthful color and elasticity.—*Advertisement for Cosray Vitamin D Soap*.

Good Housekeeping goes a-hunting so mothers may know that their babies are safe . . . that their tomato juice has the proper vitamin C potency . . . that Baby's soap will not irritate her tender skin . . . *Good Housekeeping* never theorizes, never guesses . . . *Good Housekeeping* always proves before it approves.—*Advertisement for Good Housekeeping Magazine*.

Just as milk of magnesia helps an internal acid condition, so, in this cream, it acts on the external fatty acid accumulations on the skin . . . —*Advertisement for Phillip's Milk of Magnesia Texture Cream*.

We invite our readers to send in contributions to this department.

What is the proper way to go about answering your child's questions about sex? One mother who feels she solved this problem successfully offers her experience as a guide to others.

Sex Education for Children

By LA IVA BELLE DAVIS, R.N.

DANNY is ten years old. He is a normal, healthy youngster and curious as all children are. It has been quite a responsibility to bring him up and to satisfy his curiosities in a sensible and intelligent way, but I feel that I have done my job well. Perhaps my experience will benefit other mothers.

Like all normal children, Danny showed a certain amount of curiosity about sex.

This curiosity had to be satisfied and if

I hadn't undertaken to do it myself he would have found out from other, and probably far less satisfactory, sources.

For fourteen years I was a school nurse and my experience taught me that mothers find sex education the hardest of all problems in child character training. I know the reason for this, too. The mothers themselves need re-education. It is a fact that many parents regard sex as something to be ashamed of. And if the parents are ashamed how can the child be expected to develop a healthy and open attitude toward sex?

Fortunately I was not burdened with such a difficulty.

But I had another problem. When should sex training begin? Should it begin before the child asked questions or after? I decided it must begin before, because if the child asked questions his interest and emotions must already have been aroused about the subject. I did not want him to feel that there was any mystery in sex. In other words, I wanted him to receive his sex information as he would any other casual knowledge, that is, without undue emphasis or importance being placed upon it in any way.

So Danny's sex training began at birth. No more and no less attention was paid to his sex organs than to his nose, hands, or toes. The first time I noticed he had discovered his genitalia I saw to it that he also discovered his

toes. When I found him handling his genitalia, I didn't slap his hands or in any way show that such behavior was unusual. Instead I gave him a bright toy which proved more amusing to him. I trained him for the toilet in a

matter-of-fact way. His bath was another opportunity to teach. Drawing the foreskin back from the penis and washing it was just as important—and no more important—than cleaning the ears. In other words, I did nothing to make him attach any more significance to the sexual than to the other external organs.

TEACHING SEX DIFFERENCES

Since there were no other children in the home, I wondered how I was going to teach him the difference in the sexes. But I solved this problem by leaving pictures of nude children where he could find them. I knew I had been successful because he transferred the knowledge he had gained to his acquaintance with animals. It was not long before he could tell a male from a female dog.

When Danny was two years old he helped me plant seeds in the garden. This was a splendid opportunity to explain to him that each flower had a seed of its own, that everything grew from seeds, that he himself had grown from a seed. The only difference between the flower seed and his own was that the flower seed was planted in the soil, while his own

seed had been planted in his mother's body.

I knew that the seed demonstration went over, too, because a week later I missed two boxes of Jello and discovered Danny planting them in the back yard. When I questioned him, he said, in his baby talk, "More Jello grow, Mother. Danny like."

THE FOX TERRIER

Next I bought a female fox terrier for Danny so we would have some puppies to serve as a lesson in reproduction. Danny was three at the time. When the dog began to get large I explained, unemotionally and without sentiment, that she had babies in her body.

Danny took the matter very seriously. He would pat the dog, and one day I saw him kiss her head. He developed a very protective attitude toward her. When the puppies were born, there were only three in the litter, and a more disappointed boy one never saw. He said, "It was all my fault because when she was digging in the ground the day before the puppies were born, I made her stop, and if I had let her dig longer she would have planted more seeds." I realized then that he was a little too young to grasp the whole story, but I was confident that I was teaching him the right way.

For two years nothing unusual happened. When he was five he noticed a pregnant woman on the street and asked why her stomach was so large. I explained to him that she was carrying a baby in her body. Then the questions did come. Oh, the seed; yes, he remembered, but where did a baby seed come from; how did it get into the woman's body; how long did it have to stay there? I answered these in simple and straightforward language that he could understand.

After he entered school he studied science in the first grade. The teacher had a hen sitting on eggs and all the children enjoyed watching this process, no one more than Dan. When the eggs had hatched he came home and told me all about it, and said it was easier for the

hen to sit on the eggs than for the mothers to have to carry the egg in their stomachs. I agreed with him, but I didn't lose the opportunity of explaining to him how much more care and protection a baby needed than a chicken.

When he was seven he had a severe case of scarlet fever. I had been with him constantly so I suppose he realized how much we meant to each other because he said, "Mother, doesn't it hurt ladies to carry babies in their stomachs?" I told him that nature had made provisions and that it was uncomfortable especially towards the latter part of the nine long months before the baby came, but that babies were worth any kind of inconvenience. I didn't want him to get a gruesome view of the process of childbearing and yet I wanted him to appreciate what it meant to the mother. I explained that mothers needed all the care and consideration one could give them.

His next question was, "Did I hurt you much, Mother, when you carried me and when I was 'hatched?'"

I answered this by telling him that he was worth all the pains any mother might suffer, and I went ahead and explained to him how a woman's body was made to carry a baby. I also showed him the pictures in one of my obstetrical books. I have noticed that

he now assumes an expression of deep respect whenever he sees a woman who is pregnant.

His questions were not in every case anticipated, but I feel that I handled them properly when they arose. Because of this I believe that I have gained Danny's filial devotion and respect, and also that I have given him a kind of training that will make for strong manhood and proper relations with the future companions of his life.

I really feel that if more parents would re-educate themselves in sex matters, their children would have no occasion either to feel that sex is shameful, or that the discussion of it is taboo.



Mischa Richter

Editorial:

Join the Movement to Wipe Out Syphilis!

Free Diagnostic Blood Tests

Chicago deserves our congratulations. In its current campaign against venereal disease it has provided a splendid example of how the public as a whole can be enlisted in the struggle to solve major public health problems.

In a few weeks' time a million questionnaires were mailed to Chicago's residents asking them if they would submit to a free diagnostic test for syphilis. Thus far more than 90,000 persons have replied "Yes."

Those to whom the tests are given will have samples of blood drawn by their physicians and sent to a city laboratory under a code number. Thus the tests will be conducted in absolute secrecy and the results will be a matter of strict confidence between the tested individual and his physician.

Such large-scale testing is certain to have far-reaching results. Those who react positively to the test can be given proper treatment at once; in this way the number of syphilis carriers will be greatly reduced and Chicago will have taken a step forward in the eradication of this scourge of modern society.

The actual extent of such infection is not definitely known, but such figures as we have indicate that it is great enough to be appalling. A recently published book on syphilis is entitled "Ten Million Americans Have It," and our available data indicate that the figure in this title is no exaggeration. Each year more than half a million new cases are added to the number, many of them innocently and without becoming aware that they are infected. Fourteen per cent of all heart disease—the most frequent of all the causes of death—and ten per cent of all insanity are directly due to the ravages of the germ of syphilis.

And yet, this plague that exacts such a terrific toll of sickness, misery, and death *could be wiped out entirely*. There are, of course, social and economic inequalities that will have to be adjusted before this can be accomplished. Moreover, free diagnostic facilities and treatment will have to be made available to all people. In the meantime, however, much can be accomplished if the public, the medical profession, and health officials will cooperate in discovering syphilis wherever it exists. We are glad to see that such cooperation has now been begun in Chicago and we would like to see it extended to other sections of the country.

Health and Hygiene Joins the Fight

The returns from the Chicago poll indicate beyond all doubt that the public is interested in this matter. Now, through its progressive readers, HEALTH AND HYGIENE wants to heighten this interest and extend its scope. Furthermore, HEALTH AND HYGIENE wants to enlist the entire medical profession in this battle against syphilis.

For details as to how we intend to do this we refer you to page 132 of this issue. There you will find a Syphilis Control Ballot together with full details as to how you can best do your part in the campaign to rid the nation of this great killer.

Do not fail to fill out and mail the ballot that you will find on page 132. When you have done this get as many of your friends as possible to do likewise. We will be glad to send our readers as many extra ballots as they can make use of.

With the cooperation of all concerned an important step can be taken towards wiping syphilis off the map. We urge all of our readers and their friends to lend their help in the achievement of this goal.

An epidemic of this fatal and crippling disease has just swept the country. Science now seems to have found an effective method of protection against the infection.

Infantile Paralysis

AS this issue goes to press more than 600 cases of infantile paralysis per week are being reported by the United States Public Health Service. Illinois alone has reported 1,200 cases. Before the epidemic is over many more will have been taken sick.

In the current epidemic new developments in prevention and treatment are being applied for the first time on a large scale. Such widespread application will provide means for evaluating these developments which, so far, can only be said to be in an experimental stage. It is because of the widespread interest in the disease at this time, as well as because of recent discoveries having to do with prevention and cure, that we have prepared this article to supplement the one that appeared in the September, 1936, issue of HEALTH AND HYGIENE.

Infantile paralysis or acute poliomyelitis, as it is called in technical language, is a moderately contagious disease believed to be caused by a "filterable virus," that is, a disease-producing substance so small that it will pass through the finest porcelain filter yet devised. In 1909 scientists were able to produce infantile paralysis in monkeys, but all attempt to find the responsible germ in the spinal cords of persons or animals who have died of the disease have failed.

DISEASE IS OFTEN NOT SERIOUS

The disease is most prevalent during the summer months. Children between the ages of one and five are the ones most frequently affected, but older children and adults are also susceptible. Adults in rural areas are more likely to be affected than those in cities.

Although poliomyelitis is one of the most feared of all diseases, the truth of the matter is that in a great majority of cases the consequences are of a decidedly minor nature. In such cases the disease is called *abortive* poliomyelitis, that is, poliomyelitis that abates before the disease involves the nervous system and

gives rise to really serious consequences. In abortive poliomyelitis the symptoms are so slight that even a doctor cannot recognize the disease for what it is; the patient usually feels rather badly for a few days and may have a sore throat and some fever.

Thus, many people undoubtedly have this type of poliomyelitis without knowing it. It is estimated that about eighty per cent of all adults living in urban communities are immune to poliomyelitis, and it is thought that their immunity is due to the fact that they once had the disease in this mild form of a general infection. However, a small proportion of cases do develop into more serious illness. In such cases the usual symptoms are severe headache, vomiting, and a low fever. Often there is irritability, dizziness, excessive sweating, unusually long intervals between urination, and pains in the back and in the arms and legs. The patient is often constipated, but in some cases diarrhea is present.

RECOGNIZING "POLIO"

Examination by a physician at this time may reveal typical findings such as weakness of the neck muscles which causes the symptom known as "head drop," stiff back, rapid pulse, tenderness and slight twitching of the muscles, and sometimes stiff neck.

When these symptoms are present during an epidemic a doctor has good reason to suspect poliomyelitis. However, the diagnosis may be confirmed beyond a doubt by a process known as "spinal puncture" which involves drawing out a small amount of the spinal fluid with a needle. If the patient has poliomyelitis the fluid shows certain changes from normal, including an increase in the number of cells and in the albumin content.

The symptoms enumerated above characterize the pre-paralytic stage of the disease. Many cases develop only as far as this stage, the patient recovering completely in a few days. How-

ever, in a small percentage of cases paralysis develops in from twenty-four hours to a week's time. It is during the first day of the paralytic stage that most of the damage usually occurs.

The extent of the paralysis in these severe cases depends upon the extent of damage to the spinal cord. Most frequently the legs are affected to one degree or another, and sometimes the muscles of the chest and abdomen, which control breathing, are involved. If the nerve centers controlling breathing or blood circula-

tion are affected the patient has less than a fifty per cent chance of remaining alive. Recent reports from Sweden tell of the development of an "aluminum lung" which, if it is found to be successful, should make the problem of supplying respirators simpler. The "iron lung" is a cumbersome affair which covers the entire body, but the "aluminum lung" is smaller, covering only the chest and abdomen. After the acute paralytic stage the affected muscles are treated by massage, electrotherapy, exercises, and corrective appliances. Of course, what scientists have been chiefly interested in finding are methods of *preventing* poliomyelitis. So far vaccination with the dead virus of the disease has proven useless, and the use of the living virus even in a much-weakened form would be too dangerous. However, since it is generally recognized that the virus is present in the oral and nasal secretions of persons who have the disease, there are certain measures which may offer protection. Of course, exposure to coughers, sneezers, and persons who are ill should be avoided. *Children should be kept away from*

(Continued on page 130)

Dont's for Parents

During an Infantile Paralysis Epidemic

Don't allow your child to frequent crowded places.

Don't fail to call a doctor if your child has headaches, fever, stiff neck, vomiting spells, or other symptoms described in this article.

Don't get panic-stricken if your child has been exposed to the disease; remember that the older the child is the more likely he is to be immune.

Don't move your child away from the area of infection if he has been exposed. Stay where you are; moving will do no good.

Don't waste time or money or special diets or medicine to be taken internally. They are useless.

tion are affected the patient has less than a fifty per cent chance of remaining alive.

Several methods are used in the treatment of poliomyelitis, the choice depending on the stage and severity of the disease. In the very early or pre-paralytic stage the patient may be given "convalescent serum," that is, serum from the blood of a person who has recovered from the disease. There is some disagreement as to the value of convalescent serum but a number of authorities feel that in many cases it is of definite value in preventing the disease from reaching the paralytic stage.

THE "IRON LUNG"

When the paralytic stage is reached it is important that the patient's limbs be kept completely at rest during the acute phase. In this way unnecessary deformities may be avoided and future treatment will be rendered considerably easier. With proper management many paralyzed muscles will recover their functions completely, so it can be seen that a physician's supervision is of paramount importance.

If the muscles of breathing are involved the

Health and Hygiene's Book Shelf:

Slim and Supple; by Barbro Leffler-Engell

Atlas of Human Anatomy; by Jesse Feiring Williams

The Intimate Side of a Woman's Life; by Leona W. Chalmers

Your Baby and Child; by M. C. Overton

Sex Life in Marriage; by Oliver M. Butterfield

SLIM AND SUPPLE, by Barbro Leffler-Engell, 209 pp., Appleton-Century Co., N. Y., \$2.00.

MISS LEFFLER-ENGELL pictures a Utopia in which all women will retain their feminine qualities and at the same time present a flexible, well-poised body quite uncommon among women today.

A happy combination of Danish gymnastics and the modern dance movements is offered as a means of preserving or regaining the suppleness of youth.

Good posture, weight control, and agility should be the results of performing the various well illustrated exercises which Miss Engell suggests for "all ages." Ten lessons are offered for women of all ages who are free from organic troubles.

GEORGE T. STAFFORD,
Associate Professor of Physical
Education, University of Illinois

ATLAS OF HUMAN ANATOMY, by Jesse Feiring Williams, M.D., 64 pp., Barnes & Noble, Inc., N. Y., Paper \$1.25, Cloth \$2.00.

THE STUDENT of medicine, by prolonged study of the human organism, learns to appreciate and value its plan, function, and prevailing harmonies. To the layman the human organism is usually a mystery, and thus the instrument with which all life is lived, often remains an unknown and mysterious thing. It would appear to be true that one mark of an educated person would be a knowledge of human anatomy sufficient to give some intelligent appreciation of the many proposals of biological import that are made for human betterment.

To the intelligent layman the present volume with its 27 pages of colored anatomical drawings, accurately and beautifully drawn by a leading German and a leading American authority on anatomy, and the 27 pages of explanatory text by Dr. Williams, offer an easily assimilated means of acquiring accurately the rudiments of the human anatomy.

The drawings are exceptionally clear and well done. They are reproduced in eight colors, and reference is made to each anatomical part by the use of numbers and dotted lines leading to the parts named. Each system of the body—the skeleton, the muscles, the nerves and brain, the circulation and heart, the contents of the chest and abdomen, the teeth, mouth, throat, eye, and the or-

gans of reproduction, both male and female—is demonstrated in striking fashion.

The text by Dr. Williams hardly reaches the high standards set by the drawings, and in the opinion of this reviewer might well have been amplified beyond 27 pages. Dr. Williams wisely devotes most of the text to simple descriptions of the function of the organs and does not try to repeat in words what is much better shown in the drawings. Although Dr. Williams has been careful to explain many anatomical terms unfamiliar to the layman the first time they occur in the text, he could have been more scrupulous in observing this rule throughout the book.

* * *

THE INTIMATE SIDE OF A WOMAN'S LIFE, by Leona W. Chalmers, 128 pp., Pioneer Publications, Inc., N. Y., \$1.50.

IN THE foreword to this book, Dr. Winfield Scott Pugh, in discussing the conception that the majority of women have of the meaning of menstruation, writes: "If they have any knowledge it is erroneous and given by those least competent to instruct." This quotation may be used as a text for Mrs. Chalmers and her monograph. She discusses the anatomy of the female pelvic organs, displacements of the womb, constipation, leucorrhea, the technique of douching, body hygiene, and even describes exercises that will strengthen the muscles of the vagina so that "married relations will be happier and healthier."

The author, although the wife of a physician, is not herself a doctor and her discussion in general betrays a pseudo-scientific approach to the whole question of feminine hygiene.

The opening chapter on the anatomy of the female sex organs is competent, but after that she goes off on a tangent in the discussion of leucorrhea and other topics.

She makes the statement that countless women with little beauty have attained a place in the sun because they possessed that "certain something called magnetism, a rare combination of vital forces that spring directly from an internal source." To maintain this "glandular health," an internal bath or douche is as necessary as the external bath is to the body, face and scalp. Mrs. Chalmers is perhaps a bit too optimistic about the charm, allure,

and irresistible power which the ordinary douche bag and a quart of sink water can impart to bedraggled femininity.

In discussing displacements of the womb, she says that constipation is claimed by many physicians to be a cause of tipped uterus. This statement is so far-fetched that it is ludicrous. Equally ridiculous notions are that a womb filled with blood during menstruation presses on the rectum and causes constipation, and that a full rectum during constipation presses against the womb, preventing it from emptying and causing menstrual pain.

We know that the average loss of blood during a normal menstrual period lasting the usual four or five days is about 50 c.c., or approximately a little over an ounce and a half. It is clear, therefore, that there is hardly ever enough blood accumulated at one time to produce rectal pressure and constipation.

"A woman's body is constructed in such a way as to make her a breeder of disease unless she keeps herself immaculately clean," says Mrs. Chalmers. This accusation is a libelous one against the female sex. Nature has not been so unkind to womanhood.

We must regretfully state that Mrs. Chalmers' book will not do. The subject has been discussed with less emotionalism and with more scientific objectivity by such authorities as Drs. Hannah and Abraham Stone in *A Marriage Manual*, by Dr. Emil Novak in his splendid book, *A Woman Asks the Doctor*, and by Rachel Palmer and Dr. Sarah K. Greenberg in *Facts and Frauds in Woman's Hygiene*. These authors, unlike Leona Chalmers, are "most competent to instruct."

* * *

YOUR BABY AND CHILD, by M. C. Overton, M.D., 1936. Your Baby and Child Publishing Co., Lubbock, Texas, \$2.00.

THIS IS AN excellent handbook for parents and will prove to be a very profitable guide to follow. The author has done a notable service to parents and their children. His story about the care of the infant and child is good, commonsense, in English, not medical Latin. On the other hand, it is up-to-the-minute and takes into account all the scientific advances that have been made. The author has left nothing to the imagination. He writes from a wide experience with babies and children and his book will undoubtedly prove a boon to parents with a desire to know the necessary elements of baby and child care.

* * *

SEX LIFE IN MARRIAGE, by Oliver M. Butterfield, M.A., 192 pp., Emerson Books, Inc., N. Y., \$2.00.

THIS BOOK gives sensible and scientific advice about sexual relations with a full description of the physical relations, and commonsense coun-

sel about the more intangible but none-the-less real emotional relationships. The author realizes the limitations of what he has to offer and makes no extravagant claims; as a result the value of the book is increased. He has also happily avoided the tendency to gush about "spiritual" values, a practice which so many others writing on the same subject have evidently found necessary as a justification for discussing physical relationships. We recommend this book; it gives sound advice to those who will be helped by such instruction, and to others it indicates the specialists who will be able to aid them.

Infantile Paralysis

(Continued from page 128)

school and crowds during an epidemic.

It is thought that the nasal secretions tend to neutralize the virus, and this may be the reason many people are protected.

Since the virus apparently settles in the nose and throat, spreads along the olfactory nerves to the brain, and from there to the spinal cord, it has occurred to a number of investigators that if a means of closing or sealing off the exposed ends of the olfactory nerves in the roof of the nasal cavity could be found, the disease might be checked before it could do any serious damage. The logical method of sealing off the nerve ends would be a chemical spray, and for a time physicians experimented with a picric-alum solution.

Lately, however, a one per cent solution of zinc sulphate has been used, and a number of good results have been reported. One disadvantage of the method is that in applying the solution the young child is apt to resist the doctor's efforts and thus make it difficult for him to do a complete job of it.

This method is cheap, readily available, and can be applied on a mass scale whenever an epidemic breaks out. In other words, it gives promise of being an extremely useful weapon against infantile paralysis—if it is proven as effective as many doctors who have used it believe it to be. Since it is being used on a wide scale for the first time in the present epidemic we may soon expect to have a reliable verdict as to its actual value.

In the meantime, whenever an epidemic appears the Board of Health should instruct local physicians in the proper application of the zinc sulphate nasal spray. Nothing will be lost in this way and it is likely that many children will be saved from death and permanent disability.

What's New In Medicine

From time to time we will publish brief accounts of some of the newer findings in medicine as reported in the medical journals. It is to be understood that these findings are not yet fully accepted by the medical profession. They are to be read as news accounts and not as accepted or recommended methods of treatment.

Cod Liver Oil for Infected Wounds

DOCTORS Tumansky and Yatsevitch of the Soviet Union found that the streptococci and staphylococci germs which commonly cause infection of wounds were killed by cod liver oil in one and six hours respectively. After a number of animal experiments, they treated fifty-three patients with infected wounds with a cod liver oil paste and claimed to have gotten good results. They say the infections cleared up and the wounds healed rapidly.

New Findings on Diabetes

IT has been known for many years that removal of the pancreas in dogs causes diabetes, and it was this knowledge that served as a basis for Banting and Best's discovery of insulin. With the assistance of Collip they produced from the pancreatic gland a substance—insulin—which has saved millions of lives since its discovery.

Several years ago, Dr. Houssay of Argentine, whom we predict will be a future Nobel Prize winner, showed that if the pancreas and pituitary gland (a small but very important gland found in the skull just underneath the brain) are both removed, the animal does not develop diabetes. On the contrary, the dog must be fed sugar frequently or the blood sugar content falls so low that the animal goes into a state of shock. This discovery obviously opened a whole new vista in regard to diabetes, for it indicates that the cause of diabetes is to be found not only in the pancreas but also in the pituitary gland.

The very latest development comes from London where, at the National Institute for Medical Research, it has been discovered that it is possible to cause diabetes in a normal dog by injecting a raw extract of anterior pituitary

gland. This means that diabetes research will in the future include methods of holding in check the pituitary gland and in this way possibly curing the disease.

Insulin Shock Treatment

DEMENTIA praecox is the most serious and among the most widespread of mental diseases. It strikes from thirty to forty thousand young people every year. A majority of the so-called insane are afflicted by this disease the cause of which is not known and for which no effective treatment has until recently been available. Many forms of treatment have been tried, but until the discovery of the insulin-shock treatment by Dr. Sakel of Vienna none of them proved to be successful. The new treatment has received glowing reports in Europe, and in the United States it is now being tried with equally encouraging results.

The shock treatment was discovered accidentally in the treatment of morphine addicts. Overdoses of insulin seemed to calm these patients after they had recovered from the initial shock. Dr. Sakel then deliberately produced shock in patients with dementia praecox and was amazed to find that they seemed to recover their mental balance and become better adjusted to life about them. The treatment begins with injections of moderate doses of insulin. Then the dosage is increased daily for six days in the week until the patient is thrown into shock and coma. He is then brought out of the shock by the injection of sugar into the blood stream.

The best results are apparently obtained in early cases. How the shock produces the improvement is not known, but the fact remains that a new and powerful weapon in the treatment of dementia praecox has been discovered. Whether the results that have been obtained will be corroborated by further experience remains to be seen.

SYPHILIS MUST GO!

Throughout the country a campaign to wipe out syphilis is under way. Health and Hygiene, as the organ dedicated to the active support of all progressive public health measures, now lends its support to this worthwhile campaign by initiating a nationwide movement to make free diagnostic blood tests for syphilis available to all who want them.

Already more than 90,000 people in Chicago have signified their willingness to submit to such tests in a poll conducted by the Chicago Board of Health. Health and Hygiene now asks the cooperation of its readers in conducting a similar poll on a nationwide scale. In order to carry out this poll we ask you to:

- (1) Record your sentiment either in the affirmative or negative on the ballot printed below.
- (2) If you are interested in receiving the free blood test from your own physician or a physician in your community whose name we will provide, write to us so stating. In case you wish your own physician to do the test send us his name and address and enclose six cents in stamps to cover postage.
- (3) Get as many of your friends as possible to fill out ballots of their own. We will provide you with as many extra ballots as you need—merely specify the number you want in the space provided on the ballot below.

Health and Hygiene is now in the process of obtaining a large number of doctors—whole sections of the medical profession—who will cooperate in this campaign by giving the blood tests free of charge. We hope in the near future to have all doctors in various communities cooperating with us, so that anyone will be able to enter any doctor's office and get the blood test without charge.

Fill out, clip, and mail the ballot at the right today.

SYPHILIS CONTROL BALLOT

Will you, at no cost to yourself, submit to a diagnostic blood test for syphilis, either by your own physician or by one in your community whose name we will provide? Place an X in the proper square below.

YES NO

Name
 Address
 City and State
 Please send me extra ballots.

FACTS ABOUT THE BLOOD TEST

- (1) The test is practically painless.
- (2) Only a small amount of blood is required—about a teaspoonful.
- (3) The results of the tests will be strictly confidential. Neither Health and Hygiene nor the laboratories which perform the tests can identify the blood samples with the individuals from whom they are taken. The only persons who will know the result of the test will be you and your doctor.

Intelligent people everywhere are rapidly getting rid of the idea that a stigma is attached to the person with syphilis. We know that a large proportion of syphilis is contracted innocently and that the person who contracts it is often not aware of it until it is too late. We also know that syphilis can be cured when it is discovered and treated in time.

You owe it to yourself, your family, and your community to have this test made. Mail the ballot today and get ballots for your family and friends.

Mailing the ballot does not obligate you to submit to the test.

Mail the ballot to HEALTH AND HYGIENE, 215 Fourth Avenue, New York City.

FOLLOW THE RESULTS OF THE SYPHILIS CONTROL POLL IN HEALTH and HYGIENE

OCTOBER, 1937

Questions and Answers

(Continued from page 106)

were certain that the vaccine would help. Do you approve of its use?—N.C.

Answer—Most "cold" vaccines are solutions of dead bacteria which have to be injected about twice weekly over a period of six to eight weeks. Entoral is supposed to embody a new principle in immunization whereby protection against colds is to be obtained by taking capsules of "Heterophile Antigen" by mouth. Unfortunately, the principle is not new and no protection is afforded. There are no well-checked tests or records showing that Eli Lilly's Entoral will vaccinate against colds. Entoral is probably less effective than "cold injections" and that is pretty small praise for any product, since injections have proved of value in only a small proportion of cases in which they have been tried. We advise you not to waste your money on Entoral.

* * *

Manic-Depressive Insanity

Salt Lake City, Utah

DEAR DOCTORS:

A friend of mine who is living at a tuberculosis sanatorium was told by one of the nurses there that he was a "hypomaniac." What is the meaning of this term? Is it advisable to send persons who are suffering with this ailment to an institution?—L.J.

Answer—The word "maniac" is a popular term having no exact meaning. It is usually used to describe any "wild" or overactive person who is mentally ill. It is often used as an abusive or insulting term for an insane person. The word "manic" is an exact medical term referring to a particular type of mental trouble. It is usually used with the word "depressive" (manic-depressive), to indicate the characteristic alternating nature of the illness. Similarly, the term "hypomaniac" is without any exact significance. The term which was probably intended is "hypomaniac," which is used to describe a mild form of manic-depressive psychosis in the manic phase or stage.

The hypomaniac person apparently feels fine. He is full of energy and constantly on the go. Unfortunately, however, his energy does not always know reasonable limits, and it may involve the patient in situations that are distinctly unpleasant since it seriously affects judgment and ordinary restraint. For example, the patient may decide while walking along the street that it would be nice to go for a ride, and forthwith step into the nearest automobile, even though it happens to be an unoccupied police car. This will be done without the intention of stealing and most likely the car will be returned to its original parking place after the whim has been satisfied. Such activity, however, may easily be misinterpreted by the guardians of the peace. This illustration serves to indicate that a

person afflicted in this way will be safest if he is placed in an institution where he will get proper care and be protected from rash impulses and lack of judgment.

The patient in the manic phase of manic-depressive psychosis is not as happy as he seems. Careful observation usually shows that there is an underlying depression from which the sufferer is trying to escape by means of an exaggerated sense of pleasure and power. That this defense is not successful is indicated by the onset of the depressive phase of the cycle, during which the patient suffers serious mental and physical depression.

* * *

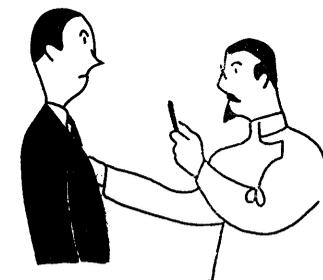
Blood Transfusions

Chicago, Illinois

DEAR DOCTORS:

Some time ago I read in HEALTH AND HYGIENE about donating blood for blood transfusions. I recall the reply stated it was harmless. I should like to know whether it is harmful for a young man to make a practice of giving blood for transfusions.—P.G.

Answer—Any healthy adult can give blood for transfusions without any harm. However, if one wishes to make a practice of giving blood there



are certain precautions that should be observed. Except under extraordinary circumstances, no more than half a liter of blood should be given at one time. The average amount of blood usually taken in a transfusion is about 300 c.c., or a little more than one-quarter of a liter. Blood may be given about once in three months, though many adults have been able to give blood once a month without harm. For the great majority of donors, however, the rule should be once in three months. The diet of blood donors must be well-balanced and rich in whole-grain cereals, green vegetables, fruits, and especially meat. Liver is a meat particularly rich in iron and should be eaten at least twice weekly.

No person should make a practice of giving blood repeatedly unless he is financially able to maintain a full, well-balanced diet. About every six weeks, the donors' bureau will test all donors as to richness of blood. The hemoglobin count should not fall below 80 per cent. If one keeps in good health and is able to get a full, well-balanced diet there

can be no harm in frequent blood transfusions repeated at proper intervals.

* * *
Hypnotism

Duluth, Minnesota

DEAR DOCTORS:

Does hypnotism have any place in the treatment of disease? Also, is the use of hypnotism as an anesthetic effective?—C. L.

Answer—Hypnotism is of value in the treatment of certain types of nervous disorders, particularly the type known as conversion hysteria. This is a disorder which causes the patient to suffer some



Chas. E. Colahan

physical disability such as loss of the use of a limb, deafness, blindness, or loss of speech, even though there is no physical (organic) illness. Such disabilities have their basis in mental conflicts of which the patient is not aware, and though they are not caused by physical factors they are nevertheless very real. They can often be cured dramatically by a single hypnosis, in which the patient, being told that he can overcome the disability, actually does so both during and after the hypnotic trance. Of course, hypnotism does not resolve the mental conflict nor alter the patient's personality, so relapses frequently occur.

Hypnotism may also be used with success in establishing the identity of victims of hysterical amnesia who temporarily lose all memory and are unable even to tell who they are.

While hypnotism can sometimes be used to make a person insensible to pain, its use as an anesthetic in surgery has very limited application. On the whole, it can be said that it is not a satisfactory means of inducing anesthesia.

* * *

Norman Baker—Cancer Faker

Girard, Kansas

DEAR DOCTORS:

Will you please give your opinion of Norman Baker's cancer cure which he offers at Muscatine, Iowa?—E. H.

Answer—The career of Norman Baker of Muscatine, Iowa, is a lurid and varied one. Evidence shows that his schooling consisted of a year and a half of high school, followed by several years

of work in a machine shop—scarcely the proper training and background for a cancer specialist. For about eight years he was familiar to vaudeville audiences as a "hypnotizer." In 1914, he returned to Muscatine where he went into business, manufacturing, of all things, calliopes. In 1920, we find the ever-resourceful Baker running a mail-order business which offered to teach "oil painting in ten lessons by mail," although Baker admitted that he could not paint himself. In the earlier stages of his career, he confined himself modestly to selling cigars, batteries, alarm clocks, radios, and advertising his products through a sensational magazine which he named TNT (The Naked Truth) and over his radio station KTNT.

He began to advertise his "cancer cure" over the radio, calling for five sufferers from cancer whom he offered to cure. His magazine TNT ran an article proving that all five of these test cases were completely cured. Investigation showed that every one of the five died of cancer.

There is at present no scientific evidence that any serum, drug, or chemical will cure cancer. For that matter, there are a number of distinctly different kinds of cancer and the cause of no one of them is fully known, although efforts to discover the cause of cancer are being made in many laboratories. But the different types of cancer can be effectively treated in early stages by x-ray, radium, and surgery in the hands of competent physicians and surgeons.

The ultimate tragedy of the fake "cancer cures" foisted on the public is that not only are they completely useless and a waste of money, but they give the patient a false sense of hope and cause postponement of adequate medical treatment until it is too late.

"Old Doc Copeland"

(Continued from page 110)

come to one of two conclusions. Either he believes in the efficacy of the products he sponsors, or his sponsorship can be had for a price. One conclusion is not very flattering to his commonsense; the other does not speak well for his integrity. In either case he is hardly fit to hold high public office.

As this is written the newspapers bring reports of the decisive defeat of Copeland in both primaries of the city election. It now appears more than likely that the progressive political forces now in motion in New York will jolt him out of his Senate seat in 1940.

That will be the end of Copeland as a politician. However, he won't have to worry about making a living; there are still some products that he hasn't endorsed.

Purely Personal

(Continued from page 105)

formation about sex has been maintained by publications that should have brought it out in the open years ago. . . ."

"... As there is no other publication of the same type to turn to if you should alter your policy—you mustn't! . . ."

"Reactions of all kinds are to be expected when a periodical ventures into fields that are miserably handled by other magazines. More articles on sex are needed. . . ."

"The articles on sex have been most helpful to me as I have never been able to find the information given so plainly elsewhere. . . ."

"As a mother of two normal, healthy children I wish to state that your sex articles have been of great benefit to me and my husband. . . . Please continue. . . ."

"I have disposed of fifteen subscriptions to H. & H. among my friends and the outstanding attraction in each case when the sample copy was introduced was the clear and informative article of the kind to which Z.G. objects. . . ."

"Working girls have very little money to spend on doctors except in cases of extreme necessity. Z.G. is very wrong to suggest that sex has no place in a health magazine because the health of many people depends on the solution of their individual sex problems. . . ."

THE WRITERS OF SOME letters really got hot under the collar. One says: "Z.G.'s statement about sex burns me up." Another delivers himself of a vigorous tirade, recommending that all who agree with Z.G. be all but boiled in oil. "The more we take them seriously," says this correspondent, "the more conceited and pushful these pests become. Now they have the presumption to dictate to the medical profession as to what they may say or print. . . . They are a serious menace to progress. . . . Some day these detestable humbugs will die off and this world will be better off without them. I believe they would then try to censor the heavenly host, that is to say if these would-be dictators ever got there."

WE PRINT THIS LETTER merely to show some typical reactions, not because we don't think that Z.G. had a perfect right to criticize us.

WHILE ON THE SUBJECT we might mention that two readers who thought the sex articles desirable felt that it would be better if we did not feature such articles on the cover of the magazine, since headlines on sex might prove embarrassing to some individuals.

TO S.S. of ROCK ISLAND, Illinois, goes this month's prize for the best letter telling which

article was liked best. S.S. writes: "It is only a short time since I became a reader of your magazine, but it has impressed me so strongly that I am almost 'feverish' with the desire to have a number of my friends and relatives read it.

"There has really been a need for such a magazine as yours, what with all the food and health fads, not to mention advertising that leaves one in a muddle as to what to buy and not to buy. As a debunker you are the tops.

"As to the best article or feature, I must say that in your August issue I enjoyed your editorial entitled *Vacations with Pay* most of all. It surely can be only selfishness on the part of employers and not ignorance that makes it possible for them to give themselves and their families annual vacations and then so completely disregard the welfare of their workers.

"I hope that you will have more articles and letters on this subject."

EACH MONTH WE WILL give a free, autographed copy of either Arthur Kallet's *100,000,000 Guinea Pigs* or Carl Malmberg's *Diet and Die* for the best letter telling us what type of article is preferred.

WORD COMES FROM DETROIT that the United Automobile Workers have established their own Medical Research Institute to undertake the study of industrial hazards in the auto industry. HEALTH AND HYGIENE has long urged trade unions to take an active part in safeguarding its members from industrial hazards, and now we extend our sincere congratulations to the U.A.W. for having been the first to enter this field. It is to be hoped that other trade unions will follow the example set in Detroit.

The Institute has as its director Dr. Frederick C. Lendrum, formerly of Mayo Clinic.

Some Food Fallacies

- MANY PEOPLE believe that:
- Meat makes one amorous and belligerent.
 - Tomatoes cause cancer.
 - Mixtures of starches and proteins explode in the stomach.
 - Fish is good brain food.
 - Garlic purifies the blood.
 - Cream should not be eaten with lobster, strawberries, or pickles.
 - Fish and celery should not be eaten together.

All these statements are absurd. They are part of the nonsense that fakers peddle to exploit the public.

Patent Medicines and the Press

(Continued from page 123)

class hatred." Mr. Block, in an editorial inserted at advertising rates in other newspapers, said:

Come, Mr. President; come, gentlemen of Congress, cleanse the administration of ultra-socialists and communists before it is too late. America does not want them. This is still the country of Washington, Jefferson and Lincoln. A free America. A democratic America, where free speech, a free press, religious toleration and freedom of dictatorship are desired.

This hue and cry was caused by a food and drug bill which was actually too ineffectual to suit any of the American consumers' organizations. The bill simply prohibited advertising if "in any particular, it is untrue, or by ambiguity or inference creates a misleading impression." This was the particular which caused Mr. Bloch to characterize the bill as threatening "to bring chaos to industry." Meanwhile, Mr. Marlin E. Pew, editor of the press trade paper, *Editor and Publisher*, was telling a great deal of truth:

If the bill is enacted, there will undoubtedly be less medical advertising, for many of the drug and cosmetic nostrums now being advertised would command no market if limited to an honest exploitation of their intrinsic merits. They flourish on misrepresentation, and only the medical profession has any comprehensive idea of the vast damage they have done. The economic waste involved in the futile chase of health and beauty is estimated in the millions annually, and the loss in newspaper revenue will be trifling in comparison.

Unfortunately the general public does not read *Editor and Publisher*, and the editorial world demonstrated that it was wholeheartedly opposed to an honest approach. The bill went into committee in the Senate—a committee headed by Senator-Doctor Royal S. Copeland who conducted hearings on the bill while earning large sums of money for radio broadcasts sponsored by the very manufacturers who were so savagely fighting against the bill. Needless to say, the bill did not pass. At the next session of Congress Copeland introduced a new food and drug bill which was practically written by the medicine men themselves and backed by the Proprietary Association. But so great was the fear of the pill peddlers of any new legislation, and so reluctant was Senator Copeland to carry on any sort of fight in behalf of his ill-gotten legislative brain child, that this bill also failed

to come to a vote. A real bill, prepared by Consumers Union, was introduced in the House by Representative Coffee of Washington, but it was sent to committee and never reported out.

The move is afoot to pass an inadequate food and drug bill within the next few years in order that the agitation for real legislation may be quieted. Meanwhile, the advertisements will tell us our teeth are rotting, our breaths stink, and our feet are scaly—in the name of rugged individualism. The press will taboo mention of corrective legislation—in the name of a free press.

Twenty-five years ago a patent medicine salesman spoke like an oracle to Samuel Hopkins Adams. It is going to take real activity on the part of consumers and their organizations to overcome the fact that "the newspapers tell 'em every day of the year patent medicines will cure 'em."

Health Slump in Japan

THE ASSOCIATION for Encouraging Science in Japan, in response to the general expressions of dismay about the fall in the level of the national health, held its first meeting to consider methods for coping with the regrettable situation. Medical experts from the cabinet departments, the deans of the medical departments of the imperial universities, and experts who were members of the association were present. It was decided to establish four sections of activity: eugenic, physical training, food, and clothing and shelter. The tuberculosis death rate is higher in Japan than anywhere else in the world, according to a letter from Japan appearing in the *AMA Journal*. More than 130,000 cases of acute infectious diseases occur every year. Dysentery has shown a yearly increase. Trachoma and parasitic diseases are decreasing among students, school children and conscripts, but myopia and decaying of the teeth are increasing remarkably. Mental disease has also increased of late. The number of insane at present is 83,366, which means that there are more than twelve cases of insanity per 10,000 of population. The number of conscripts who pass the physical examination is decreasing every year, and the military authorities are afraid that half of the youth will be unable to pass the examination next year; in ten years this would bring about an alarming situation."—*New York State Journal of Medicine*.

DON'T BUY BLINDFOLDED

Like most persons buying a pair of shoes, a radio, or one of the hundreds of other articles used daily, you probably find it difficult to select the brands which will give you the greatest value for your money. You have probably learned that advertised brands are not necessarily good brands, and are often among the poorest. Consumers Union of United States can give you just the technical information you need in order to judge the comparative value of competing products. Below is a list of the leading reports in this month's issue of *Consumers Union Reports*, the monthly publication of Consumers Union. These reports give you the results of unbiased tests and examinations of the products listed—in most cases with ratings in terms of brand names as "Best Buys," "Also Acceptable," and "Not Acceptable."

Breakfast Cereals

If Barnum Were Alive . . .

He would probably find a career in cereals, where circus tactics outweigh actual virtues as sales appeals, to his liking. A report on 37 brands, including Quaker Oats, Shredded Wheat and Grape Nuts, shows most cereals to be cheap foods in expensive forms; gives tables showing the relative costs of brands in terms of the number of calories one cent will buy. A cent will buy from as little as 40 calories to as much as 290 calories depending on the brand you select.

Oil Burners and Coal Stokers Engineers' Advice on Heating Systems

Numerous makes of automatic oil and coal heating equipment are compared and rated on the score of efficiency and economy. Nearly a hundred makes of oil burners, coal stokers, boilers, and hand-fired coal furnaces are rated as "Best Buys," "Also Acceptable," and "Not Acceptable."

Auto Radios

One of the 14 models in this report is rated as a "Best Buy." Two are "Not Acceptable." Arvin, Motorola, and Philco models are included in the ratings. In addition to ratings on the basis of price and quality, rankings are given on the basis of performance alone. Advice is also given on which type of auto aerial to use.

Winter Motor Oils Household Oils and Typewriters

Three reports give ratings of winter motor oils and household oils and preliminary recommendations on portable typewriters for the benefit of students and others who must buy a machine this month. Next month's issue will report in full the results of extensive tests on portable models of the best-known machines.

Women's Slips

Some Are Part Lead
27 rayon and silk slips, ranging in price from 69c to \$2.98, are rated on the basis of tests. A few brands were heavily weighted with lead or tin salts, a few were misleadingly labeled.

A \$3 Investment Which Can Save You \$50 to \$300

Consumers Union of United States, which publishes *Consumers Union Reports*, is a non-profit, membership organization with 40,000 members throughout the United States. It is controlled entirely by its members and is sponsored by over 70 nationally famous scientists, educators, government officials, labor leaders, and editors. Each month in the *Reports* Consumers Union gives you the results of unprejudiced tests of the comparative value of competing brands of such products as refrigerators, gasolines, etc., with ratings in terms of brand names.

By mailing the coupon below you can immediately secure a copy of the current issue. (Or, if you wish, you can start your membership with any of the previous issues listed in the coupon. The membership fee of \$3 brings you twelve issues of the *Reports* and, without extra charge, the 1937 240-page *Buying Guide* which lists more than a thousand products as "Best Buys," "Also Acceptable," and "Not Acceptable." Information from many Consumers Union members indicates that the regular use of these *Reports* and the *Buying Guide* can save the average family from \$50 to \$30 a year.

START WITH ANY OF THESE ISSUES:

Please check the issue or issues with which you wish your membership to begin.

- Dec.—Fountain Pens, Vacuum Cleaners, Blankets.
- Jan.-Feb.—Men's Suits, Cold Remedies, Shaving Creams.
- March—Autos, Flour, Face Powders.
- April—Shirts, Cold Creams, Gardening.
- May—Trailers, Washing Machines, and the first of a series of articles on the causes and treatment of constipation.
- June—Large Cameras, House Dresses, Radio Tubes, Sanitary Napkins.
- July—Miniature Cameras, Gasolines, Golf Balls, Tennis Balls and Rackets, Motor Oils.
- Aug.-Sept.—Refrigerators, Photographic Films, Ice Cream, Inner Tubes, Raincoats.
- Oct.—Oil Burners and Coal Stokers, Breakfast Cereals, Auto Radios, Women's Slips.

To: CONSUMERS UNION of United States, Inc.
55 Vandam Street, New York, N. Y.

I hereby apply for membership in Consumers Union. I enclose:

\$3 for one year's membership, \$2.50 of which is for a year's subscription to the complete edition of *Consumers Union Reports*.

\$1 for one year's membership, 50c of which is for a year's subscription to the limited edition of *Consumers Union Reports*. (Note: Reports on higher-priced products are not in this edition.) I agree to keep confidential all material sent to me which is so designated.

Signature

Address

City and State..... Occupation.....

H-10