

BEWARE OF "DRUGLESS" DRUGS

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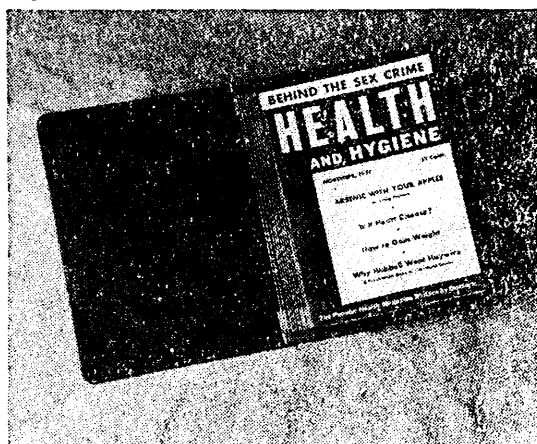
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HEALTH AND HYGIENE

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Questions and Answers

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

Making Fruits Safe

Reading, Pennsylvania

DEAR DOCTORS:

A teacher of chemistry who specialized in "Kitchen Chemistry" told us that fruits and vegetables should be submerged in water containing one teaspoonful of vinegar to one quart of water. This is supposed to counteract any arsenic and lead. Is this true?—H. B.

Answer—Many fruits and vegetables are sprayed with poisonous substances to protect them from insect pests. The poisonous substances commonly used are not soluble in plain water but are soluble in dilute mineral acids such as hydrochloric acid.

Vinegar contains acetic acid which is not a mineral acid and therefore is not suitable for this purpose. In order to be safe, all fruits and vegetables should be peeled, or the outer leaves removed, before being eaten or used in cooking.

Anabolic Foods, Inc.

Albany, New York

DEAR DOCTORS:

Enclosed find three capsules purchased from Anabolic Foods, Inc., which a member of our family has been buying and using. You will note that the prices are quite high, and I am wondering if this is a racket.—S.K.

Answer—We do not analyze products, but according to the Anabolic Food Company's own statement, the obesity "cure" which you sent contains powdered and concentrated rhubarb, celery, spinach, cranberries, and Irish moss. In the case of the *Gastrovej* and *Laxofood*, the chief ingredient is probably rhubarb, a very mild laxative, the action of which depends upon its ability to irritate the bowel slightly and thus hurry the food through the intestinal canal before complete digestion and absorption can take place. Rhubarb is a common basic ingredient of many "fat cures" and is used for the reason indicated. Moreover, the diet that

the company recommends its customers to follow while taking their product, is in itself a reducing one, since all fattening foods are eliminated from it. Just as much benefit can therefore be derived by following the diet alone and chucking the Anabolic product out of the window. Finally, the ingredients themselves are cheap, and the market price of the products is ridiculously exorbitant.

The Anabolic Foods Company apparently has no physicians connected with it. Its president has been listed as a "D. N.," which probably means Doctor of Naturopathy. Naturopathy is a cult that too often serves as a "blind" for the manufacturing and selling of simple inexpensive products in fancy packages at even fancier prices.

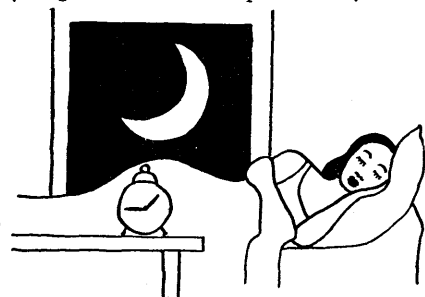
How Many Hours of Sleep?

Philadelphia, Pennsylvania

DEAR DOCTORS:

Please inform me how many hours it is necessary for a 20-year-old girl to sleep each night. I am a bookkeeper and therefore am not very active during most of the day. At night I am involved in a great many activities in various organizations. I have had several arguments with my parents as to how many hours of sleep I required and therefore would like to have your opinion.—V.M.Z.

Answer—It is not sufficient for us to point out that an individual of your age requires approximately eight hours of sleep each day. We feel



Chas. E. Colahan

sure that your activity in various organizations is of great importance to you and in order to carry out your work properly and regularly much self-sacrifice is necessary. This attitude is likely to lead some of us to go to extremes. If as a result of intense work and personal neglect you become ill, you will be personally miserable and no longer of much value to the organizations to which you belong. A good night's rest, decent living conditions, good food, and time for rest and recreation are absolutely essential. We must learn to carry on our work satisfactorily and not neglect our health.

People differ in the amount of sleep they require. Some can do a full day's work and feel

(Continued on page 94)

An expose of all so-called "natural" remedies sold for the relief of human ills.

Beware of "Drugless" Drugs

AMONG the most widely advertised remedies for constipation, colds, rheumatism, high blood pressure, kidney trouble, or what ails you, are those which are claimed by their makers to "contain absolutely no drugs." It is directly stated or implied that such products are superior because they act by "natural" means and do not contain the drugs which are found in the other types of medicinal remedies on the market.

This all sounds very attractive and simple. "After all," one is likely to think, "isn't it better to use 'nature's way' than to use harmful and perhaps habit-forming drugs?" This argument is appealing enough but unfortunately it is entirely wrong. However, so great is its power that millions of dollars are spent annually in purchasing products of this kind.

In spite of the advertising claims, all such products may be divided into two groups; those which are inert and therefore utterly useless, and those which do contain active drugs. The

fact that some of these products may be directly harmful is not the point at issue. What is more important is that countless people are being tricked into buying something they could get much cheaper under its correct name, and that many people are actually taking drugs regularly over a long period of time because a label on a bottle states that only "natural" remedies and no *drugs* are present. When these so-called "drugless" or "natural" remedies do contain active drugs, there is often a direct danger to the user because, relying on the advertising claim that the product is "drugless" and "natural," he is likely to use such products unsparingly and over long periods of time.

The word *drug* frightens so many people that they tend to avoid drugs and buy "drugless" medication. It is therefore useful to know exactly what constitutes a drug. There have been a number of cases in our courts in which the decisions have depended on a definition of the term. The most inclusive definition is that



Mischa Richter

"Yours of the 16th received, and we are shipping twenty cases of our 'Nature's Way Reducing Compound.'"

used by the United States Customs House in fixing duties on imported substances, namely, that a drug is any substance used in the treatment of disease. This is a very broad definition, and according to it there is no form of medication that can be drugless. However, the United States Customs House does not control the sale of drugs, and other definitions in use allow patent medicines to be advertised as free from drugs. The ordinary person's impression of a drug is that it is a substance, usually in powder or tablet form, which is gotten mysteriously from the bowels of the earth or from a maze of coiled glass tubing and retorts in a laboratory, a substance which is extremely potent in small amounts, which is harmful and habit-forming, and which, in general, should be carefully avoided. It is this impression that is exploited in the sale of "drugless" remedies.

We prefer to think of a drug as any substance used in medicine which has an effect on the body when taken internally or applied externally. It is this effect, this activity, whether on the intestinal tract, the kidneys, the heart, the blood, or any organ, which makes a drug useful in the treatment of disease. If a substance has no effect on the body, if it is inert, then it must be useless in medicine.

Drugs are obtained from many sources. Some are extracted from common plants and some from rare herbs, some are mined from the earth, some extracted from seaweed or sea water, some are made from coal tar, and some are synthesized almost entirely in the laboratory. The body cannot distinguish between a drug extracted from a common vegetable and one made in the laboratory. The important thing as far as the diseased body is concerned, is not the source of a drug but its effect—it *must do something to the body*.

STANDARDIZING THE PRODUCT

There are a number of plants in nature which when taken by mouth produce an effect. Some plants will produce catharsis (emptying of the bowels), some will increase the rate of urination, some will cure malaria, some will alleviate a headache or rheumatic pain, some will cause drowsy to decrease markedly, some will bring about convulsions, some will produce pleasant dreams, and some will cause death even when taken in very small amounts. There

is some active ingredient in each of these plants which is able to produce one or more of these results. It is possible to extract these active principles of plants, to administer the purified extracts, and to produce the same effects as do the plants themselves. This ability to obtain purified extracts has been of great importance to medical science, because in the plants themselves the amount of the active ingredient present in different specimens of the same kind of plant varies considerably with the age of the plant, the climate, temperature, moisture, condition of the soil, and the character of the fertilizer used. Therefore the effect on the body of a random specimen of a plant is not too certain. However, when the active ingredient is removed and purified its potency becomes standardized and the effect on the body of any specific amount can be known in advance. Thus, instead of using the bark of the cinchona tree in the treatment of malaria, as do the South American Indians, we use an extract of the same bark, called quinine. Both the bark and the quinine work the same way and produce the same effect, but the latter is more convenient and dependable.

"NATURAL" REMEDIES

Nevertheless, one would gather from the nonsense that is printed concerning the virtue of "natural" remedies as against drugs, that the bark would be superior in this instance. According to the definition used by advertisers of "drugless" or "natural" remedies, cinchona bark is not a drug, but quinine is. Wherein the difference lies, when it is plain that cinchona bark is useful only because it contains quinine and that the only source of quinine is cinchona bark, is not clear. In our opinion both the bark and the quinine are drugs, and advertisers should not be permitted to imply that a preparation containing cinchona bark is drugless. The only difference between the bark and the purified extract, quinine, is that at least ten to fifteen times more bark than quinine is needed for an effective dose, because even the best specimens of cinchona bark rarely contain as much as ten per cent of quinine.

What is a "natural" remedy? Actually there is no such thing. Any medicine or product which is useful in disease is a substance which under normal conditions of environment and health would not be taken

It's neither "natural" nor non-habit-forming. Whether or not it's "drugless" depends upon the way you define "drug."



Sol Libsohn

internally. The healthy or "natural" body needs no medicine. The "natural" animal takes no medicine. Medicines are useful only in the treatment of unnatural conditions, namely disease. There are, therefore, no "natural" remedies. All medicines produce unnatural effects on a diseased body, effects which tend to compensate for the unnatural effects of the disease itself.

Thus, we see that the term "natural" or "drugless" remedy, as used in advertisements for patent medicines, tells us nothing about the drug content of a product, but simply means that the substance used in the product is in the form in which it exists in nature, either as a plant, fluid, or mineral.

A great many, if not almost all of the so-called "drugless" or "natural" forms of medication claim that only natural herbs, and no drugs, *absolutely no drugs*, are used. However, it can easily be shown that if any of these "drugless" panaceas are at all effective it is only because the natural, unchanged herbs, vegetables, or waters of which they are made actually do contain drugs—if they did not they could not be effective remedies.

A few examples will clarify the situation. The most widely exploited and perhaps the simplest example of the "drugless" drugs is the "natural" laxative or cathartic. There are three types of "drugless" laxatives or cathartics: (1) those which act by increasing the intestinal bulk; (2) those which contain "natural" mineral waters; (3) those which contain "natural" vegetable cathartics.

A number of "drugless" cathartics on the market are said to contain no drugs but only natural seeds or other substances which absorb water and swell up in the intestine, thereby increasing the bulk of indigestible material there and producing regular, soft, bulky, and eminently satisfactory bowel movements. One of the most widely advertised products of this type is *Serutan*. This is nothing more than a mechanical laxative which produces its effect by increasing the bulk of the intestinal residue. The advertising for this product is characteristically exaggerated. Whether or not it is "drugless," as claimed, depends entirely on the definition of the word *drug*; certainly the product is not "natural," since no laxative can be natural; and, since it can tend to establish the laxative habit, it cannot, as claimed, be said to be non-habit-forming. Moreover, laxatives of this type may cause intestinal obstruction, a very serious complication which is also sometimes caused by the practice of eating bran.

EDROLAX AND PLUTO

Other "natural" laxatives which act mechanically contain mineral oil, agar agar, or the emulsified mixture of the two, all of which are considered to be true drugs. *Edrolax* is a widely advertised laxative of this kind. Still other "natural" remedies of this kind are bare-faced frauds that contain dangerous drugs.

A number of "natural" spring or spa waters which act as cathartics are sold with the same extravagant claims that they are "natural" remedies, God-given, and not habit-forming.

Pluto water is one of these. All "natural" spring water remedies contain mineral salts of one type or another. Concoctions of this kind can be made up in the back room of any drug store, or, if you know how, in your own home. Indeed, so well is this fact established that many of the so-called "natural" spring waters have never seen a spa or a spring. The manufacturer saves the expense of carting bottles and water over the country by dissolving some salts in local tap water, bottling the mixture, and selling it as the water from some spring with a fancy name. Such artificially prepared mixtures have the same properties and effects as the "natural" waters, and any dangers inherent in one type of remedy are also present in the other.

HERB MIXTURES

The last group of "natural" cathartics are those which are advertised as containing no drugs but only herbs. There is a large group of herbs including cascara, senna, aloes, rhubarb, and many others which when taken in the crude vegetable form produce a bowel movement. Most of these vegetable cathartics are effective because they have in them a chemical belonging to the anthracene group. It is only important to remember that most "natural" vegetable cathartics operate by virtue of a similar chemical or drug which is naturally present in them. It is possible to extract this chemical and use it directly as a cathartic. It is more common, however, to make a very crude extract of the vegetable and to use that. The only difference between the "natural" herb and the medicinal product is that the latter contains considerably less inert material. Both produce the same effect and both have exactly the same dangers. Similarly, there are a number of "natural," "drugless" cold cures, headache compounds, rheumatism and kidney cures, and a host of others. It is well to remember that "drugless" obesity cures are often flagrant and dangerous examples of this type of patent medicine fraud.

Thus, we have seen that if any natural substance, be it animal, vegetable, or mineral, is capable in its virgin state of producing a desirable effect in disease, it is usually possible and often desirable to extract the active principle which produces the effect and to use that. There is no essential difference between "natural" medicaments and drugs. Whatever acts on the

body and is useful in medicine is by definition a drug. If herbs found in nature can, as such, produce the desired effect one can of course use an herb. But if the herb is purified so that it becomes what is usually known as a drug, it does not become more dangerous or more habit-forming.

A certain species of the poppy contains opium. One can take crude, unpurified opium, chew it, smoke it, or inject it into the body and one will have sweet dreams and develop the opium habit. Or one can put the crude opium through a refining process and get its active principle, morphine. This pure white powder can be swallowed, chewed, or injected, and one will have sweet dreams and develop the morphine habit. Is one process any more "natural" than the other?

When one drinks a "natural" drink such as coffee one also consumes the substance in it called caffeine. Is coffee then a "drugless" drink? By all definitions caffeine is a drug. The kick in coffee comes from the caffeine it contains. If we put the coffee through a refining process we can obtain a pure white crystalline substance called caffeine. This caffeine may be used in medicine to increase the rate at which urine flows, to produce wakefulness in those who are too sleepy, or to rouse someone who is in coma. No one thinks of coffee as containing a drug. Yet one of its most important ingredients is caffeine, a drug used widely in medicine. The fact that caffeine can be called a drug does not make it more dangerous, nor does the fact that coffee, as used in the kitchen, is made from the natural bean make it "drugless." Caffeine is a drug regardless of whether it is used in the kitchen or at the sick bed. But in neither case is caffeine dangerous and one should not consider discontinuing the use of coffee simply because it contains a substance which is called a drug when used by the physician.

THE FEAR OF DRUGS

We may conclude, therefore, that no opprobrium should be attached to the word "drug." There is no essential distinction between "drugless" medicines and drugs themselves. There are no truly "drugless" remedies which are of any value and there are no good "natural" remedies which do not contain

(Continued on page 95)

A baby specialist answers mothers' questions about the feeding of infants.

The Baby's Formula

THE average mother approaches the question of infant feeding, especially just after she has returned home from the hospital with her newborn baby, with a great deal of apprehension. It is all so new to her, so mysterious. Her friends probably try to make it easier for her by telling her of the many difficulties their babies had, of the dire things that can happen to a baby if the "wrong formula" is given, if the formula is "too strong" for the baby, if the "wrong" type of milk or the "wrong" type of milk-modifier is added to the formula. And there are physicians, too, who perhaps unwittingly make such a complicated ritual out of the determination and revision of the formula that the whole subject becomes a nightmare and the young mother feels helpless because of ignorance.

BREAST MILK IS BEST

Now, what are the facts concerning infant feeding? The first is that mother's milk is the very best milk for any baby under, say, nine months of age. Mother's milk possesses great advantages over any cow's, goat's, or any other animal milk. The old physicians' saying that mother's milk was made for babies and cow's milk for calves still holds good. The proportions of protein, fat, and milk sugar, the amount of water and minerals make it ideally fit for tolerance, digestion, and the most complete assimilation by the baby. For the premature, immature, or congenitally debilitated infant it is almost an essential.

If the mother is unable to produce milk of her own, one of three things may be done: first, if possible, a wet nurse may be obtained; secondly, in large communities there are child welfare agencies which sell mother's milk (unfortunately at prohibitive prices for most people); and, thirdly, evaporated cow's milk formulas may be used as adequate substitutes for mother's milk.

Unfortunately, there are millions of mothers, especially in large cities, who are unable to supply enough breast milk to keep their babies satisfied. In such cases it becomes necessary to

resort to what is commonly referred to in medical texts as "artificial feeding," that is, a mixture of cow's milk in some form with water and some type of sugar added.

How are the baby's food requirements arrived at and how are the formulas figured out? Following the newborn period—generally regarded as the first ten days of life—and for several months thereafter most babies require at least fifty calories of food to every pound of body weight in order to gain satisfactorily and to be satisfied. Up to three months of age nothing short of six to seven ounces a week can be regarded as a satisfactory gain in weight. Premature babies generally require an even higher caloric intake, sometimes as much as one hundred calories to every pound of body weight.

Suppose we are dealing with an eight-pound baby, one month old who, for the sake of argument, requires fifty calories to every pound of body weight. In other words, this baby requires 400 calories of food a day. Therefore, twenty ounces of mother's milk would be required because every ounce of mother's milk has a value of twenty calories. Such a caloric intake, were it expressed in terms of an "artificial" milk formula, would consist of about two-thirds of the calories in the form of milk and one-third in the form of some sugar diluted with previously boiled water to make a volume of about twenty ounces.

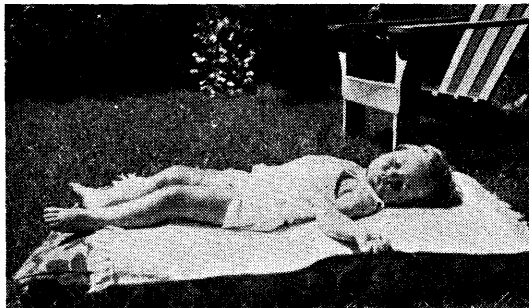
THE MILK MODIFIER

Now, it is a fact that fresh, whole cow's milk as it is commonly sold in the open market has a caloric value, ounce for ounce, the same as mother's milk, that is, twenty calories to the ounce. The question may therefore be asked: "Why not offer the baby unmodified whole milk right from birth?" The answer is that there are fairly wide differences in the percentage compositions of protein and sugar in human and cow's milk; and while the fat percentage, about 3.5 per cent, is the same in both milks there is a real difference in the chemical constitution of the fats. Pediatricians are gen-

Syphilis in Industry

erally agreed that the most successful "artificial" milk formulas involve a reduction in the protein and fat contents of cow's milk and an increase in the sugar content. Accordingly, generally speaking, the proportion of milk to water is determined as two parts of milk to one of water, with enough sugar added to make the caloric content about twenty calories, or more, if necessary, to an ounce of the milk mixture.

What kind of milk should be used in the milk formula: Certified Grade A (which is not pasteurized), Grade A or B (both of which are



John Nicholas

Sunshine and cod liver oil provide vitamin D to make young bones strong and straight.

pasteurized), unsweetened evaporated milk, condensed milk, whole dried milk, or one of the long list of proprietary whole milk, half-skimmed dried milks, and fortified whole dried milks?

While it is true that millions of babies have been successfully fed on whole fresh cow's milk, dried milk with sugar added, or the proprietary fortified dried milk preparations right from birth, it is generally agreed by most pediatricians that by all odds the most ideal form of cow's milk to use in infant feeding right up to nine months, or even a year of age, is unsweetened evaporated milk. Unsweetened evaporated milk is ideal because, first, it is sterile; secondly, it most nearly resembles mother's milk in its physical qualities; thirdly, because the changes which it undergoes during evaporation make it more easily tolerated and more thoroughly digested—this is shown by the fact that babies who are fed evaporated milk formulas vomit much less than others, and further by the fact that the stools of such babies are very much like those of breast-fed babies; and, fourthly, because it is the milk of choice in cases which present family histories of eczema, hay fever, asthma, or migraine, or where the

babies themselves have eczema or asthma. At any point later on in infancy, should it become necessary or desirable, a gradual transition from an evaporated to a whole milk formula can be made without any digestive upset to the baby, or from an evaporated milk formula to an unmodified whole cow's milk, that is, fresh milk undiluted and without added sugar.

What kind of sugar should be used in the formula? By and large, it really makes very little difference. Ounce for ounce, the various types of sugars and combinations of sugars yield the same number of calories, that is, 120 calories to the ounce. It comes down to the question of qualitative differences. The average healthy, normal baby will thrive on a rational milk formula to which any one of the numerous sugars and combinations of sugars may be added. Ordinary granulated cane sugar such as is generally used in the household has been successfully employed in feeding millions of babies; it is well tolerated, well digested, and is the least expensive. Admittedly, there are cases where cane sugar is not as well tolerated as the combinations of maltose and dextrins, milk sugar, or banana sugar, but such cases are rare among healthy babies.

What additions to the mother's milk or the formula, as the case may be, should be made in order to protect the baby against such conditions as rickets and scurvy?

COD LIVER OIL

Perhaps the ideal preventive agent against rickets is ordinary cod liver oil because in addition to containing both vitamins A and D (the latter is the specific vitamin against rickets), it is a food, a pure fat, yielding nine calories to every cubic centimeter, forty-five calories to the teaspoon, or 135 calories to the tablespoon. An adequate dose of plain cod liver oil is one-half ounce or one tablespoonful daily. However, the dosage, which may be started shortly after the newborn period, should begin with five drops by spoon on the first day and should be increased five drops daily until the baby is receiving a whole teaspoonful. Continue with one teaspoonful daily for one week, then increase to one and one-half teaspoonfuls. Continue with one and one-half teaspoonfuls daily for one week, then increase to two teaspoonfuls for one week; and so on until the baby re-

(Continued on page 92)

ON October 30, 1937, the employees of the Mode Novelty Company in Newark, New Jersey, went out on strike rather than submit to the compulsory blood test for syphilis demanded by their employer.

It is fairly clear that the employer would not have made such a demand if the workers had not first presented certain demands of their own. But it isn't too lovely a life, working in the novelty manufacturing trade. The employees of the Mode Company made toy and novelty hats and cheap rugs out of second-hand, dusty felt materials, and earned as little as four and five dollars for a full week's work. Therefore, when the Used Products Industrial Union, a C.I.O. affiliate, sought to organize them the Mode employees readily joined the union.

The union had already signed collective agreements with two of the Mode Company's competitors in Newark. However, when the union's representatives approached the Mode Company with a similar contract, they found a surprise in store for them. Yes, they were told, the company would fall into line and sign the contract, *but*—and here was where the negotiations came to an impasse—the company demanded that the employees submit to compulsory tests for syphilis and diabetes. Just why diabetes was included is not clear. It was claimed that one of the employees had recently died of diabetic gangrene as the result of an accident.

A DISCRIMINATORY MEASURE

It was a clever move on the company's part. Public attention and support had been mobilized to a hitherto unprecedented degree in the movement to wipe out syphilis. Why then, the company asked, should the union balk at such a demand? The union's answer was simple enough: in its opinion the company's real intentions were to use the tests for discriminatory purposes; henceforth any active union member who could be shown to have syphilis could immediately be fired. So stating its case, the union called a strike.

The company's attorney immediately issued a statement intended to win the support of the public. "We are unwilling," he is quoted as saying, ". . . to foist upon an innocent public wearing apparel possibly tainted with exposure to a social disease."

FAKE HUMANITARIANISM

To thousands of people who thought of the innocent children into whose hands the Mode Company's products eventually go, this must have sounded like good sense and true humanitarianism. In fact, the union's rejection of the clause aroused considerable protest from people who innocently or wilfully misunderstood the reasons underlying the union's action. An editorial in *Medical Economics*, a magazine which is distributed free to doctors, had this to say:

It's getting so everybody who doesn't swallow John L. Lewis' doctrines piecemeal is an enemy of labor. . . . By meddling in matters of health the C.I.O. is setting a bad precedent. If every local labor leader took the attitude of the Newark director, we would shortly be back to the medical world of the Middle Ages. We advise the C.I.O., therefore, to stick to its industrial knitting, and to keep its nose out of the affairs of the medical profession.

It happens, however, that matters of health are very much the affair of the people of this country, whether they are organized in trade unions or not, and that the workers in progressive trade unions eagerly seek and expect the help of their union officials not only in problems of organization but also in the attainment of good living and working conditions. It is entirely within the province of a trade union official to consult competent physicians and public health officials on health matters and to transmit health information to the union members. There is not a responsible public health official or private physician who will not applaud the efforts of a trade union or any other organization when it participates in a public health campaign or aids in educating its members in the principles of sound preventive medicine. The most progressive trade unions are now actively engaged in sponsoring health talks

to workers on problems of industrial and personal hygiene given by competent physicians. HEALTH AND HYGIENE would like to see more trade unions undertake such programs. The editors of *Medical Economics* should receive this elementary lesson in the real basis for preventive medicine in industry.

Medical Economics is not the voice of the medical profession nor has it ever been considered such by medical men. It is more often the voice of the drug manufacturers, peddling their wares in a publication which is distributed free to doctors. An organ that truly represented the best traditions of the medical profession would have told the truth about the problem of syphilis among workers. And the truth is that a worker with syphilis is never a danger to the public that buys the products made by the worker. Syphilis is an infectious, transmissible disease but it is transmissible almost exclusively by direct contact with a person having active, infectious syphilis. As Dr. M. J. Exner, acting director of the Bureau of Venereal Disease of the Newark Health Department, stated publicly: "There is not one chance in millions of any hat-makers transmitting the disease to children wearing the hats."

And this is true not only for hat makers but for fur workers, toy workers, radio workers, and workers in almost every kind of industry and occupation. The germ of syphilis is a very delicate organism that can live only in a moist, warm place. This is why syphilis is transmitted almost exclusively by direct contact, usually sexual, with an infected person. There isn't a single case of syphilis on record which has been proven to arise from contact with a commodity made by a worker with syphilis.

Discredited on this score, the company changed its tactics. It now claimed that its motives were purely financial and that it was insisting on the compulsory tests in order to reduce its rate of payment for workmen's compensation insurance. This was simply untrue, for regardless of whether the tests were given or not, the insurance rate, which is set for an entire

trade or industry, would have remained the same.

HEALTH AND HYGIENE is heartily in favor of the present campaign to mobilize the American people in an effort to wipe out syphilis. We believe everybody should join in this campaign. But we insist that the participation should be voluntary and based upon sound and continuous education of the people by competent medical authorities. Everyone should have a periodic health examination and a Wassermann test for the detection of syphilis, but the examination and the test should be performed by each person's own physician, or, if he has none, by a physician employed by a trade union or by the local, state, or federal health department. The employer has neither the right nor the competence to pass upon the physical fitness of his employees. Experience has shown that examinations sponsored by employers will often be used not for the welfare of the workers but for the purpose of establishing blacklists of "undesirable" militant workers. Wassermann tests sponsored or demanded by employers will simply create a large army of workers with syphilis, for, as has been shown by reliable statistics, approximately one out of ten adults in this country either has had syphilis, has it now, or will have it in the future unless the present rate of infection goes down. If the presence of syphilis is made a test of fitness for work this large army of workers with syphilis will become a large army of unemployed. More than ten million people will be thrown out of work. This would not only create a social problem of great magnitude, but it would be acting contrary to what medical science knows about syphilis.

SYPHILIS NO CAUSE FOR DISMISSAL

Medical science has demonstrated that only a small percentage of people with syphilis are in an infectious state. The great majority are not in an infectious state and therefore will not transmit syphilis. Accordingly, the worker who simply has a positive Wassermann and no evidence of infectious syphilis is no danger to his fellow-worker or to the public. If he has infectious syphilis he can be rendered non-infectious and perfectly safe by a very brief period of adequate treatment. Usually two anti-syphilitic treatments are enough for this purpose. Of course, this is not enough to cure the disease, but it is enough to prevent its spread. Dr. Parran, Surgeon-General of the United States, says:

A person with syphilis is, of course, not a suitable nursemaid but the safest domestic help or food-handler is the syphilitic who is taking treatment.

We come now to the other ground on which routine pre-employment Wassermann's are demanded: to determine a man's fitness for his work. Here, again, the Wassermann alone tells only a very minor part of the story. Of course, syphilis may be a disabling disease. It is one of the causes of heart trouble, and among the chief findings in sudden death. It may attack the central nervous system and cause locomotor ataxia and insanity. It may cause blindness or deafness. Of course, such disabilities may make it impossible for a man to work, but certainly a positive Wassermann test alone does not.

A man's right to earn a livelihood should depend on his health, not on how the word "syphilis" may sound to the ear of an employer. Neither hysteria about syphilis nor the stigma that is unjustifiably attached to it must be allowed to stand in the way of man's right to earn a living. Medical scientists, not the superstitions, phobias, or anti-union tactics of any individual employer should decide a man's fitness for a certain type of work.

The glaring injustice of denying work to Wassermann-positive applicants in the face of solid medical proof of their employability, is not a personal problem alone. It is a grave social blunder. Again we quote Dr. Parran:

Now we are beginning to look for syphilis at least, but when we find it, most employers, whether in government or private industry, fail to employ. This defeats the very purpose of finding cases, which is to get them treated. It results in driving syphilis under cover. A person with syphilis who does not take treatment is not entitled to much consideration by society, but the patient who does take treatment should not be penalized. There is no danger that he will infect his associates. . . . there will be an increased effort of those infected to hide their disease, more self-treatment, and a resulting boom in the quack and patent-medicine business.

Treatment for syphilis is a long and expensive business. To create a horde of jobless and moneyless people with syphilis raises a prospect

of social consequences that would horrify every active enemy of the scourge. Again, our authority is the Surgeon-General of the United States:

The applicant with syphilis presents a troublesome problem. Having no job, he usually has no money. If public clinics were available everywhere, he could at least get treatment. It is an economic waste for an otherwise healthy person with early syphilis, or one with latent syphilis, whose only symptom is a positive Wassermann, to be deprived of the opportunity of working.

Let us sum it up this way: the object of the Wassermann test is to make treatment possible, and joblessness, in many places, makes it impossible. The Newark union mentioned above would be called by the Surgeon-General a friend, and not an enemy, of public health. The C.I.O. may properly say, "Let the employers stick to their industrial knitting, and keep their noses out of the affairs of the medical profession."

ULTERIOR MOTIVES BEHIND TESTS

To return to the strike in Newark, which is still going on, there would seem to be several factors to indicate that the company was not sincere in giving its reasons for demanding the tests. In the first place, the scabs who were hired and who are still working have not been given the test, nor have those "loyal workers" who remained. Secondly, the union organizer has stated that during the negotiations the company's attorney stipulated that he would not insist on the insertion of the clause concerning the tests if the union would waive its demand that the strikers be taken back to work.

Similarly, we suspect that other motives than protection of health underlie much of the sentiment that exists for compulsory Wassermanns among industrial employers. It may well be that many large employers of labor are not so ignorant as they pretend to be of the medical facts which we have set forth concerning the needlessness of Wassermanns in determining eligibility to work. It may well be that they intend to make a not entirely honest use of the widespread public opprobrium that is attached to the word *syphilis*. The Wagner Act has ended the "good old days" when any employee could be discharged for union activity, without further trouble to the employer. The National

(Continued on page 95)



Charles Martin



Charles Martin

Poverty — the Chief Cause of Illness

An Inventory of Sickness

America is a nation of sick people!

This is the only conclusion that can be drawn from the results of the national health survey conducted by the United States Public Health Service and recently made public. According to this survey, which is the most comprehensive of its kind that has ever been undertaken, on an average winter day there are more than six million persons who are afflicted with illness so serious that they are prevented from going about their normal occupations. Over 17 per cent of the persons canvassed were found to have been disabled for one week or more during the year preceding the survey date. When we add to this already impressive percentage the number of those who were afflicted with disabling illness for shorter periods of time, we can begin to grasp the magnitude of America's sickness problem.

But this same national health survey has done more than reveal the amount of disabling sickness in America. It has also shown that the incidence of such sickness is 100 per cent greater among persons on relief than among those with incomes of more than \$1,000 a year. In other words, those who are forced to live on the meager allowances provided by relief agencies stand just twice as great a chance of becoming seriously ill as those who are somewhat more fortunately situated.

Could anything be better proof that the most effective way to improve the health status of the population would be to raise the income level of the lower-income group? Press comments on the survey have stressed its importance as an indication of the direct effect of illness on poverty and economic insecurity, but we prefer to look at it from the other point of view, that is, as an indication of

the direct effect of poverty and economic insecurity on illness. We feel that the results of the survey should be seriously considered by those 430 progressive physicians who recently stated as part of their principles and proposals that "the problem of economic need and the problem of providing adequate medical care are not identical and may require different approaches for their solution." The problems may not be "identical," but they are certainly closely related, and any measure that will serve to improve the economic status of the people will most assuredly have a profound effect on the health of the people and the need for medical care.

Increased Relief Necessary

In view of the findings of this survey, recent disclosures concerning the inadequacy of relief allotments in New York City take on added significance. It was shown that grants to families on relief were 40 per cent below what experts believed to be the minimum requirements for the maintenance of life and decency, and from 15 to 25 per cent below the emergency standard! And the relief allotments in New York City are the highest in the country; in other cities the grants are much less. In St. Louis, for instance, the allotment is only about half of what it is in New York.

So, if we are to cope with the pressing health problems that face our country, we might best begin by assuring every man, woman, and child at least the essentials of food, clothing, and shelter. Studies by nutritionists pointing out that a family of five can "get along" on a food allowance of \$1.17 a day may be interesting experiments in kitchen mathematics, but they ignore the fact that the people who have to "get along" on this amount are the ones among whom sickness exacts by far the greatest toll.

Most common speech defects can be corrected by modern, scientific treatment.

Stuttering Is Curable

By I. P. GLAUBER, M.D.

Psychiatrist, National Hospital for Speech Disorders

REASONABLE as the view of stuttering described in the first part of this article (see February issue) may seem to the objective student, it is difficult for many parents to grasp it because emotionally they resist it. They point only to the acute or precipitating factors which immediately preceded the onset of the stuttering. These factors are important but they can be best understood when looked upon as the last stimuli that crystallized the stuttering symptom out of a morbid process long at work. These factors may be: a sudden shock, great excitement, a severe illness, or a surgical operation. The beginning of school is frequently a precipitating element. It is easy to see what a great threat this first experience in group cooperation can be to a child who has become fearful and self-conscious.

THE DEVELOPMENT OF STUTTERING

Other less acute precipitating influences are related more closely to problems of language. Where more than one language is spoken at home the child's difficulty in learning one is naturally increased, and he becomes more speech conscious. Frequently one of the parents speaks very rapidly and indistinctly, and may even demand a rapid response from the child in whom the speech faculty has not yet fully developed. Parents often forget that the child's task of learning to speak is made more difficult when they use big words in addressing him. Sometimes the child learns to stutter by conscious or unconscious imitation of another person who stutters.

It has been asserted that the aim of the child who stutters is to attract attention by his peculiar speech. This is not the primary cause. Nevertheless, it frequently happens that when the child learns that his parents are anxiously concerned about his stuttering, he may use his defective speech as a means to gain their attention. Thus the symptom offers the child a

so-called secondary gain which he naturally will be loath to relinquish.

The development of stuttering has been described as taking place in stages. The truth is that although new manifestations in the life of the stutterer are noticed as he grows and develops, old habits remain and fuse with the new. When stuttering is first observed in little children there may be only a prolongation of some part of a word or sound. If this tendency has existed only a short time there is generally no reaction of awareness or expectancy. Such prolongations are present in the adult stutterer too, but are covered over by symptoms acquired later. Even before the child comes to regard his stuttering as an obstacle, it is observed that he is emotional in social situations. He is over-anxious, over-intense, and anticipates with an excessive sense of responsibility the task of speaking in social situations. He is impatient and has a desire for the immediate completion of the speech expression. Under emotional stress the prolongations are soon accompanied by repetitions of sounds. By this time the child becomes aware of these tendencies and begins to sense them as obstacles. He feels thwarted in his efforts at communication and is surprised and bewildered. Still more important, he realizes that his speech is socially unacceptable. His playmates jeer at him and his parents, in an effort to help him, shame or threaten him. A number of changes in his speech and general behavior indicate his awareness of this social stigma. He pauses suddenly or repeats words, phrases, and sentences; or he changes the note, pitch, or intensity of his words. In the less severe cases the attempt to speak correctly may be given up, and in the more severe cases the child may strive to avoid opportunities for speaking. In other instances, he may develop compensatory behavior, consisting of shouting, crying, laughing, spitting, hitting, or other forms of temper outbursts.

A number of devices, some of which have already been mentioned, are developed to release the tension aroused by the speech situations. All sorts of words or sounds are introduced as starters, fillers-in, or substitutions for the difficult words. By this time the awareness of speech unpleasantness leads to a fear of stuttering. The fear becomes associated either with the word that gave trouble or the situation in which the difficulty or embarrassment occurred. Certain words associated with past stuttering and made vivid by the shock of social penalty begin to occur more frequently. Such words, sounds, and situations multiply and carry cues which set off the expectancy of stuttering. The expectancy involves visualization of abnormal speech situations charged with fear.

The protecting or releasing devices which the stutterer develops against the dreaded word or situation neither protect nor release him in reality. Usually they serve only to distort the personality further. The speech disorder becomes the center of the individual's concern in life. Fear and shame become attached to it and much energy is spent in efforts to hide any possible evidence of it.

THE ADULT STUTTERER

We are now ready to consider the personality of the adult stutterer. As already intimated, when we become fully acquainted with him we are impressed with the fact that his emotional development has been arrested. For all practical purposes this means that his interpersonal relationships retain the insecure characteristics of his childhood. Even ordinary social situations are made difficult for him by the presence of fear and anxiety. These emotions increase markedly when it becomes necessary to face even slight changes in the routine of life. The general diffusion of anxiety in the life of the stutterer is probably the most important cause of the immaturity of his ego (the executive part of the personality). And what is the most frequent form of expression of anxiety? Hesitation. We thus see how well the speech symptom crystallizes and typifies one of the major traits in the stutterer's character. He hesitates in making decisions, whether small or large, and procrastinates—another form of hesitation—in acting upon them when they are made. This explains his extraordinary awareness of time, as this awareness stems directly

from the fact that he is years behind the normal "time table" of life. His fears constantly limit freedom of expression and in order to combat them he unconsciously develops schematic systems to control his actions. Thus he develops another of his striking traits—rigidity of behavior. Characteristically, he limits himself to the familiar and safe. He generally chooses a job that assures him a regular income, often disregarding superior opportunities because of the element of chance, even when it is slight.

The general suppression of the personality leads to a marked introversion. He is always reminded that he may appear ridiculous. The slightest rebuff may throw him into a severe state of depression which may just as quickly lift or change into one of elation following a word of recognition or encouragement. An inner feeling of need and dependence is often in conflict with fear of being dominated and this conflict results in alternating moods of dependence and stubbornness or negativism. A minority of stutterers are constantly inclined to over-compensation and over-assertiveness; but even in the majority who are generally inhibited characters, these tendencies often crop out. Some stutterers develop an assumed attitude of indifference towards and neglect of the speech handicap. Others take a common sense attitude and make constructive efforts at gradual self-improvement and recovery. However, in the large majority of cases, irrespective of the attitude towards the stuttering, the attitude towards the world at large is one of aloofness and detachment. These attitudes and their expressions are largely unconscious and are effectively disguised. Dealing with these attitudes constitutes a substantial part of the treatment.

PROPER TREATMENT

A detailed description of the treatment of stuttering, a highly specialized task, is not possible in an article of this scope. However, the basic principles of effective treatment may here be outlined so as to give practical help to the parent, relative, or friend of the stutterer. Inasmuch as stuttering is a problem of the personality as a whole, it must be treated as such and not merely as a speech defect. This makes the treatment essentially a psychiatric undertaking, but it does not mean that the usual psychiatric interview method is the only method

of choice. In fact, in view of some of the characteristics of the stutterer's make-up, this method alone is often quite inadequate. The treatment in each case should be based on a comprehensive understanding of the personality but its execution may take on different forms. In practice, this is often best accomplished by the joint approach of the instructor, psychologist, and psychiatrist.

The role of the parent is of course greatest

citing or emotionally disturbing have been known to upset the stuttering child for surprisingly long periods of time. Parents should carefully avoid letting the child see such pictures. In the same way, weird or depressing plays or radio programs should be ruled out. Games of a highly competitive or exciting nature are not well borne by such a child and should be eliminated. In general, he does much better in informal situations where there is a

Facts on Speech Disorders

More than 12,000,000 people, or ten per cent of the population in the United States, have some sort of speech defect or voice abnormality.

This includes 4,000,000 children, of whom at least 500,000 are stutterers. Of this group only one out of ten recovers during the elementary school period.

There are approximately 1,200,000 adult stutterers in the country.

New York City has 60,000 stutterers; relatively few receive treatment.

The economic loss due to speech disorders is huge; their eradication results in much better vocational adjustment.

in the case of the child who is too young to be brought to a clinic group. Here the treatment must be carried out entirely by the parent at home. It goes without saying that serious or even moderately serious neurotic disturbances in the parent or parents must be attacked separately in an effort to remove or ameliorate them; otherwise the parent will be incapable of properly executing the instructions for the care of the child.

What are these instructions? As a preliminary the parents must be made to appreciate the special personality of the stuttering child and the ways in which his characteristic physical and mental reactions differ radically from those of the normal child. The first attention should be directed towards his physical condition. His nutrition should be brought up to par and an adequate well balanced diet maintained. Such a child, because of his nervous habits, wastes much energy and is likely to get run down physically. For the same reason, he needs plenty of sleep—more than the average child. If at all possible he should sleep in a room of his own.

He should also be guarded against undue excitement. Motion pictures that are too ex-

minimum of discipline or regimentation. However, a generous amount of play and recreation at a moderate tempo is highly beneficial and should be encouraged.

The child's adjustment to the group should be carefully studied. It will frequently be necessary to combat shyness by bolstering self-confidence through praise and encouragement. Along with this must come the constant supervision of, and prompt attention to, every detail that may cause failure to contribute to the joint effort and happiness of the group. As the best way to learn is by copying models at hand, it is essential to foster the spirit of cooperation and tranquility in the home. Family quarrels cause deep emotional scars in small children. Such scenes should be scrupulously guarded against because they are a great source of worry and insecurity. Parents and other members of the family should see that their own speech is as deliberate and unhurried as possible, and still pleasing.

In dealing with the symptom of stuttering as such, the following suggestions are important: Do not betray any sign of concern, irritation, ridicule or pity regarding the speech defect.

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The Medical Societies and the Cooperatives

The story of three "blind mice" who are gnawing at the foundations of progress.

By KINGSLEY ROBERTS, M.D.
Medical Director, Bureau of Cooperative Medicine

MEMBERS and advocates of cooperative health associations in the United States are being faced with the fact that "blind mice" have attacked three of their experiments to set up voluntary plans for medical service. Cooperative health associations, a comparatively new system for bringing more adequate medical care within the reach of more people, is the method by which numbers of laymen band together and make periodic, fixed, pre-payments for the medical services of a number of physicians employed to keep them well and to give them regular medical attention when they need it.

The cooperative health method, acclaimed by socially progressive groups throughout the country, has been less generally appreciated by the organized medical profession. In fact, three county medical societies are the three blind mice who are insidiously gnawing at the foundations of such health organizations in Elk City, Oklahoma, in Washington, D. C., and in Milwaukee, Wisconsin. This is what they have done.

AN OKLAHOMA TOWN

Elk City in Oklahoma lies on the edge of the dust bowl. Its farms yield an uncertain return to those who till the arid soil. The Elk City farmers have a slender budget with which to cover medical or hospital costs when these arise, yet adequate medical service is a prime requisite of their existence. The success of a year's crop depends not only upon year-round toil, but also upon the rapid harvest of a few weeks. The man who happens to become sick or disabled during the harvest season is faced with certain ruin unless he can regain his health speedily. Of course, it is better if he does not become sick at all.

One doctor in Elk City, realizing keenly the importance of health in his community and understanding very well the significance of preventive medicine, evolved a system that was to do much towards remedying the situation. He suggested that, to supply themselves with the kind of medical care they needed, the Elk

City families band together, each family paying a fixed amount annually to cover the costs of care for all.

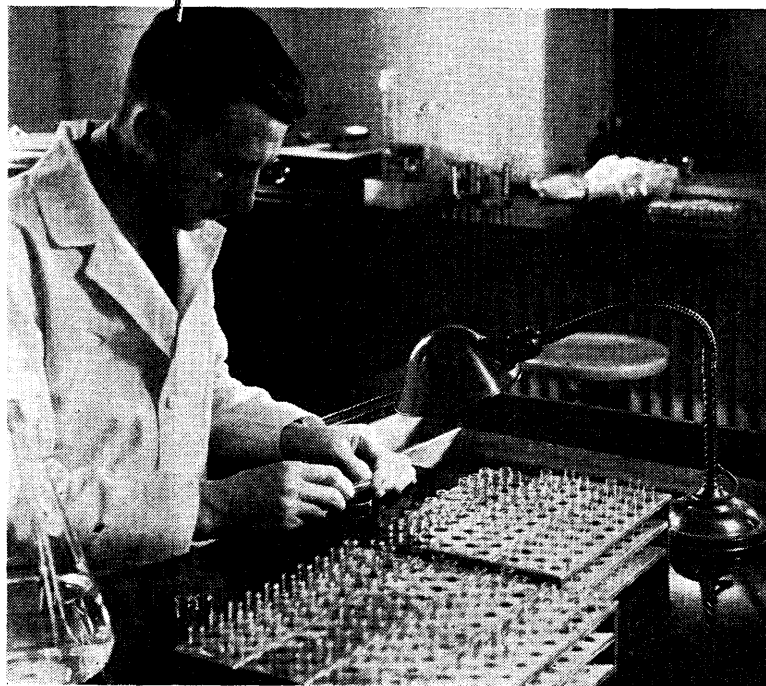
The doctor was Dr. Michael Shadid. The laymen of the community recognized the excellence of his plan. In 1930, a committee formed a cooperative health association and began to take steps toward organizing a complete medical set-up. The money from the sale of shares was to be used in building and equipping a cooperative Community Hospital.

A drive to enroll members and raise capital was begun. Shares were sold at \$50. For the additional sum of \$25 per family per year, it was arranged that complete medical and hospital care would be available to all members and no high bills would be faced by the individual. In a relatively short time resources were gathered, a hospital was begun, a staff of specialists formed, and x-ray and other laboratory equipment were assembled to render up-to-date care. The Community Hospital became a working reality.

But the medical profession itself did not see the laymen's point of view. To the medical society in Beckham County, where Elk City is located, the whole idea was heresy, and the society took prompt action to stamp out the existence of the cooperative hospital. The society held that it alone was qualified to deal with the financial as well as the medical aspects of health. Therefore, it decided first that "steerage of patients" would be a possible charge on which to arraign the cooperative doctors. On September 11, 1931, the president of the Board of Medical Examiners wrote to the president of the Beckham County Medical Society: "It occurs to me

that you could very easily have one of your colleague's license cancelled for this same reprehensible practice. It is up to your society to file the charges and present them to the Attorney General, who will collect the evidence, and prosecute before the Board."

Dr. Shadid proceeded, nevertheless, as medical director of the cooperative, and the work of building the hospital continued. The county medical society, outraged at this defiance, underwent a reorganization and removed Dr. Shadid from the membership rolls of the society.



Pix Modern medical technique is a far cry from the methods of a century ago. Yet, many medical societies are still thinking in "horse and buggy" terms.

In the meanwhile prospective members of the cooperative were told continually that the idea was impossible. For many months the doctors succeeded in delaying the construction of the building. But the Farmers Union backed the idea and pushed the work ahead to completion. Today a hospital—75 beds, and more to be added—stands as a monument to the 2,500 families who backed a dream and who were willing to become shareholders in the project.

Its frontal attack having failed, the Beckham County Medical Society resorted to another kind of warfare. Members of the staff of the Community Hospital from outside the state were told to leave, or their temporary licenses would not be made permanent. New recruits met with great difficulty in obtaining licenses to practice when it was known they were going into service in the new institution. As Dr. Shadid put it, "Indeed, no stone was left unturned to defeat us. Every conceivable means was adopted to cause us to fail. The doctors met in secret caucuses frequently to devise ways and means to destroy us. Some members of the state Board of Medical Examiners were pressed into service . . . in the ring to destroy us."

At length, the Farmers Union brought the matter to the Governor's attention and the Governor wrote: "I want to state that there is no danger of any doctor who may be employed in that hospital losing his license. In the first place, if the medical board attempts such conspiracy, they will be dismissed by the Governor and prosecuted for such conspiracy under the laws . . ."

THE PLAN FLOURISHES

Despite opposition, lay support of the hospital has increased each year. Today another wing is needed, the money has been found, and the new addition will bring the bed capacity over 110 beds. From town to town, from county to county, the idea of the cooperative health society has spread.

At the present time the medical society is attempting to take away the license of the hospital's medical director. The issue is before the courts. So strong is popular support, however, that protective legislation will probably be passed. Yet all the while the medical society fights to defeat the interests of doctors and patients alike. Taking this position, the Beckham County Medical Society is the first "blind mouse" in this story of professional blindness.

The spotlight shifts now to an urban center, to Washington, D.C. During the week of October 25, 1937, a clinic was opened by the Group Health Association, an organization made up of employees of the Federal Home Loan Bank in Washington. The Association makes available to its members complete medical care as well as hospitalization. Though it is not, strictly speaking, a cooperative, the Asso-

ciation was set up so as to be independent of the employer and controlled by its members. The plan incorporated periodic payment, group practice, and preventive medicine.

Dr. Richard Cabot of the Harvard Medical School described the Group Health Association in Washington as giving "more doctoring for less money." But opposition was again present from the beginning. As soon as news of the "G.H.A." leaked out, Washington doctors began a campaign to kill the Association. A congressional investigation was held and on October 2, *The Journal* of the American Medical Association published an article condemning the plan. Closing its eyes to the many obvious advantages of the plan, *The Journal* held that it was illegal and, by innuendo, made it appear that it was a bad thing for its members.

GROUP VS. PRIVATE PRACTICE

In spite of the American Medical Association's blast, the employees proceeded with their plans. Financing was arranged through a loan from the HOLC. By October 21 the requisite staff had been recruited and the clinic was opened. At the inauguration of the clinic the local physicians opposing the employees received a setback when Dr. Cabot said, "Group practice is one hundred times better than private practice" and stated that less abuses were likely when doctors were on salary than when they were in private practice.

On November 5 the *Washington Star* reported that "two distinguished physicians," members of the local medical society, had either left, or were about to leave, for Chicago in order to take up the matter of the Group Health Association with officials of the American Medical Association. What went on at these gentlemen's deliberations in Chicago is not known, but the Washington physicians returned with the determination to give no quarter. In spite of the fact that prominent government officials came to the aid of the new association and urged its continuation as an experiment from which much could be learned, the District medical society expelled all its members who had any connection with the HOLC plan. A doctor who had been on the courtesy staff of the Emergency Hospital for many years was suddenly refused admission to the hospital. He was on the staff of the G.H.A. clinic.

The employees of the HOLC cannot under-

stand this opposition to their plan. They see in it better medical care for themselves, more security for the doctors, and a chance to practice preventive medicine. But the medical society of the District of Columbia cries "socialized medicine," and says the plan will disturb private practice.

Early in January of this year, a congressional committee reviewed the circumstances under which the directors of the HOLC made the grant to the G.H.A. and after due deliberation decided that the directors were well within their rights. This constituted complete vindication of the G.H.A. and now all that is required is the decision by the Attorney General as to its legal status. On January 28 the Group Health Association's attorneys filed in the District Court a petition for a declaratory decree defining rights in the matter. In the meantime, the medical society has continued its opposition by urging its members to place whatever pressure they can upon members of the House and Senate to choke off the G.H.A., and to embarrass members of the G.H.A. staff by closing the hospitals to them on technical grounds.

The Medical Society of the District of Columbia is the second "blind mouse" in this story of opposition. Dr. Upham, president of the American Medical Association, states, "We will fight to the last ditch."

IN PROGRESSIVE WISCONSIN

In Milwaukee, Wisconsin, the medical society has adopted a similar attitude although here there has been even less reason for a bigoted viewpoint. Group medical practice by and for the doctors is the question involved, not a cooperative clinic owned and operated by patients. No layman is in the organization or administration of the Milwaukee Medical Center, against which the opposition is at work.

It all began when, at the request of a patient, a Milwaukee doctor obtained for him literature on medical economics from such sources as the Julius Rosenwald Fund and the Bureau of Medical Economics of the American Medical Association. The patient was an employee of the International Harvester Company and his interest in solving medico-economic problems soon spread among his fellow employees. All of them saw clearly the connection between good health and high earning power.

Here was the Elk City problem in terms of modern industry.

Requests were put on paper; a plan was outlined; the doctor who had first been consulted was called in and asked as to the possibility of organizing a group of doctors to carry out a project whereby expert medical care would be purchased on the basis of a fixed sum each year, paid to the medical group in advance. The Milwaukee Medical Center grew out of this request.

Since many outstanding members of the local medical society and one of its directors were already engaged in contract practice under industrial auspices, no ethical objection to the new plan was expected. But even before the staff was formed or the project was in operation, the president of the Milwaukee Medical Society released a signed statement to the press denouncing the doctors and the project. An interview was given in reply. The medical society charged the new project with "advertising."

Next, because the doctors in the new plan could not make their contract to give medical care without talking about terms of payment and type of service to be rendered, a second charge was made of "solicitation of clients." Finally, when the doctors of the group proceeded steadfastly with their plans, they were charged with "conduct prejudicial to the best interests of the county society."

MEN OF STANDING

Never before had charges of unethical conduct been brought against the doctors who had formed the Medical Center. They were all exceptionally well trained and competent. All of them taught on faculties of local medical schools. Each had a distinguished record. But this made no difference. The three charges were filed by the county medical society and a hearing was held. When a counsel for the local society was needed, he was retained by the secretary of the Wisconsin state society—the body to which appeal would be taken if the

county body expelled the local men. Consequently, when the men were expelled, the Wisconsin state society affirmed the Milwaukee county society's verdict that the medical society alone had the right to set up a system of contract practice. Appeal was taken to the Judicial Council of the American Medical Association. The case was argued early last June but no decision has yet been handed down.

Temporarily the Milwaukee County Medical

Society won a victory, but it lost more in public respect than it gained in righteous conviction. The leaders of the society, blind to the benefits of periodic payment for medical care, did not see the security of the system. They did not see the discrepancy between their immediate interests and the ultimate needs of their patients. Oblivious to the merits of the new plan, they did see in it a threat of personal monetary loss.

When, in spite of the society's opposition, the Milwaukee Medical Center continued to flourish—for it had good equipment and competent doctors—the medical society struck

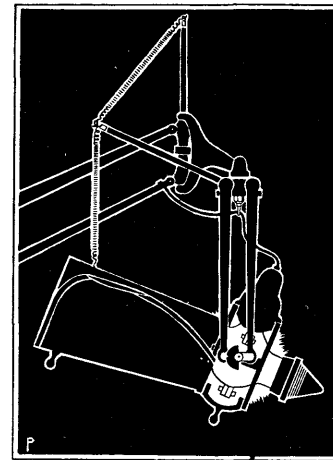
through the hospitals. At first the doctors connected with the Center were denied the use of hospitals. The number of hospitals which would take their patients was steadily cut down. Now these hospitals are closing their doors to the Center's patients. The Milwaukee County Medical Society, offering continual opposition to the activities of the Milwaukee Medical Center, has proved itself the third "blind mouse" of the story.

* * *

Not all medical societies in the country are gnawing blindly at the roots of progress, however. On November 8 the governing body of the Medical Society of the County of New York, the largest county society in the country, accepted the report of its Committee on Economics and approved the organization of cooperative health associations, on the following conditions:

- (1) That the organizations unquestionably be non-profit making.
- (2) That agreements between such organizations and individual doctors for home and office care should not allow fees below the workmen's compensation

(Continued on page 96)



Is your will to succeed hampered and kept in check by exaggerated "individualism"?

Freeing the Life Impulses

By BURRILL FRIEDMAN

TODAY many people are asking, "What can psychoanalysis offer in the way of explaining the economic worries which beset so many of us?"

A growing school of thought feels that some of Freud's basic psychoanalytic theories can be extended further than their founder carried them, and that they can be applied to the problems created by the struggle for existence under our present social conditions.

FREUD'S THEORY OF REPRESSION

For instance, the theory of repression was developed by Freud to cover the ways in which the ego, or conscious part of the mind, often represses or pushes out of awareness certain impulses which it is trained to consider shameful or otherwise unpleasant. Freud, of course, studied the good and bad aspects of repression chiefly in connection with the various sexual impulses.

The term "psycho-sexual repression" covers the field of Freud's researches. A common example of such repression is that of the man who is sexually impotent as a result of unconsciously thinking of sexual matters as "bad" in some way.

But it is possible to carry the theory of repression further and apply it to entirely different kinds of impulses. It can be shown that the ego also represses the impulses that have as their purpose the preservation of oneself and one's dependents, that is, those impulses which impel us to make a living, and which may therefore properly be called life impulses.

The repression of such impulses has previously been largely overlooked in psychological literature. Nevertheless, we are constantly repressing various impulses to better our condition in justifiable and necessary ways, because we unreasonably regard such impulses as shameful, fearsome, or somehow "wrong."

A mistaken or confused understanding of one's true social relationships is connected with the repression of the life impulses. Such re-

pression may therefore be called the "psycho-social repression." It has very unfortunate results, leading people to put up with wretched and health-ruining conditions.

Let us take, as a homely example, the case of an intelligent, capable person who, through no fault of his own, cannot find work. The person begins to feel that he is no good, a failure. But this mental state is the result of the repression of certain things.

For one thing, the person has repressed the important fact that all social and economic values are the product of human labor. His ego is trained to think of money and possessions as ultimate values in themselves and therefore it pushes out of awareness, as upsetting to this idea, the fact that the ultimate origin of these and all such values is labor.

But as he liberates himself from the repression of this fact, his appreciation of his capability as a creator of values will be restored. He will judge his worth by this capability, and no longer blame himself for the fact that no chance is provided for him to exchange his labor power.

THE DIGNITY OF WORK

This will enable him to throw off his feelings of inferiority and adopt a more militant and self-confident attitude towards life. He will then be prepared to take part in the struggle for existence against such anti-social forces as may be preventing his normal life impulses from securing satisfaction.

For the person referred to has, of course, been repressing not only the awareness of certain facts, but also impulses to better himself. Despite his intelligence and capability, he might not be able, for example, to bring himself determinedly to seek socially useful work in the public service. Part of the cause would be that his ego has pushed out of awareness the obvious fact that his labor produces social values, regardless of whether it is expended in the public service or elsewhere.

Now, let us take the case of a person who happens to be employed. He represses the fact that, as Abraham Lincoln accurately put it, "Capital is only the fruit of labor." Such a person will also be likely to develop what might be called "social impotence."

He will have pushed out of awareness the fact that the equipment and goods of the company for which he works can only represent an accumulation of "surplus" value created by workers, that is, value in excess of what they were paid for. He will therefore repress, as somehow "wrong," his normal life impulses to join his fellow-producers in seeking a more reasonable share of the goods which they have produced.

But as the obvious facts are brought back to his awareness, he will cease to repress these normal life impulses, realizing that instead of being "wrong," they are clearly right, and that to help strive for their fulfillment is a social as well as an individual duty.

A DEFEATIST RATIONALIZATION

Often an individual, in repressing his natural impulses to struggle for a better existence, tells himself that he does not deserve any more out of life than he is getting. This represents a completely incorrect attitude, psychologically as well as socially. It is a kind of false explanation which takes the place of the real explanation of the individual's attitude. His ego, or the conscious part of his mind, has chosen to push out of awareness, as unpleasant, the real explanation, which is that the idea of struggling for better conditions really frightens his ego. In other words, the individual is really afraid to try.

False explanations like the one cited above are called "rationalizations." They are common and are obviously insidious, since they help to keep the life impulses crushed.

The repression of the life impulses, that is, the kind of psycho-social repression that we have described, is being overcome on a mass scale today among millions of persons who are uniting in the struggle for existence—although they may know nothing of the psychology of it. They have come to realize that only through collective activity can the individual attain the fullest satisfaction of his life needs.

By and large, the life instinct is today a social instinct.



Sixteen Ontario women lost weight in our recent contest eating our NRG Loaf.—Advertisement seen on a Purity Bread delivery wagon in Toronto.

Caldwell, N. J., Feb. 12.—"Munkacsy's Miracle Water" is what they call it, and it tastes just plain awful.

But people are throwing away their crutches after drinking it; John Munkacsy, a Hungarian immigrant who discovered it, is getting rich, and a lot of other people, it developed today, hope to do the same.

Flat-tasting and a bit oily, the water is becoming so popular that rights to distribute it have been sold to Dr. Arnold T. Goldwater, a dentist on the staff of Sing Sing Prison. . . . He will open offices shortly at 5 Rockefeller Plaza and try to sell New York City on the idea that here is just the medicine that will cure just about everything.

Associated with Goldwater will be Samuel J. Burger, banquet manager of the Cotton Club, former Broadway booking agent and promoter. Burger got into the papers when he tried to take the Hauptmann jury on a vaudeville tour.—News item in the New York Post.

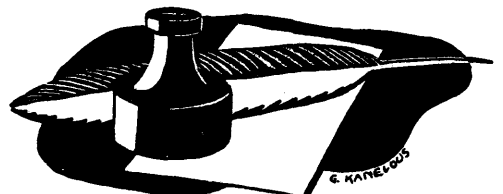
Foreseeing the awful need for recovery from holiday eating orgies, Helena Rubinstein celebrates today the end of the holiday season by adding to her "matiere vivante" food for beauty an "alkaline day" and a special alkaline luncheon at the Salon Bar.—Kay Austin in the New York World-Telegram.

HE: "Honey, you're a wonder! I got the job and I owe it all to you." SHE: "Don't be silly, John; you owe the job and the big change in you to Carter's Little Liver Pills."—Advertisement for Carter's Little Liver Pills.

THE DRESS IN THE CLOSET: Oh, Connie, I'm so whiffy—I need luxing.—Advertisement for Lux soap flakes.

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

PURELY PERSONAL



READER-EDITOR CORRESPONDENCE

A TABULATION OF THE results of our Syphilis Control Poll to date (February 18) shows that 2,678 persons have taken advantage of our offer to arrange for free Wassermann tests by private physicians. More than 20,000 extra ballots have been requested by readers for distribution among their friends.

Any one who wants to have a free Wassermann test done by a private doctor may do so by filling out the ballot at the bottom of this page and mailing it to us with 3 cents in stamps. We will provide you with the name of a doctor in your community who will do the test.

THIS MONTH'S PRIZE for the best letter goes to A.M., of Brooklyn, who writes:

"As a biology teacher in one of the city's high schools I was induced more by curiosity than anything else to get my first copy of HEALTH AND HYGIENE. Until then I had dismissed it as just another health fad magazine. Well, the laugh is on me for having neglected such a valuable and instructive journal.

"Although I enjoy your articles, it is primarily because of your feature *Ha! Ha! Ad Laughs of the Month* that I am taking the trouble to write at all, and incidentally entering your contest, hoping to win a copy of *100,000,000 Guinea Pigs*.

"Experience has confirmed me in my belief that much advertising is essentially based on dishon-

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.

esty, unscrupulously playing on the fears and ignorance of a credulous and uncritical public. I think, therefore, your column is doing a laudable service to the consumer. Unlike others, you are effective by fearlessly mentioning names.

"I should like to supplement with a few more misleading and illogical inanities appearing on the billboards and car ads:

1. The picture of a young and pretty lady in full bridal gown smiling happily. Her happiness results from her daily habit of chewing *Wrigley's Gum*.

2. The young girl who simply cannot hold a job. She doesn't know of *Mum*.

3. The young man whom all the girls pass by. He does not wear *Paris garters*.

"My students will henceforth find your journal listed for supplementary reading on current problems."

M.G. OF CAMDEN, NEW JERSEY, feels, on the other hand, that we have been neglecting exposes lately, and that our *Ha! Ha!* column cannot take the place of full length articles exposing patent medicine frauds. We agree that the *Ha! Ha!* column cannot do this, and it was not our intention that it should. Recently, we have tried to make our exposes more general, taking up in one article a whole group or class of patent medicines or medical equipment rather than merely one product. Thus, in this issue we write on "drugless" drugs and "natural" remedies, rather than on *Serutan* or any one of the other numerous products of this sort. And last month we wrote on sun lamps.

In this way we feel that we can cover more ground, give constructive information as well as information that merely exposes, and at the same time deal specifically with some of the more widely advertised products that fall within the general classification that we are discussing.

However, there may be readers who would prefer to have us turn the full force of our attack against a specific product and devote an entire article to one product, as we have done in the past. We would like to hear your opinions as to the relative merits of these two methods of handling exposes.

Also, when you're writing, let us know what you think of the *Ha! Ha!* column. Is it a worth-while addition to the magazine?

EACH MONTH WE WILL GIVE a free, autographed copy of Arthur Kallet's *100,000,000 Guinea Pigs* or Carl Malmberg's *Diet and Die* to the reader who sends us the best letter telling us what he HYGIENE, and why. When writing please state which book you would prefer to have.

How the 45,000 fur workers can combat the health hazards in their industry.

The Health of the Furrier

IT IS no secret among industrial health authorities that the fur trade is one of the pest holes of industry. The hazards in the fur trade may not be nearly so dramatic as those encountered in the mines, the steel mills, or in tunnel digging, but for squalor, poor ventilation, dust, poisonous fumes, poor lighting, miserable toilet and other hygienic facilities, the fur trade has few equals. The almost medieval conditions which prevail take an astonishing toll of ill health among the 45,000 workers in the trade.

Of the nine pamphlets on industrial medicine published by the Division of Industrial Hygiene of the New York State Department of Labor, five (those on mercury, arsenic, and chromium hazards, industrial anthrax, and industrial skin diseases) cite the fur trade as one in which specific health hazards exist as a major problem. These pamphlets are the first to be published in a series which is not yet complete, and numerous other poisons and health hazards to furriers will surely be discussed in future pamphlets on dyes, industrial asthma, bronchitis, and other ailments. The proposed systematic survey of the entire industry to be undertaken by the New York State Department of Labor will shed additional light on the sorry picture of industrial illness among furriers.

DUST AND DYES

Fur dust is irritating to the breathing passages. Many furriers are coughers for this reason. It is not only dust but also the dyes used, particularly Ursol D or paraphenylene diamine, that irritates the breathing tubes. In the ordinary shop where there is practically no ventilation, and cleanliness is a forgotten word, the dust is piled high. It saturates the air and reaches the breathing tubes of the worker in such large quantities that an irritating bronchitis frequently sets in.

Let a man work in such an atmosphere for years and the bronchitis becomes chronic, setting up in its trail various more serious lung disorders such as emphysema or stretched

lungs. When these disorders are of long duration they are very difficult to treat medically. The answer therefore lies in prevention, and this means scientific ventilation equipment. In the fur trade good ventilation is a crying need and it should be made mandatory by law.

ASTHMA AND SKIN RASHES

Asthma is also sometimes encountered among furriers. This ailment is characterized by attacks of difficulty in breathing, sometimes accompanied by wheezing or whistling in the chest. Here, too, the condition occurs most frequently among workers who are exposed to the large concentrations of fur dust that are present when ventilation is poor. Occasionally, however, mere contact with the fur will cause an attack. Workers who are affected by such simple contact may be "allergic" or sensitive to a particular fur. Any type of fur may be the offender and as long as contact is maintained with that fur the attacks will occur. Sensitivity of this kind may be determined by special skin tests performed by a physician. In cases of such sensitivity it is advisable for the furrier to switch to a job involving a different type of fur. Under present conditions, however, such a change in jobs is often impossible. Disability arising from contact with furs is compensable, a fact of which many workers are not informed.

Asthmatic attacks are by no means always caused by contact with the fur itself; recently it has been shown that the fur dye, particularly Ursol D, may cause asthma as well as skin rashes. Here the problem of prevention is relatively simple. In this day of chemical marvels it should not be difficult to discover a non-poisonous dye substitute for Ursol D and the other offenders.

Skin eruptions are another type of ailment frequently seen among furriers. Here again the dyes play the important role. Ursol D tops the list and in close order follow the metallic dyes such as copper sulphate, chrome, and white lead or litharge. Various natural dyes such as logwood, which is used on more expensive furs, may also cause the skin to redden, crack, blister,

and give off a discharge. Again, the problem may be solved by finding satisfactory substitutes for these irritating chemicals. In the meantime, whenever feasible, protective gloves as well as protective ointments such as lanolin or petrolatum (vaseline) will often be of value. Disabling skin eruptions are also compensable.

Mention must also be made of a peculiar disease of the finger nails found among workers who strip the flesh from rabbit and hare skins. The disease involves the nail bed and ultimately leads to loss of the whole nail, often an extremely painful process. The nails of the thumb and index finger of the right hand are particularly likely to be involved.

A DEADLY INFECTION

A rare condition found nowadays among furriers is anthrax. This is a highly infectious disease found primarily in animals and secondarily in men who handle diseased skins or carcasses. It usually starts when a powerful germ gains entrance to the blood stream through a cut on the skin, and it is often fatal to both man and beast. Fortunately there is less anthrax infection in animals today than formerly and therefore the disease rarely occurs in man. The story of anthrax was beautifully shown in the recent movie *The Life of Louis Pasteur*.

It is extremely difficult to kill the anthrax germ by sterilization of a wound. An effective antitoxin against anthrax has been developed, but for best results it must be used early in the disease. Therefore, any suspicious sore should be seen by a physician.

In the dye houses and kitchens where dyes are weighed and cooked, workers should be protected by ventilating hoods, gas masks, and special clothing. Rubber gloves, boots, and aprons should be provided to the workers around the dye and mordant vats.

Fur workers are also subject to poisoning due to lead, arsenic, and mercury which are sometimes used in the glossing of furs. Cases of such poisoning are not uncommon and the worker should be aware of the danger. Lead and arsenic poisoning will cause severe anemia and even death. Mercury poisoning will cause nervous ailments, loss of teeth, poor appetite, loss of weight, and other symptoms. This type of poisoning is most common in the fur-cutting industry, a recent survey showing that one out of twelve workers are so poisoned.

Another poison encountered in the fur-dressing trade is hydrogen sulphide. This poison was responsible for the death of four men in Lowell, Massachusetts, in 1929. These men who were engaged in cleaning the waste from a tannery were overcome by the poisonous gas and died. This poison may be present wherever animal matter is in the process of decay.

Although the furrier is subject to many ills arising from the nature of his work, these ills can in most cases be prevented. It depends to a great extent upon what the workers do about it. As an individual the furrier can merely complain about the conditions under which he is forced to work—and he may even be forced to leave the industry entirely. Collectively, however, as members of a powerful union, furriers can make effective demands for healthier working quarters and conditions. Moreover, as active members of a labor party the furriers can fight for legislation that will remove the health hazards in the fur industry.

WHAT CAN BE DONE?

An effective trade union program for combating the health hazards in the fur trade must include at least the following items:

1. Proper ventilation to keep dust and poisonous fumes at a minimum.
2. Removal of dust and vapors at the point of origin by special exhaust ventilation.
3. Substitution of harmless chemicals in the processes where poisons are used today.
4. The employer should supply and launder work clothes and gloves which should be kept in a double locker, separated from the worker's street clothes.
5. Adequate hot water and hygienic toilet facilities.
6. Good lighting, preferably daylight through clean windows.
7. Lunch and locker rooms separated from the work room so that workers may eat, rest, and smoke in clean and uncontaminated surroundings.
8. Floors in the dye rooms should be turtle-back to allow for drainage and should be made of non-absorbent materials so that poisonous vapors cannot be absorbed and later given off into the air which the worker breathes.

The fur trade can be cleaned up. Furriers needn't continue to suffer ill health if they will tackle this problem with their accustomed vigor.

Delayed menstruation and other usual signs do not prove that conception has taken place.

Pregnancy—Real and False

PREGNANCY begins when the sperm of the male unites with the egg of the female. The biological steps that precede this union were described in the June, 1937, issue of **HEALTH AND HYGIENE**.

The first indication that this union may have occurred is the woman's failure to menstruate at the usual time. However, it is important to remember that while the delay in menses may be due to pregnancy, it may be entirely unrelated to it. Many factors can influence the regularity of the menstrual cycle. First of all, a woman's menstrual cycle is usually less regular than she believes it to be. This is true even in many instances in which women claim to be as "regular as clockwork." Where careful records of the menses of a group of women are kept for a year or two and then examined, this irregularity becomes apparent. Women who claim that they have menstruated every 28 days "on the dot" find that in the course of a year there have been several 26 and 27 day cycles, a few of 29 or 30 days, and perhaps one or two longer ones.

REASONS FOR "DELAY"

The reason for this is not strange. If a woman does not have sexual relations for a month or more and, therefore, has no reason for anxiety concerning the date of the onset of the period, a variation of a few days will pass unnoticed. But let the same woman worry about becoming pregnant, and a delay of two or three days will seem to her to be positive proof of pregnancy.

Besides the normal variations that occur for obscure reasons, variation in the menstrual cycle can be caused by glandular conditions, physical illnesses of varying degrees of severity, including such common troubles as a severe cold, and by purely emotional upsets involving worry, grief, or distress.

It is the failure of women to realize that many conditions besides pregnancy can cause menstrual delay which is partly responsible for the thriving business in patent medicines that promise to "bring on the period." These patent

medicines are without exception complete frauds, and for a good reason. *If the delay is due to pregnancy no drug or combination of drugs can bring on the delayed period, unless it is given in doses that would seriously endanger the life of the woman.*

DRUGS ARE USELESS

Most women know of definite instances in which a woman who was delayed managed to bring on the period by taking some patent medicine, castor oil, or any of the numerous drugs sold for this purpose. In these instances the delay was *not* due to pregnancy and the arrival of the period was entirely unrelated to the medicine taken. It is these cases of delay not due to pregnancy which enable the patent medicine manufacturers to prey on the distress of the woman who is afraid that she will have another child that she does not want or that she cannot support. Most of these "remedies," such as *Chichester's Diamond Brand Pills*, *B-X Monthly Relief Compound*, *B-X Special Multi-Strength Treatment*, *Neofem*, *Robert J. Pierce's Special Formula Double Strength Tablets*, *Dr. Haller's Prescription 5,000*, *Menstrua*, *Dr. Richaue's Parisienne Periodic Pills*, *Minoko Regulators*, *Martha Beasley's Special Relief Compound*, and *Minex*, have been exposed as frauds—and some as dangerous frauds—by the Food and Drug Administration of the United States Department of Agriculture, or by some other government agency, and have been fined or ordered to "cease and desist" from false advertising. Nevertheless, the sales go on, either under another name or with slightly different claims.

In addition to the skipped period the other early indications that pregnancy may exist are morning sickness with nausea and vomiting, frequent urination, and tingling sensations in the breasts, especially in the nipples. However, all of these signs can and do occur in the absence of pregnancy. Of the more than 8,000 women who die every year in the United States as a result of abortion or attempts at abortion, a considerable num-

ber were not even pregnant! Yet, many women who skip a period and develop morning sickness, frequent urination, and tingling sensations in the breasts decide that they are pregnant without benefit of medical examination, and go to abortionists. The abortionist informs the woman that she is pregnant, inserts an instrument, scrapes the uterus, then pockets his fee. No woman should make the diagnosis of pregnancy on the basis of her own findings or on those of an abortionist.

MORNING SICKNESS

Morning sickness consisting of nausea which may be followed by vomiting is a frequent but not invariable accompaniment of pregnancy. Women in primitive tribes are said to be free from this unpleasant manifestation. About a third of all pregnant women never suffer from it. It ranges from a very mild nausea to a severe vomiting. Sometimes it lasts for only a few days; occasionally it continues throughout the pregnancy. It usually begins about two weeks after the missed period. When pregnancy is unwelcome it tends to come on very early, sometimes even before the woman is pregnant but while she is afraid she has become pregnant. Usually the nausea and vomiting are most distressing during the second month. During the third month the trouble generally disappears.

The cause of morning sickness is obscure. Many theories have been advanced. Though a neurotic element is often present, it frequently cannot be demonstrated. Neurotic factors probably exaggerate the condition rather than cause it. It can often be relieved or controlled by regulation of the diet.

The increased frequency of urination is due to the pressure of the uterus on the bladder. After from ten to twelve weeks, as the uterus grows out of the pelvis, the condition is relieved. A few weeks before delivery, when the baby sinks into the pelvis, the urinary frequency tends to return. In order to safeguard the mother's rest and sleep it is advisable to limit the intake of fluids during the evening throughout this period of increased bladder irritability.

The sensations in the breasts may begin shortly after the missed period. At first they are similar to the sensations in the breasts which many women get just before, or at the beginning of, menstruation. Gradually the breasts

become larger, a network of fine blue veins appear beneath the skin, the dark area around the nipple becomes darker and broader, and the nipples become more erect. Little glands over the areola or dark area become slightly elevated. A thin, milky fluid, the colostrum, may ooze from the nipples after the twelfth week.

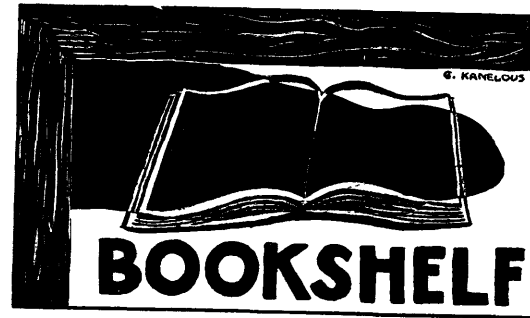
In about the fourth or fifth month of pregnancy the woman usually feels the movements of the child. This is called "quickening" and has been described as a sensation similar to the fluttering of a bird. In the beginning these sensations are very faint, gentle, and intermittent. Toward the latter part of pregnancy they become more vigorous and are felt every day.

The abdomen slowly begins to enlarge both because of the increased deposition of fat and the growth of the uterus. At the twelfth week the uterus can be felt as a small lump just above the pelvic bone. At the end of the fourth month the top of the uterus has reached a point about half way between the pelvic bone and the umbilicus or navel. At the fifth month it is just above the navel. At the beginning of the ninth month it is just below the breast bone. During the last two weeks the fetus descends into the pelvis and the top of the uterus is lowered.

FALSE PREGNANCY

Even the enlargement of the abdomen and the sensation of quickening is not proof of pregnancy. All the signs mentioned thus far can be felt by the woman and still she may not be pregnant. The enlargement of the abdomen may be due to a deposit of fat, or sometimes to the growth of a tumor. Sensations from gas or a full bladder may be mistaken for quickening. This condition of pseudocyesis or false pregnancy occurs especially among barren women who are undergoing the menopause (change of life). Such a woman may be intensely eager to have a child. She mistakes the skipping of a period due to the onset of the change of life for a sign of the desired and long-awaited pregnancy. The accumulation of fat over the abdomen which is common at this time is mistaken for the enlarging of the uterus. She quickly develops morning nausea, longings for strange foods, and interprets the movements

(Continued on page 93)



THE TRAFFIC IN HEALTH. By Charles Solomon, M.D., 393 pp., Navarre Publishing Co., N. Y., \$2.75.

DR. SOLOMON justifies this addition to the collection of similar books on the ground that he is a physician and most of the other books have been written by laymen. This, we feel, is a sufficient reason. Dr. Solomon is not only a physician but he is a pharmacologist (student of the action of drugs), he knows whereof he speaks, and his viewpoint is valuable. It is about time that a well-informed physician, or, better still, a pharmacologist wrote a book on the subject of drugs, cosmetics, foods, and proprietaries.

The book begins with the problem of the patent medicine racket, and is interspersed throughout with juicy bits from court cases in which frauds have been exposed. There is an attempt to explain what might be done to remedy the situation, and a brief—too brief—outline of some of the principles of disease and treatment. Fads, diets, cosmetics, cure-alls, frauds, antiseptics, and patent medicines are considered. There is a short discussion of the home medicine cabinet and what to do in emergencies until the doctor comes. Unfortunately there is no discussion of venereal diseases and the nostrums exploited in connection with them.

The book is literally packed with useful and interesting information. At times, however, the author is not too clear, especially for a lay audience. The organization of the book is poor and the breaking up of chapters into hundreds of tiny paragraphic sub-chapters eliminates continuity and makes for some confusion. Nevertheless the book contains a vast amount of information, and reading it should prove valuable to almost anyone.

In discussing the so-called ethical drug houses, as against those which are patently frauds, the author brings to light the fact that even the best of the drug houses play an indirect role in the patent medicine racket. Many of them sell supplies to fraudulent concerns and others sell questionable items either under their own name or another.

The author points out that in order to prosecute

fraudulent patent medicine vendors, it is necessary to prove fraudulent intent. The value of the product in question is not considered at all. It must be proved in court that the manufacturer knew that the article he sold had no usefulness and sold it in spite of his knowledge. This is almost always very difficult to prove, especially in a court of law, because the manufacturer can insist that he thought the product could do what was claimed for it. Dr. Solomon concludes that in order to conduct a successful patent medicine establishment it is only necessary to be ignorant enough to believe in one's own fakes.

The author states that something must be done and concludes that "unless we choose to inform ourselves, to organize, and to act concertedly in the spirit of science and in the light of knowledge it has bestowed upon us, we shall continue to be defrauded by charlatans and injured physically by harmful nostrums and cosmetics."

This obviously implies government control of the manufacture and sale of drugs and the supervision of newly introduced drugs with an investigation into new therapeutic claims.

The book is completely indexed, which makes it useful as a reference. However, new proprietaries are introduced so rapidly that such compilations are soon out of date.

It is a pity indeed that this valuable book should be such a poor one from the standpoint of physical make-up. For \$2.75 one is entitled to a more substantial and attractive volume than the publishers have made of this one.

POISONING THE PUBLIC. By Russell C. Erb, 212 pp., Dorrance and Co., Philadelphia, \$2.

THE title, *Poisoning the Public*, would lead one to expect a book concerned with the sale and advertising of poisonous foods, drugs, cosmetics, and the like. But practically no space is devoted to this very important subject. Instead the book concerns itself in the main with a galaxy of poisonous foods, gases, plants, animals, fish, and fluids which occur in nature and which have been present in the same state since the beginning of time. A very inadequate discussion of poisons in industry, drugs, cosmetics, and prepared foods is given.

Although Mr. Erb denies in his introduction that he is an alarmist there is no way of escaping the conclusion that either he is a dangerous and violent alarmist or that somehow his name, title, and introduction were attached to the wrong book.

By the author's definition a poison is any substance which when taken in any amount, no matter how small or how large, causes disagreeable symptoms. By such a definition practically everything is poison: a medicine used in the treatment of heart

disease, a common beverage, a natural component of the air without which life is impossible, lipstick, photographic developer, toothpaste, paint, and stove polish. If any of these are taken in sufficiently large quantities they will cause symptoms of poisoning. While there is no good definition of a poison, a poisonous substance is generally considered to be one which when taken in small amounts will cause serious illness or death. Such a definition would not include table salt, which would make one very ill if eaten a pound at a time, or tap-water which would cause symptoms if a gallon were drunk at one sitting.

Mr. Erb allows himself no limits. Everything is a poison. He does not even escape the fallacy of auto-intoxication by intestinal poisons, a concept long discarded by better physicians. He prints every possible fantasy about the poisonous properties of articles in daily use, including a great many that are extremely remote from us. He shows no discrimination for either facts or their significance, but lists what he apparently feels is an impressive number of plants—the list occupies three pages—the pollens of which cause the symptoms of hay fever in susceptible individuals. But he forgets or does not know that practically every plant, animal, food, drug, fur, feather, and even street and house dust is capable of causing symptoms of hay fever or asthma or one of the closely related allergic diseases in hypersensitive persons. No such partial list such as the author gives is needed. It would be simpler, more instructive, and more economical of space, type, and paper to mention the few substances on this planet, if any there be, which do not cause symptoms of hypersensitivity in some individuals.

It would be useless to go into detail on the mistakes and the fallacies in the book. We will simply state that the author's title is misleading, his definition of poisoning is incorrect, his factual material is frequently in error, and the book one that may well cause a great deal of needless alarm to the uninitiated.

The Baby's Formula

(Continued from page 72)

ceives one whole tablespoonful (or three teaspoonfuls) daily up to at least two years of age. This regimen should be followed winter and summer, whether in the city, country, or at the seashore.

No baby should be forced to take cod liver oil. If a baby puts up a great deal of resistance to the cod liver oil there is a danger that the child will breathe the oil down into its bron-

chial tubes and thus contract what is known as a lipoid pneumonia. Very effective substitutes may be given instead of cod liver oil; for instance, *Drisdol*, five to six drops daily in milk, or viosterol, 30 to 40 drops a day given either plain, in milk, or in orange juice.

Wherever available and whenever possible it is desirable to use the vitamin D irradiated milks, both fresh whole milk and evaporated milk. While these provide a considerable number of units of vitamin D, it is safest not to rely entirely upon them. Some form of anti-rachitic such as cod liver oil should also be given.

ORANGE JUICE FOR VITAMIN C

Shortly after some form of anti-rachitic substance has been provided, tested for tolerance, and found to be tolerated, orange juice may be given as a preventive against scurvy. Sweet ripe oranges are to be preferred. The oranges should be kept at room temperature and the juice should be squeezed from them just before serving. It should be strained, of course, and given either by bottle or spoon, preferably by bottle. In the beginning only one teaspoonful of strained orange juice diluted with one teaspoonful of cool, previously boiled water should be given. Each day thereafter up to the fifth day the amount should be increased daily by one teaspoon of orange juice, but the amount of water should remain the same—that is, one teaspoonful. On the fifth day omit the water and continue adding a teaspoonful of orange juicy daily until the baby is receiving from one to two ounces a day. On a three-hour schedule the orange juice and cod liver oil may be given at 8 A.M.; on a four-hour schedule, at 9 A.M., that is, just one hour before the second bottle in the morning.

There are some children who do not tolerate orange juice and who show their intolerance by vomiting or skin eruptions or both. Such children may be offered unseasoned canned tomato juice. Tomato juice feeding should be started according to the same plan as given above for orange juice. There are a few babies who cannot tolerate either orange or tomato juices. Such babies can receive a substitute, crystalline vitamin C, which is marketed as cevitamic acid pellets. One such pellet dissolved in the water used to make up the day's milk formula will be sufficient to protect the baby against scurvy.

Pregnancy—Real and False

(Continued from page 90)

of gas in the intestines as the quickening of the child.

Tobias Smollett, himself a physician, describes a case of pseudocyesis in his book *Peregrine Pickle*.

The term of her computation expired, and in the middle of the night she was visited by certain warnings that seemed to bespeak the approach of the critical moment. The commodore got up with great alacrity and called the midwife, who had been several days at the house; the gossips were immediately summoned and the most interesting expectation prevailed; but the symptoms of labor gradually vanished.

Two nights after they received a second intimation . . . yet this visitation was not more conclusive than the former . . . They were assisted by the advice of a surgeon of the neighborhood, who boldly affirmed that the patient had never been with child. This asseveration was like a clap of thunder to Mr. Trunnion, who had been during eight whole days and nights in continual expectation of being hailed with the appellation of father.

He swore the surgeon was an ignorant fellow, and that he would not take his word for what he advanced, being comforted and confirmed in his want of faith by the insinuations of the midwife, who still persisted to feed Mrs. Trunnion with the hopes of a speedy and safe delivery. . . .

The patient had several returns of what she pleased herself with believing to be labor pains, till at length she and her husband became the standing joke of the parish; and this infatuated couple could scarce be prevailed upon to part with their hopes, even when she appeared as lank as a greyhound, and they were furnished with other unquestionable proof of their having been deceived.

Only certain observations of the physician and certain laboratory tests are conclusive evidence of pregnancy. These tests and observations will be discussed in a subsequent article.

Medicine Today and Tomorrow

WE HEARTILY recommend to the attention of our readers the new publication, *Medicine Today and Tomorrow*, an English journal for progressive doctors and public health workers. This interesting and attractive magazine is published monthly at 5 Johnson's Court, London, E. C. 4, and deals in a refreshing manner with problems of public health, medical economics, and the distribution of medical care. While primarily addressed to professional health workers, it will also be of great interest to laymen interested in these subjects.

Who's Who on Our Advisory Board

Dr. W. Horsley Gantt

DR. W. HORSLEY GANTT was born in Nelson County, Virginia, 1893, on the farm of his grandfather, a country physician. His first schooling came from his mother who was a teacher in a one-room country school. His later education was at the University of Virginia and the University of North Carolina with postgraduate work at the University College Medical School in London.

After spending two years as an interne in Balti-



Dr. Gantt

more he went to Russia with about thirty other doctors to work with the American Relief Administration under Herbert Hoover and Colonel Henry Beeuwkes (Medical Director), distributing supplies and co-operating with the medical personnel of the Soviet Union

in campaigns against the epidemics of typhus and other diseases following in the wake of the Great War and the blockade against the Soviet Union.

While in the Soviet Union Dr. Gantt became acquainted with the veteran Russian scientist of international reputation, Ivan Petrovich Pavlov, Nobel prize-winner in 1903. At the close of the American Relief he worked a year in England in experimental pathology at the University College Medical School after which he returned to work with Pavlov, whose brilliant researches had made such a deep impression upon Dr. Gantt. He was the first American to do medical research in the Soviet Union, remaining five years in Pavlov's laboratories where he collaborated in the work on the physiology of the brain, chiefly at the Institute of Experimental Medicine in Leningrad. While in the Soviet Union Dr. Gantt learned Russian and translated the works of Pavlov (*Lectures on Conditioned Reflexes*; International Publishers). While in war-ridden Europe, he made a study of the effect of war on the type and incidence of disease.

After returning to America in 1930 he established the Pavlovian Laboratory at the Phipps Clinic of Johns Hopkins University, where he is working in collaboration with Professor Adolf Meyer on the experimental basis of mental disease. He is the author of *A Medical Review of Soviet Russia* (London, 1928), *Russian Medicine* (Harper and Co., 1937), and various medical pamphlets.

Questions and Answers

(Continued from page 66)

rested after six hours of sleep; others need nine hours. A good rule is to get that number of hours of sleep which will enable you to wake up feeling refreshed and eager to start the day's work. For most people this means about eight hours.

Are Ham and Bacon Safe?

Portland, Oregon

DEAR DOCTORS:

In the article on trichinosis in the February issue you referred to "processed pork products," and stated that they should not be eaten unless they bear the government stamp of approval. Does this



Chas. E. Colahan

mean that inspection of such products, including ham and bacon, is a safeguard against trichinosis?—T.L.

Answer—It is true that the article *Trichinosis from Eating Pork* did not make this point sufficiently clear. As stated in the article, the safeguarding of fresh pork by inspection is impractical. However, the inspection of processed pork, including ham and bacon, is feasible, and the government label on processed pork may be taken as a guarantee that all trichinae have been killed in the smoking and heating to which all processed pork must be submitted before it can be given the government stamp of approval.

The federal law requires that all processed pork shipped in interstate commerce bear the government stamp. Pork products that are made and sold within a state do not have to have the stamp, although many manufacturers who serve only local communities do have inspectors in their plants in order to win the confidence of their customers.

Therefore, if you insist on government-inspected and stamped ham and bacon, you will be safe.

Vitamins Plus

Flushing, Long Island, New York

DEAR DOCTORS:

Will you please tell me if *Vitamins Plus* will help me build up resistance against colds? These tablets are quite expensive.—S.G.

Answer—Vitamins are needed by the body in certain amounts in order to insure health. As far as we now know, there is no advantage in taking an excess of vitamins. The manufacturers of vitamin preparations and products tell the public directly or indirectly that taking such preparations will provide protection against colds. There is no scientific proof that this is so. It is true, however, that insufficient vitamin intake causes general loss of resistance against infections, and this includes colds. It is important to remember that in a good, general, well-balanced diet there are sufficient vitamins. Do not forget that there are other factors in a healthful diet besides vitamins. These include carbohydrates, proteins, fats, and minerals.

We advise you to save the money you would spend for *Vitamins Plus* and similar preparations. None of these are of any proven value in protecting against colds, and most of the other claims made for them are just as open to question, if not to actual denial.

Welding Hazards

Philadelphia, Pennsylvania

DEAR DOCTORS:

I am very desirous of obtaining information relative to the effects of welding and burning on the life of the average worker. If the information is available, I would also like to know the life span of a man who continuously welds on the average of eight hours a day.—H.C.V.

Answer—In welding and burning there are a number of hazards to the worker which may be listed as follows:

- 1—Danger of burns from the flame, arc, or from hot metal.
- 2—Electric shock.
- 3—Danger from gases (acetylene or nitrous fumes).
- 4—Zinc oxide fumes from galvanized iron which is the cause of the "shakes."
- 5—Lead poisoning when burning of painted metal is done or when red lead is present.
- 6—Danger to the eyes if goggles are not worn.
- 7—Danger to the lungs from inhalation of fumes.

Accurate figures are not available, but life insurance statistics show that the life span of welders is shorter than that of many occupational groups. The dangers can be reduced by the use of proper shields, goggles, masks, and exhaust ventilation.

"Drugless" Drugs

(Continued from page 70)

drugs. The term "drug" does not imply danger, poisonous properties, or habit formation. Its implication is neither good nor bad. Neither does it imply that the substance so designated comes from a particular source or is in a particular state of crudity or refinement.

The fear that many lay persons have of drugs has been a source of great profit to nostrum manufacturers who with clever labeling and advertising can make a product seem to be what it is not. Any time you buy a product which is said to contain no drugs you are either buying something that is inert and useless or something that does in truth contain drugs. There are harmful drugs, and there are herbs which contain harmful and even poisonous ingredients. The fact that the herbs are in their natural state does not make them less dangerous. Nor does the fact that a label states that no drugs are present mean that dangerous medicinal herbs are not contained in the product.

Know what you buy. When you buy "drugless" drugs there is no way of knowing. When you buy "drugless" remedies you are allowing yourself to be victimized by one of the slickest of the rackets in the patent medicine field.

Beware of "drugless" drugs!

Stuttering Is Curable

(Continued from page 79)

Do not refer to the subject of stuttering to the child himself or to other children with whom he associates. Occasionally, in the manner of a game, have him say the difficult word or expression over correctly to show him that he really can do it. Do not make him more speech conscious than he already is by drilling on a particular word or sound. Do not deprive him of opportunities to speak. Above all, be patient with the child about his speech; be optimistic about his cure; encourage him constantly.

We come now to the more specialized professional part of the treatment. Because of its technical nature it cannot be fully elaborated here. Its main goal is the modification of the basic neurotic traits of the stutterer's personality. However, the speech symptom as such

cannot be neglected, although it must not be allowed to become the major consideration. This is important because the stutterer's attention is fixed on his speech and little headway can be made in modifying his neurotic personality patterns unless interest is shown in his speech difficulty. We have seen how the personality problem is attacked in the case of younger children. In the case of older children and adults more direct methods can be used. These vary considerably according to the particular technique of the physician in charge and the available facilities at his disposal. Successful results have been reported by diverse techniques, all of which, however, have taken into consideration the fact that this disorder involves the entire personality and therefore requires treatment that is directed towards the entire personality.

We have observed the successful results where this principle was applied in the treatment of stutterers in group situations by means of a composite treatment which is psychological, re-educational, social, and recreational, and which is supplemented by individual psychiatric treatment—a practical method applicable to the majority of patients. As the patient acquires an increasing reliance on his speech he is ready to turn his attention to the more individualized problems of his daily life. The task then becomes one for the psychiatrist in his individual contacts with the patient.

In the majority of cases where the treatment has been thorough the results are very gratifying. The stuttering is cured, but more than that—the ex-stutterer becomes an ex-neurotic!

Syphilis in Industry

(Continued from page 75)

Labor Relations Boards have repeatedly ordered and enforced the reinstatement of active union men when no valid ground for their discharge could be produced. How ideal it would be for the employer if in such cases he could point to a positive Wassermann report and exclaim, "Fired for union activity? Not at all. This man (*sotto voce*) has syphilis!"

The state of public information about the disease being what it is, it is likely that an employer could create the very type of public reaction that he wanted in such a case. A man's

blood-Wassermann must not be allowed to become an anti-union bludgeon in the hands of his employer. *This danger is actual, not theoretical, and it is not new. Dr. Parran recognizes it;* he says:

The problem has been complicated by a long-time opposition of organized labor to any compulsory physical examination. Labor's attitude is understandable when one considers that the physical examination by a company doctor in the past frequently has been used as a means of blacklisting employees because of alleged physical defects—when the only actual defect has been sympathy or activity on behalf of labor unions. That day, I hope, has passed.

Well, we hope so too, but we don't think it has, and apparently the Regional Office of the C.I.O. in Newark doesn't think so, either. The current nation-wide campaign against syphilis has given a new twist to an old labor abuse, and it must be recognized for what it is.

Of course, barring compulsory Wassermans by employers leaves the problem of syphilis eradication where it was. The employer should not be allowed to make the test, but we believe the test should be made. We believe that the initiative should be taken by the unions themselves in conjunction with the medical profession and recognized public health agencies. It is to their interest to keep their members in good health.

Syphilis must go, and progressive labor unions should help to make it go. The blood test for syphilis should be put to work by the unions for the health of their members and not perverted into a weapon against them.

Due to the fact that this issue contains two articles on industrial health subjects, we are omitting the regular "Health on the Job" department. This department will appear as usual next month.

Medical Societies and Co-ops

(Continued from page 83)

minimum schedule, and that persons having an income above a fixed figure (to be determined) should not be eligible for membership in the association.

(3) The right of the free choice of physicians should not be denied any patient. However, the organization may refuse to have a patient treated by a physician in a given field who has not been qualified for workmen's compensation work in that field.

Following its official statement, the New York society authorized a committee representing the

five boroughs of the City of New York to be set up to consider whether each individual organization fulfills these requirements.

The Bureau of Cooperative Medicine in New York, whose function is to assist the organization of cooperative health groups throughout the country, made the following comment with regard to the position taken by the New York medical society: "We heartily endorse the action of the New York county medical society in accepting the principles of cooperative medicine and will be glad to work with them in evolving a practical, workable plan. We sincerely hope that medical societies throughout the country will follow the leadership of the New York medical society in endorsing cooperative medicine as a means of providing more adequate medical care."

DOCTORS AND THE PUBLIC

The medical profession's official approval and support of group health organizations is not to be gained without the continued, active effort of the progressive doctors of the country to counteract the misleading propaganda of self-interested medical officialdom. Action such as the statement given out by a group of 430 progressive physicians in November is a forward step. But should an organization similar to the Community Hospital, Group Health Association, or Milwaukee Medical Center spring up in New York it would still lack the medical society's approval there because the county society's resolution demands free choice of physician and fee-for-service payment.

Active cooperation between progressive doctors and lay organizations is essential if consumers of medical service are to take their rightful part in arranging for more adequate distribution of medical care to all the people. The doctors who wish to support cooperative health organizations must struggle against the national medical officialdom which is grossly misrepresenting them. Laymen must fight reactionary propaganda which has confused and misled them in the past.

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WHICH 1938 AUTOMOBILES ARE BEST BUYS?

Consumers Union's Annual Report on Automobiles Rates Over 46 Models in Order of Merit

Are you planning to buy a 1938 car? With prices up 10% you'll want to know which car at the price level you're prepared to pay will operate most economically, which one has the soundest mechanical construction, which is safest to drive—in short, which car will give you the best value for your money.

Divided into eight price groups (ranging from below \$700 up to \$2300) more than 46 models of 1938 automobiles are rated by name as "Best Buys," "Also Acceptable," and "Not Acceptable" in Consumers Union's annual report on automobiles just published in the February issue of *Consumers Union Reports*. This report was prepared by unbiased automotive experts and is based on driving tests, and engineering examinations. The report evaluates the new overdrives, fourth speeds and other innovations in transmissions and shifting devices, discusses brakes, riding qualities, durability, steering and safety, and gives a table showing the "gas consumption factors" for the various cars. Among the cars discussed by name in this report are the Ford, Buick, Packard, Willys, Oldsmobile, Chevrolet, Hudson, DeSoto, Lincoln, and Plymouth.

Read this report before buying a car. It will give you a sound basis for making an intelligent and economical choice. The report may be ordered by filing out and mailing the coupon below.

HOW TO BUY AN INSURANCE POLICY

In the fourth installment of a series of reports on life insurance—also appearing in the February issue of *Consumers Union Reports*—CU's insurance consultants point out the soundest and cheapest form of insurance available, naming the companies which supply this type of insurance. Also continued in this issue are the series of reports on HOME BUILDING & BUILDING MATERIALS and VITAMINS. Your subscription to *Consumers Union Reports* may be begun so as to include all of the reports in this series. Simply write the name of the month with which you wish to begin in the coupon. Here are the issues in which these series appeared (together with a partial list of the other subjects covered in these issues)—NOV., Life Insurance, Portable Typewriters, Anti-Freezes, Men's Hats; DEC., Life Insurance, Radios, Playthings, Electric Shavers, Cigars, Lipsticks; JAN., Life Insurance, Home Building & Building Materials, Vitamins, Auto Batteries, Lisle Stockings.

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Coming in March!—Consumers Union's 1938 Buying Guide. A 250-page, compact, pocket-size reference book for use in shopping. Contains ratings of over 1500 products by name as "Best Buys," "Also Acceptable," and "Not Acceptable." Included in the regular membership *without extra charge*.

On the Answers to These Questions Intelligent Buying Depends
(You'll find them in the February Reports)

AUTOMOBILES
What innovations in some 1938 cars boost gas mileage about 20% at high speeds?
How can you avoid "overbuying" when you go to purchase a 1938 car?
Of the four cars in the Economy Group (Plymouth, Ford, Willys, Chevrolet) which one was found to be the best buy by competent engineers?
What factors will conserve the durability of your car, minimize adjustments, and increase operating economy?

VITAMINS
Up to what age should children be given cod liver oil?
How many units of Vitamin D is the proper dosage for infants?
Is cod liver oil toxic?
What are the advantages and disadvantages of artificial sunlight?

LIFE INSURANCE
For permanent, constant protection what is the cheapest and soundest insurance available?
What companies sell this type of insurance?
Why do certain insurance companies refuse to sell certain types of insurance to women, Negroes, and manual workers?

HOME BUILDING
What factors should you consider in selecting a site for your home?
What factors should you consider in planning the arrangement and size of your rooms?
Should the outer style of your home be decided upon first or should it develop from the inside plan?

To CONSUMERS UNION OF U. S.
55 Vandam Street, New York, N. Y.
Send me *Consumers Union Reports* for one year (12 issues) starting with the..... issue. I enclose \$3 for membership, \$2.50 of which is for subscription. I understand that this fee also entitles me to the 1938 Buying Guide which will appear in March. I agree to keep confidential all material sent to me which is so designated.

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OccupationH-2-8