When the average person goes out to buy a hat, he usually considers three factors before paying the price asked: style, material and workmanship.

- **IGNORANCE COSTS MONEY**

However, when he is suffering from a sudden illness, a chronic ailment, or a psychological maladjustment, he often takes his pocketbook in one hand and his ignorance in the other and falls a victim to the first ballyhood nostrum, or incompetent practitioner, that he comes across.

- **AN INVESTMENT IN HEALTH**

Nor can a magazine (even an honest one) cure disease, or give a practical diagnosis of its manifestations for a particular patient. It can, however, tell you the known facts about many ailments ... it can give you certain fundamental rules for health and hygiene ... it can answer many personal questions and advise about reliable sources and methods of treatment.

That is why more than 500 people took advantage of the special subscription offer to HEALTH and HYGIENE last month.
A practical guide-book to sex and marriage

This book is written directly for men and women who are married or who contemplate marriage. It is utterly different from other books in its field in that it consists exclusively of questions, and direct specific answers to these questions. The authors, Dr. Hannah and Dr. Abraham Stone, have in the last fifteen years interviewed many thousands of men and women who have come to them for advice. Each of these men and women had individual problems of their own, and each was sanely advised about his or her problems. But during the course of these consultations the authors discovered that there were hundreds of recurrent specific questions which needed answering. About this body of questions they have centered this new book. Most of these questions are of an extremely personal nature. In fact, may have been not even directly asked because they were too intimate. All are answered in the book.

A book of this nature is of value to the public only insofar as it is scientifically beyond reproach as well as sincere. The authors are not only husband and wife (and parents) but they have also been closely associated in their professional work. Dr. Hannah Stone has for the past ten years been associated with Margaret Sanger as Director of the Birth Control Clinic of New York. Dr. Abraham Stone was formerly an instructor in urology at the Post Graduate Medical School and Hospital and is now a staff physician and Adjunct Urologist with the Sydenham Hospital in New York. He has lectured on social and biological problems of sex and reproduction before numerous medical and non-professional audiences. Together they realized for a long time the need of more adequate and practical information on the subject of marital hygiene. They were responsible for opening the first Marriage Consultation Center in New York in 1930, and became its medical directors. In 1933, they established a similar center at The Community Church in New York. The manual itself is a book of 334 pages (with illustrations) of questions and answers, sub-divided into single sections as follows:


The text (both questions and answers) is clearly and simply written. No question is evaded. It is written for normal adults who desire not sensationalism, but sincere and scientific answers to their questions. This manual is offered as information to those who seek it. The manual will be sent to married men and women, or those contemplating marriage, with the understanding that it may be returned within ten days for a complete refund if it does not answer fully the questions which prompt the desire, study, and own it.

Some Authoritative Opinions of This Book

"I feel assured of its value and usefulness. As every point the attitude taken is reasonable and sound up to date."—HEAVERLOCK, E. M.

"A Marriage Manual provides sound and authentic information for married people about their duties. It is the kind of book that many doctors have wanted to use in informing their patients."—MOSES FISHER, M.D., Editor, Journal of the American Medical Association.

"I have examined a Marriage Manual and found it a work of the present interest as well as value. The field is covered completely and always with clarity, simplicity, and fine ideals ... I believe that it will quickly win and long hold high place as a standard work in the literature of marriage."—REV. JOHN HAYNES HOLMES.

"I consider a Marriage Manual by far the most practical, the most scientific, the clearest and most sensible presentation of the subject of marriage that I have ever read. The authors are not only husband and wife, but also doctors. They have made it their business to write a simple, clear, and complete book on marriage, and I am not opposed to it."—DR. HANNAH STONE.

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WE ATTACK AND EXPOSE

An Editorial

Since the publication of our article on Chiropractic, and our announcement in the last issue of the article on Osteopathy, we have received a number of letters, telephone calls and visits from practitioners in these fields, and a few protests from followers of Chiropractic. Leaving out of consideration those communications whose chief interest is in vituperation and abuse, and desirous of clarifying our position once and for all instead of engaging in a permanent debate on these subjects, we find that three principal points have been raised. These are:

Is it not true that doctors in general, and the doctors of the Medical Advisory Board in particular, attack Chiropractic because it is an economic competitor which threatens to take their patients away? In other words, is this attack in the interests of the doctor or of the patient?

Is medicine in so perfect a state today that there is no room for other approaches to the problem of the prevention and cure of disease? Is there no scientific evidence at all in favor of Chiropractic?

Since Health and Hygiene is fighting for all measures that will contribute to the health of the people, why should it discourage possible allies who might help in this fight?

No Matter Who Sponsors

Health and Hygiene plans to expose all fakes and frauds in the field of health, no matter who sponsors them. We will expose not only Chiropractic and Osteopathy, but also all other fake systems of healing, like Christian Science, Naturopathy, Hex doctors, and various kinds of so-called “drugless healing.” We will continue to denounce and expose fake and poisonous patent medicines, naming the names as we have done in the past.

We will expose all frauds within as well as outside the medical profession. We will denounce the worthless foot manipulation of Dr. Locke of Canada, the so-called “cataract cures” of Dr. Bonine, just as readily as the completely unscientific diet system of Dr. Hay. We will attack just as vigorously the false teaching of a distinguished surgeon like Dr. Alexis Carrel of the Rockefeller Institute, who has done good work in certain fields, but has aligned himself with the backward forces of mysticism. We have attacked the New York State Journal of Medicine for printing under false pretenses the vicious views on medical problems of a Nazi like Dr. Hartz. And we do not hesitate to attack the reactionary stand of the controlling officials of the American Medical Association on the question of health insurance for the masses.

One of the most important reasons for our existence is the need for exposure of all forces, great and small, that stand in the way of good health for the people of our country. Some of these forces, like Chiropractic, are comparatively puny and insignificant. Some, like the patent medicine manufacturers, maintain large legal staffs, and have sent us strong letters of protest and threats of legal action. We expect to continue to receive them.

Identical Interests

It is true that it is to the economic interest of the doctor to attack Chiropractic and other cults. It is also to the health interest of the people that it should be done. There is no essential conflict between the true interest of the doctor and the interest of the patient. The same forces that make unemployed men walk the streets before idle factories that could feed and clothe them, cause doctors to sit idly in their offices while the sick go unattended. The doctor has an important social duty to perform in

(Continued on page 29)
parts of the child's body were cold, others warm, stiff and congested. Manipulating these latter areas, which were the spine, ribs and certain muscles, he set the blood coursing freely through the body. The next day the mother reported the child cured.

"Philosophy" of Osteopathy

WITH HIS religious and mechanical background, Still postulated that, if the body were given structural normality, it possessed sufficient curative powers, and that drugs were worthless. To put it in his own words:

"Osteopathy is simply this: The law of human life is absolute, and I believe that God has placed the remedy for every disease within the material house in which the spirit of life dwells. I believe that the Maker of Man has deposited in some part or throughout the whole system of the human body drugs in abundance to cure all infirmities, that all the remedies necessary to health are compounded within the human body. These can be administered by adjusting the body in such a manner that the remedies may naturally associate themselves together. And I have never failed to find all these remedies. At times some seemed to be out of reach, but by a close study I always found them. So I hold that man should study and use only the drugs that are found in his own drugstore—that is, his own body."

Since such a philosophy was dangerously close to Christian Science, Still hastened to add: "If, because I denounce drugs, you call me a Christian Scientist, go home and take half a glass of castor oil and purge yourself of such notions." The next day the mother reported the child cured.

Things began to prosper for Still. Requiring assistance, he inducted his four sons and daughter into Osteopathy. And in 1892, to answer the clamor of those who wanted to join his art, Still opened the American School of Osteopathy.

At that time the theory of Osteopathy was summarized somewhat in the following manner: The body is a machine, and disease occurs as a mechanical derangement. If there is a slight deviation of a spinal or other bone, joint, or muscle, given a sufficient impetus, the adjacent nerves. These in turn impair the circulation and disease results. The Osteopath then searched for the specific area or areas of displacement and adjusted them by manipulation. Except for some minor surgery, Still, to his dying day, countenanced no other concept of disease and no other method of treatment.

A Narrow Theory

THIS NARROW, eclectic theory of disease soon came into conflict with medicine, which just about that time was receiving a well-grounded scientific explanation for various human ailments. Still, however, held fast to his hypothesis. In objection to smallpox vaccine, he wrote that raising a blister the size of a silver dollar, or a quarter inch above the surface, will provide immunity from smallpox. To counteract the germ theory of disease which had been worked out and elucidated in the beginning of this century, Still stated that he treated group, diphtheria or scarlet fever by administering glycerine into the ear canal; this, he held, softened the ear-wax, and gave "encouraging" results in such cases.

Still's students, however, would not and could not be confined to Still's original teachings. Since 1900, wherever they have been able to do so, Osteopaths have taken up surgery, diet, serums, vaccines and drugs in the treatment of disease. This has caused and is causing discord in Osteopathy. In 1915, Still was compelled to write:

"Shall we permit the Osteopathic profession to be enslaved to the medical trust? As the father of Osteopathy, I am making an international call for Simon-pure D.O.'s (Doctors of Osteopathy) who are willing to go on the fighting line without being drafted into service."

In 1892, the prescribed course in Osteopathy consisted of anatomy and Osteopathic theory and practice. Today, all Osteopathic schools give a four-year course; with but one exception, they demand a previous four-year high school course. Some schools have even gone so far as to demand a one-year general college course previous to entrance for Osteopathy training.

The courses parallel many taught in medical schools. Thus, there are courses in anatomy, biology, embryology, histology, chemistry, pathology, physiology, nursing, diagnosis, therapeutics and even obstetrics and gynecology. For these subjects, medical textbooks are used.

Since the admission of materia medica, or drugs, as a course in Osteopathy would almost be the last straw, most of these schools skirt this question by teaching comparative therapeutics or various treatments in which drugs are included as a comparison. This led the dean of the Chicago College of Osteopathy to exclaim: "Why don't we come right out and say that we are teaching materia medica, as that is what we are really doing?"

Collapse of a Cult

THOUGH OSTEOPATHY has practically deserted the original teachings of Still, its influence is on the wane, and the number of schools and students is decreasing. For one explanation of its loss of influence, we may say that, try as it might to overcome this, Osteopathy as such is a cult, since it attempts to explain and treat all diseases from one unproven, ill-founded base. Second, Chiropractic has competed seriously with it in many localities. We must not forget that, in the beginning, most of Osteopathy concerned itself with adjustments of the spinal vertebrae. At least this part of an Osteopath's practice could be handled by a Chiropractor—even more if one were to believe Chiropractic in its entirety.

The most important cause for its waning influence can be found in the attempts that Osteopathy has made to clothe itself with the dignity of a profession. To do this, the requirements for admission have been raised, the course of study increased, and various barriers erected, until those who desired to make money in short order found themselves blocked as far as Osteopathy was concerned. Others, interested in the healing art, preferred by far to study medicine.

Today, Osteopathy is far from the teachings of Andrew F. Still. Despite its changes and attempts to throw off the tight, non-scientific shackles of its founder, Osteopathy as an explanation or treatment for human ailments is doomed. Future society will regard it as an understandable outcrop from the roots of an economy where profit could inspire a teaching that had no basis in science and reason.

Attention of the readers is called particularly to the editorial in this issue, in which the policy of this magazine is stated with regard to exposure and attack of all unhealthy and unnatural treatments, procedures or cults. In future issues, other cults or pseudo-scientific methods of healing will be discussed. Last month's article on Chiropractic attracted wide attention. Back copies are available at the regular price. New subscribers may obtain their subscription from the October issue, if they desire to have a complete file of the series of cult exposures.
THE "COMMON COLD" AND ITS TREATMENT

- A timely article -

THERE ARE few people who have had the good fortune to be free from that most troublesome of minor disorders known as "the common cold." It is the most common disease afflicting the human race. Almost everyone suffers from one attack during the year, and frequently from three or more. Despite its frequency, however, we know very little about its cause and prevention.

At the outset it must be emphasized that "the common cold" is not a specific disease like tuberculosis or typhoid fever. The name is given to a condition in which there is an acute inflammation of the nasal and throat, and frequently of the bronchi. It is characterized by congestion and nasal discharge. Sore throat or fever may or may not be present. The disorder itself is not serious but it causes a temporary lowering of resistance which may lead to more serious and protracted illness. It may, for example, lead to an attack of broncho-pneumonia or lobar pneumonia, or be the first stage of a severe attack of influenza. It should, therefore, be considered seriously and treated properly.

As the name suggests, the condition was at first thought to be related to atmospheric conditions. However, the only definite relation between the weather conditions and "colds" that is the latter are more frequent in fall and winter than during other seasons. Recently, attention has been centered upon specific germs as the possible cause of colds. The evidence so far favors the assumption that a "filterable virus" is responsible. The virus has been obtained from the secretions of individuals suffering from colds and, when introduced into the nose or throat of man or the chimpanzee, will reproduce the cold. Bacteria have also been found in the secretions, but they are probably only of secondary importance.

It seems likely that the common cold is an infectious disorder, that is: it is transmitted from one person to another. Even this is disputed. Many reliable investigators have been unable to transmit the disease. The opposing investigators, however, cite not only experimental evidence but also observations made among the Eskimos. These people are apparently the only ones free from the disorder; but when the white man mingles with them, the Eskimos become afflicted.

There is one special variety of "cold" that cannot be distinguished from the true "common cold." This variety occurs in people who have a tendency to asthma and hay fever, and is known as allergic rhinitis. The attacks may occur at certain seasons, or may last throughout the year. The attacks are caused by exposure of the "allergic" individual to certain substances in his environment to which he is sensitive. It is important to distinguish these colds from the true common cold, because the treatment is entirely different for each type. The distinction, of course, can only be made by the physician. Exposure to drafts and chilling of the body may cause congestion of the nose and lead to the development of a typical cold.

Try Avoidance

This sums up about all that is known of the cause of the common cold. It is obvious that, with such meager knowledge, it is impossible to give specific advice as to the prevention of colds. What can be suggested is general information that may help people avoid getting colds too frequently, and that will inform them of some of the worthless patent medicines that are "guaranteed" to prevent and cure colds.

Since the common cold is probably an infectious condition, we could avoid colds if we avoided exposure to other people with colds. But this, of course, is impossible. The degree of exposure can be diminished, however, by certain hygienic measures. These include shielding of nose and mouth from those who have colds, washing of hands before meals, and adequate heating and ventilating of living and work rooms. Children, especially, should not be taken into crowded street cars or stores, or into other crowds where it is impossible to avoid coming in contact with coughing or sneezing persons. Families must realize that each other with colds. This offers little or no protection.

Ultra-violet light and sun bath treatments are also recommended, but here, too, no clearcut benefits can be shown.

Vaccines, Vitamins

Numerous "cold" vaccines are on the market and are frequently proposed by physicians as a preventative of colds. These vaccines may help some individuals to avoid colds; but, for the great majority, vaccines have no definite value. It is possible that a reduction in the severity of colds may be obtained, but the number of attacks are only occasionally lessened.

It has been known for many years that an insufficient amount of Vitamin A in the diet will increase the susceptibility to infections of the nose, throat, bronchi, and lungs. For this reason a few physicians have recommended addition of substances containing Vitamin A to the diet as a "cold" preventative. Cod-liver oil, halibut-liver oil, and a substance known as carotene are the best sources of this vitamin. None of these materials, however, matter in what dose they are given, will diminish in any way the susceptibility of an average healthy individual to colds.

Such an individual obtains all of Vitamin A that he requires in his daily diet, so that addition of Vitamin A in the form of cod-liver oil or halibut-liver oil in order to prevent colds is entirely unnecessary. It is also obvious that cough drops, cereals and patent medicines which are supposed to contain Vitamin A are absolutely worthless as cold preventatives.

Alkaline foods and drinks are also without any value whatsoever. One of the most advertised of these drinks is Alka-Seltzer. An identical effect can be obtained by adding a level teaspoonful of bicarbonate of soda and a tablet of aspirin to a glass of seltzer water; and that effect as a preventative or as a treatment for colds is absolutely nil. Laden's Menthol Cough Drops are sold with an "alkaline factor" added to relieve colds. Neither the menthol nor the alkaline factor, whatever that is, has the slightest value in the prevention or treatment of colds.

Gargles and mouth washes are also worthless. Nose drops or sprays, including the powerfully advertised Vicks Va-Tro-Nal, are likewise useless. In other words, none of the currently advertised nasal sprays, gargles or sprays, alkaline drinks or patent medicines has any value in the prevention or treatment of colds.

Checking the Cold

The "COLD" having begun, an attempt should be made to check it. The traditional method consists in taking a foot bath, drinking a glass of wine or two of hot lemonade with or without a little whisky, followed by a good dose of aspirin. This procedure will lessen the severity of a cold in a small percentage of people. Inducing perspiration lessens the congestion of the nose and throat, and由此 affords a slight relief. Another useful effect can be obtained by taking a hot bath, going to bed, and using sufficient covers to protect against cooling of the body. Cathartics and laxatives have likewise been used at the beginning of a cold, but recent clinical studies prove their uselessness. The drinking of large amounts of water, or fruit juices has no effect whatsoever on the severity or duration of a cold.

Spraying with, or instilling into the nose, solutions of suprarenalin or ephedrine helps temporarily to relieve congestion, but is occasionally followed by more congestion. Vicks Va-Tro-Nal and Mistol depend largely upon ephedrine for their effect.

Aspirin is now more largely used by the public than almost any other drug to check and relieve colds. Careful studies, recently undertaken at a large university, where hundreds of students tried various remedies for the treatment of colds, show that aspirin is of little or no value for this purpose. The most it can do is to relieve the accompanying headache. It will induce perspiration only if fever is present. It does not relieve the congestion or diminish the discharge from the nose. Besides, its reckless use can lead to serious injury and even death.

"Cold" or rhinitis tablets are sold everywhere
to the public and are much used by physicians also. These tablets are generally combinations of morphine, atropine, strychnine and quinine. The effect of these tablets is principally due to the action of atropine, which helps dry up the secretions of the nose and throat. Accordingly, a small dose of atropine sulphate, one-hundredth of a grain every three hours, acts as well as one of these rhinitis combinations. The drug is most effective in the early stages, when there is a good deal of watery secretion.

Many physicians now prescribe a combination of two drugs known as codeine and papaverine. These drugs are derived from opium and, when properly administered, are more useful in check-

Treatment is advised as follows: with the begin-
ning of a cold, take a hot bath, drink one or
two glasses of hot tea or lemonade, go to bed, and keep well covered. A doctor's prescription will enable you to get the combination of papa-
vine which you should take as directed. If you cannot get the prescription, go to sleep without taking any drugs. When a good deal of secretion appears, take atropine as di-
rected above. If you have fever, or a severe sore throat, stay in bed until the fever subsides and the sore throat is relieved.

The U.S.S.R. Fights Syphilis

We declared in our last issue that syphi-
lis can be controlled. It is a task, however, that the doctor alone cannot perform. How a government does this job is explained in the article below.

One of the most spectacular achievements of the health program in the Soviet Union is the attainment of a sharp reduction in the number of cases of syphilis. The tsarist regime left a terrible heritage of widespread venereal disease. Statistics of that period have proved unreliable, since only those patients who applied for treatment were registered. There were so few cases of syphilis that the large number of cases. Investigations occasionally carried out in tsarist Russia revealed a tremendous amount of venereal disease, both in the cities and in the rural districts.

A peculiarity of syphilis in the rural districts was its innocent or non-sexual character—that is, syphilis acquired through non-sexual contact. That fact is explained by many social and eco-

nomic factors in the relatively primitive village life of tsarist Russia. For instance, peasants usually ate out of one large common bowl. Any one member of the family could easily infect the entire household. Shepherds were customarily treated if necessary. All treatment and exam-
inations are entirely free. Newsholme and Kings-
bury state that treatment "is always gratuitous and unrestricted, whatever the social position of the patient. Much educational work is done to ensure continued treatment, including home visits when needed. It has never been necessary to enforce continued treatment."

Open and frank discussion of the syphilis problem is fostered. The hypocrisy and secrecy usually associated with venereal disease is brushed aside. Venereal disease is regarded as a misfortune, not as a cause for shame. Syphilis is combated with openness and intelligence, and the fight against it differs in no way from the fight against tuberculosis, typhoid fever, or any other health menace.

Aiding as a check against the spread of syphi-
lis are also the laws that have been embodied in the criminal code. One act provides a penalty of six months’ imprisonment for knowingly placing a person in danger of venereal infec-
tion, regardless of whether infection actually
takes place. Another act empowers health agen-
cies to make compulsory examinations of all
persons suspected of spreading venereal disease,
and to give compulsory medical treatment to
such persons. People about to marry are en-
couraged to exchange health certificates.

Eradication of Prostitution

THE RAPID DECLINE of syphilis in the So-

viet Union can be attributed in a great mea-

sure to the almost complete eradication of prosti-

tution. The approach to the problem is divided

into two categories: the broad social approach,

which aims at removing the social causes of this
evil; and the specific approach, which consists
of measures aimed at making the individuals
involved socially useful again. This approach
differs radically from the occasional vice raids
conducted in other countries. Vice raids hound
and victimize the individual prostitute, but leave
untouched the owners and financial supporters
of the houses of prostitution who always have
the backing of the police authorities with whom
the profits are shared. Such a narrow approach
is as irrational as attempting to wipe out malan-

ia, the cause of which is a common mosquito.

The decline in prostitution in the U.S.S.R.
followed the abolition of unemployment, social
and economic emancipation of women, and the
raising of the economic and cultural level of the
population.

Pre-revolutionary Moscow alone had from
25,000 to 30,000 registered prostitutes. In Jan-
uary, 1928, a thorough investigation of the streets
of Moscow revealed approximately 3,000 prosti-
tutes. At that time, there were more than 80,000
unemployed women registered at the Labor Ex-
change. In January, 1931, after the abolishment
of unemployment, a similar investigation was
made. This time only 600 prostitutes were dis-
covered. Today, this number has shrunk almost
to the vanishing point.

Curative Institutions

To remove the last traces of the evil of pro-
stitution, curative institutions called prophyl-
lactoria were established. These prophylactoria
aim to educate and treat prostitutes in an effort
to make them socially useful individuals. Women
entering the institutions do so of their own free
will, and are free to leave. Here the women are
taught trades and receive a general education.
The women are paid for all their work even while
learning, their salary being equal to the wages
they would receive if employed in industry out-
side. They have their clubs, where they pursue
cultural activities such as music, literature, etc.
There is no feeling of charity in the institution.
Living and working conditions are so favorable
that it is rare for any one to leave before the
expiration of the set period. This period varies
from one and a half to two years, after which
employment is obtained for them in the field in
which they have received training.

The disappearance of prostitution has all but
eliminated the need for these prophylactoria. Of
the five institutions in Moscow in 1930, four
have been closed for lack of patients.

Recently, Eugen Wertheimer, a member of the
secretariat of the League of Nations, who under
instructions from the League is making a study of
social problems in many countries, asserted:

"Other countries can learn much from the
U.S.S.R. about re-educating prostitutes into
useful citizens . . . There is nothing of the
depressing atmosphere which one might have
expected in such an institution [prophylac-
torium], and which is, indeed, sometimes found
in similar attempts of re-education in other
countries. The cheerfulness of the whole place
is what impresses one most."

The League representative comments further
upon the wide opportunities open in every walk
of life to former prostitutes in the Soviet Union.

In our last issue we pointed out that four
factors are necessary for the control of syphilis.
These four factors have been employed on a
socialized scale in the Soviet Union, with the
result that a genuine decrease in the incidence
of this dread disease has been achieved in that
country.
When we recall that, prior to Long’s use of ether in 1842, all operations were performed while the patient was conscious and horribly afraid, it seems strange that Long could have failed to grasp the importance of what he had stumbled upon.

A New Era

LET US TURN now to the North, where the discovery of the anesthetic properties of nitrous oxide and ether were to lead three men to fame, frustration and finally tragedy. Horace Wells was a dentist practising in Connecticut. One day in December, 1844, he attended a travelling sideshow. At this show, the performer administered “laughing gas” to a subject who, under the stimulation of the gas, cavorted and danced about to the vast amusement of the audience. The performer explained this phenomenon. Nitrous oxide was administered “laughing gas” to a subject who, dancing about to the vast amusement of the audience. The performer explained this phenomenon.

Unfortunately, he permitted his enthusiasm to carry him off. He hastened to arrange a demonstration of his painless extractions before the Cambridge College of Surgery in Boston. One need hardly be told with what skepticism that august body of conservative physicians viewed the new-fangled idea of this young upstart from Hartford. Not to be denied, Wells insisted on demonstrating his new method before the class in surgery. Consent was finally granted.

On the fateful day, Wells appeared before the surgery class with his patient, a young lad in his teens. Wells administered the gas. Removing the tooth from the patient, he applied his forceps to the offending tooth. As the tooth was extracted, the patient let out a piercing shriek as though very much afraid. Wells noticed while the subject was dancing madly about the stage, his leg struck forcibly against the side of a bench. The man neither cried out in pain nor winced from the blow. After the performance, Wells went backstage to talk with his subject. Despite the fact that the leg was now quite painful and swollen, the man could not recall receiving the blow nor feeling any pain at the time. Wells asked Colton, the man who had administered the gas, to come to his office the following day, and place him under the influence of the gas, while a colleague extracted a tooth. Colton consented. The next day, Colton gave Wells gas; while Wells was under its influence, Riggs, a friend of Wells, extracted an aching molar. Wells awoke crying, “A new era in tooth-pulling.” He had felt no pain. His enthusiasm was boundless. Today, almost one hundred years later, despite all modern advances, it is still true that nitrous oxide and oxygen is one of the best anesthetics for the extraction of teeth.

Wells had been more cautious, and had experimented longer until he was more familiar with the action of the gas, he would not have come to grief.

Wells learned all he could from Colton regarding the gas, how it was manufactured, how administered, etc. With this knowledge, he began to experiment with the gas in his office. His success exceeded his fondest expectations. That year, he used the gas on many occasions for the extraction of sensitive, painful teeth. Each time, the patient reported a complete absence of sensation. Perhaps if Wells had been more cautious, and had experimented longer until he was more familiar with the action of the gas, he would not have come to grief.

Frustration

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Morton was the son of a blacksmith. He had a sharp and inquiring mind. Unlike Long, he was keenly alive to the tremendous importance of what he was doing—while he differed from Wells in understanding the value of careful, painstaking preparation before risking a demonstration.

Morton had been a dentist and indeed had, at one time, been a partner of Horace Wells. Giving up a lucrative dental practice, he decided to study medicine. It is ironic that the demonstration which was to bring disgrace to Wells was to bring inspiration to his former partner, Morton.

Morton was one of the medical students who attended Wells’ unsuccessful demonstration. He neither laughed nor hooted when Wells failed. Instead, he pondered.

With his mind bursting with ideas, Morton consulted Professor Charles T. Jackson, the man at the head of the chemistry department. Carefully hiding his eagerness, he inquired casually about drugs that might induce unconsciousness. Jackson suggested that he try ether. Without giving up his work on an inkling of his plans, Morton returned to his home, where he built himself a laboratory. He began to experiment on animals.

Working and experimenting with ether during every spare moment, Morton soon learned that, if administration of the drug was continued beyond the first stage of exhilaration, the subject fell into a profound sleep during which surgical procedures could be performed without the subject reacting to pain. During this period, Morton established an almost constant communication with Jackson, getting all the information that might possibly aid him in his experiments. At the same time, he continued to conceal from Jackson all knowledge of what he was doing.

Following his experiments on animals, Morton began to apply his work to human beings. He administered ether for the removal of teeth. He took it himself. His results were uniformly successful, none of his patients suffering either discomfort or pain. After months of careful experimentation, Morton felt ready for a public demonstration.

No Humbug

AFTER SEVERAL interviews with the head of the surgery department, Morton finally was given consent to try his drug at the hospital.

On the historic morning of October 16, 1846, the entire staff of the Massachusetts General Hospital, including some of the leading surgeons of the country, assembled to witness the experiment. Everything was set. A patient was wheeled in while Dr. J. C. Warren, a surgeon, took his place alongside the operating table. With all eyes in the room fixed on him, Morton began to administer the ether. After five minutes, he signaled to Dr. Warren to begin operating. The operation was on the throat, a difficult case. Dr. Warren finished the operation in short time, the patient lying perfectly relaxed during the entire procedure. When the patient awoke, he informed the doctor that he had felt nothing. Turning to the others in the room, Dr. Warren exclaimed, “Gentlemen, this is no humbug.”

Condemned by Church

NEWS OF THE event created a sensation comparable to the excitement which today would greet the announcement of a cure for advanced cases of cancer or some such epoch-making discovery. The story of painless surgery was discussed all over. True to its reactionary traditions, the church condemned the new procedure as indecent, immoral and contrary to the will of God. The use of anesthesia to minimize the agony of women in childbirth was particularly attacked. The state of anesthesia was compared to the stupor of drunkenness. No God-fearing, self-respecting woman under such circumstances could place herself under its influence, declared the theologians.

Other arguments used were that it was sinful to avoid bodily torture which God had willed or, again, that it was contrary to the original curse pronounced on women in the Bible. An English physician, a Dr. Simpson, with the support of millions of mothers behind him, succeeded in routing these reactionaries in a series of public debates in which he thoroughly annihilated all opposing arguments with logical clarity.

Morton gave another and equally successful demonstration at the hospital. Up to this time, he had not divulged the name of the drug he used. When the hospital refused to admit him for further demonstrations unless he would announce the name of the drug, Morton finally told them it was ether.
DR. JACKSON immediately stepped forward and claimed credit for the discovery. He announced that he had suggested the drug to Morton, and that in independent experiments he had discovered its anesthetic properties. A bitter feud developed between the two men, continued for the rest of their lives, and was carried on by their friends for many years after their deaths. Despite all the intense hatred and wrangling, the actual discoverer has never been determined with finality.

At that time, Wells returned from Europe and promptly advanced his claims as the original discoverer of anesthesia. Both Morton and Jackson denounced him, insisting that nitrous oxide was not an anesthetic. As a result, nitrous oxide was not much importance. Often, however, its popularity increased as a result of the name "letheon." Fortunately, the hospital authorities, who knew that the drug was either, the fact become publicly known. Soon, every one was using one or two, for, no regard for patent rights. Morton tried to bring suit but failed in court. Eventually the patent was declared void. Morton never received one penny in royalties.

During the long controversy, Morton had given up his dental practice and finally was forced into bankruptcy. In 1868, he died a broken-hearted and bitter man. Jackson, shortly after Morton's death, went insane, and in 1880 died in a lunatic asylum, his life also warped and embittered.

Why Babies Vomit

ANYONE WHO has ever taken care of a child knows that vomiting is a very frequent occurrence and that most of the time it is of not much importance. Often, however, vomiting must be considered seriously not only for itself but also because it may be an indication of other underlying conditions. The acute infectious diseases, particularly scarlet fever and the diseases which involve the nervous system—for instance, meningitis or brain tumor—usually have vomiting as an important early symptom. In most cases, other signs such as headaches or rash show that a serious illness is at hand and medical aid should be sought.

If vomiting is due to the digestive tract primarily are prone to be accompanied by persistent vomiting. In appendicitis, for example, vomiting is usually prominent; and, in all other without any overt disease. The appendicitis picture in children is very variable, although tenderness and pain in the abdomen—not necessarily on the right side—are almost always present. Children under a year are also susceptible to a disease called intussusception, in which one part of the intestine telescopes into another. This produces a block which causes forceful vomiting and prostration. Immediate operation is required in the great majority of such cases.

Some babies are born with an enlargement of the muscle—which closes the exit from the stomach. This is called pyloric stenosis. About the end of the second week of life, these babies begin to vomit often, and with great force. If not treated early, the baby may become so malnourished that death occurs. Diagnosis is not very difficult, although it may take some time to be sure. Once the diagnosis has been established, however, operation is almost always necessary and a complete cure is the usual outcome.

Medical aid should be sought immediately, for medical supervision can be secured there without expense.

Young mothers often have trouble with infants vomiting, because the baby is not helped to rid himself of gas. Every person swallows some air as he eats, but the infant swallows a proportionately greater amount. At the end of the feeding, they are thought to be done. To promote belching, the baby should be put over the shoulder and patted until he belches up the air he has taken in. In some cases, particularly in over-hungry infants, it is necessary to stop in the middle of the feeding to pat the baby.

Acidosis and Treatment

If VOMITING is repeated for a long period of time, no matter what the cause, the condition of acidosis appears as a complication. This occurs because of the failure to absorb food, and because of the loss of salt contained in the vomitus. Acidosis is characterized in increased speed and depth of breathing. Severe cases need hospital care, but mild ones may be treated successfully at home.

The treatment of this condition follows the lines that should be used for any case of vomiting. In the first place nothing should be offered by mouth until all vomiting has stopped. The length of time may vary; but, in most cases, it will be a matter of several hours. It is illogical to expect any medicines to help, because they will be vomited soon as given and serve only to irritate the stomach further.

When the stomach has been rested, water should be offered in small amounts. If this is retained, fluids containing sugar in some form may be made and substituted. This sugar is used to provide food in the most readily available form, thus counteracting the acidosis. Carbonated beverages are better tolerated, and ginger ale is ideal at this stage. Of course, most working class families have no anything so expensive, but lemonade is fairly cheap and may be used. Orange juice provokes nausea in some children, and it is probably best not to give it for a time.

As improvement appears, more fluids should be given, and then solids should be started gradually. Some doctors believe that it is wise to follow the opposite course—that is, to start right in with a big meal. This, sometimes, works well with adults; but it is not advisable in children.

A child should remember that if a child suffers from severe or repeated vomiting it is wise to seek medical help.
Facts and Fallacies about Masturbation

By Frankwood E. Williams, M. D.

Too many young men, masturbation is a source of a great deal of unhappiness. It need not be, if rightly understood.

The events that lead up to the unhappiness and worry are usually something like this: there is sexual stimulation and the desire to masturbate; there is a determination not to give in to the desire as it is thought to be wrong and unhealthy; there follows considerable physical discomfort, distraction from work, inability to keep the mind off sexual matters, a running debate with himself as to whether he will or will not give in. Eventually he does give in, and masturbates. He is humiliated, and determined that this will be the last time.

But it isn't the last time. It happens again. His disgust with himself increases. He tries all sorts of ways of overcoming his desires -- diet, cold baths, exercise, early rising, etc. He may desist for a week, ten days, two weeks. But just as he is beginning to regain some of his self-confidence, it happens again. He believes that his inability to stop masturbating shows that he has a weak character. He fears that the masturbation is undermining his health, that it is robbing him of energy he should be putting into other activities. This makes him thoroughly miserable. He feels not only a weakling, but like a traitor or deserter to his greater interests.

All this worry and anxiety, self-deprecation and loss of self-confidence, is unnecessary. No worker, young or old, should put himself or herself through any such conflict. Masturbation simply isn't worth it. It is giving altogether too much importance to a matter of relative unimportance. Such a conflict (not the masturbation -- we shall speak of this later), takes altogether too much energy and attention from work that really is important.

Conflicts of the individual in regard to sex in general, and masturbation in particular, grow largely out of the moral teachings built up and fostered by the church and by present society. These teachings are based upon such physiological and psychological knowledge as was available to early Christians, hundreds of years ago -- which is to say upon no knowledge at all, because no accurate knowledge of the physiology and psychology of sex existed at that time.

Such scientific knowledge as we have, on the physiology and psychology of sex, has been developed in comparatively recent times. It is absurd to attempt to build moral principles out of the knowledge of the physiology and psychology of sex in the early Christian era, as it would be to try to build an automobile out of their knowledge of physics. Nevertheless, this is the situation in which we are at the present time.

Not only is this situation absurd. It is also vicious, since the individual conflicts that arise from the false teachings distract the attention of the individual from social and economic conditions where such attention belongs -- to himself, where it does not belong to any such extent. Conflicts over these false issues rob the individual of his self-respect and self-confidence, and fill him with anxiety and worry quite unnecessarily. These unnecessary conflicts cause him to become nervously ill in many instances; and, in most, if not in all instances, they lower his social and intellectual effectiveness because of his inability to apply himself to more important affairs.

The church has always held, of course, that it was doing the individual a service when it filled him with a sense of his guilt, weakness and unworthiness. Rational people know now that this is not only a disservice, but it is also absurd and vicious. It is not masturbation that is harmful, but the worry in regard to it.

Physiological Factors

The physiological facts that lie back of the desire to masturbate are simple. As sperm cells (semen) mature in the testicles, they migrate through tubes to the seminal vesicles lying internally, at the root of the penis, ready to be discharged when the occasion arises. As the seminal vesicles fill -- and perhaps become overfull -- pressure is exerted, sexual sensations arise, and the individual becomes sexually restless and uncomfortable. These sensations, while sexual, are similar to the sensations which arise when the bladder is overfull. Whether from the bladder or the seminal vesicles, the sensations are a physiological signal that the container is overfull and needs to be emptied.

As the seminal vesicles are normally and physiologically emptied through sexual intercourse, the physical and the mental stimulation will be towards intercourse. This is as it should be; if sexual thoughts and feelings did not arise at such time, something would be wrong with

THE AUTHOR
Renowned psychiatrist, author of "Adolescence: Studies in Mental Hygiene," "Russia, Youth and the Present-Day World," etc., and famous lecturer, none is so well qualified as Dr. Williams to discuss this very important phase of the sexual adjustment of youth.
the individual. Such thoughts and feelings are healthy and right and as should be.

As, in our society, sexual intercourse is often not possible because of the delay in marriage and general moral disapproval of sexual relations before marriage, the desire that will most commonly arise in the adolescent or unmarried adult will be to masturbate, which is the means the individual has learned for relieving the sexual tensions that are making him uncomfortable. There is nothing surprising about this, and there is nothing unhealthy about it. There is no other sort of relief available at the moment; and, unless we are to accept the religious view that one adds to his character through suffering, there is no reason why the individual should continue to suffer and thus be unable to apply himself to important activities.

Another Untruth

SEXUAL stimulation, of course, can arise from other sources than overfilled seminal vesicles. The usual cycle begins with stimulation from the vesicles, followed by sexual thoughts or fantasies, and increased sensitivity to stimulation from sexual objects present in the environment—or objects not in themselves sexual but which have come to have a sexual significance for the individual. This is perfectly healthy, and as it should be, and as it should concern no one. In adolescence this is probably the usual cycle.

As the individual grows older, sexual fantasies and thoughts may come from sexual objects in the environment, or from other objects that have become associated with sex. This, too, is healthy and as it should be. Again, this should disturb no one in the sense of a moral conflict over his unworthy and "bad" thoughts. There is nothing unworthy or bad about these thoughts, anything unnatural. They are the most natural thing in the world.

These thoughts, fantasies and desires of the individual are likely to cause him difficulty. But he should not misjudge the nature of the difficulty. The difficulty is a social one, not a physical one. The conflict that arises should not be over whether he should have these thoughts and feelings—for, of course, he should—but rather over what can be done about them.

In our unnecessarily complicated society, it may not be possible for him to do anything about them directly. He may, therefore, have to take care of them indirectly through masturbation. If so, there should be no conflict about it. Masturbation, in such instance, is merely a temporary substitution of one act for another—an act not altogether satisfying, but sufficient for the immediate purpose.

The one thing that should not be done is to feel guilty, or to attempt to deny the presence of sexual feeling or desire, or to put out of the mind any sexual thoughts or fantasies. This does not mean, of course, that at any given moment of the day—when a sexual thought arises—one may not for the moment dismiss it, and continue to apply one's self to one's work. It means merely that one should not attempt to do this days or weeks on end. Such a course only ends in increasing the need, so that the individual finds himself fighting sexual thoughts and fantasies most of his waking hours—and is so distracted by these that he can do nothing else. There is no end to this, and it is foolish.

While dismissing a sexual thought at any given moment when it is inopportune, one should on the whole recognize frankly that he has thoughts and desires; be glad that he has them, because they represent healthfulness on his part; do about them whatever at the moment is practicable—and then return to his work with renewed interest and energy.

Masturbating, under these circumstances, does not represent a "weak will," and is not a sign of "degeneracy" or "abnormality." There need be no fear of consequences. One's mind is not injured by masturbation; one does not become feeble-minded or inferior; energy is not lost in a permanent sense; will-power is not weakened; the memory is not injured.

The "Will"

IT IS NOT possible to enter here into an elaborate discussion of the so-called "will" that figures so much in moralistic discussions of masturbation—as, for example, that one's "will" was weakened when one gives in to a desire to masturbate, and strengthened when one refuses.

Briefly, it may be said that to attempt to pit one's will against any healthy biologic process—with the idea of completely suppressing that process over—is as unwise as fighting in a contest unfair to the individual, but foolish as well.

One would not think of trying to strengthen one's will by refusing to eat, to drink or to urinate. The absurdity of such a contest is obvious. One may use one's "will" not to eat or to drink too much; but, in the first place, what is too much is entirely an individual matter; and, in the second place, the effort is not to deny entirely the desire to eat or drink. The same holds true for the matter of sex or masturbation. One may rightly use one's will not to engage in sexual activity too much, or to masturbate too frequently. But, again, what is too much or too frequent is an individual matter, for which no general line can be set.

In general, it may be said that individuals who are not worried about masturbation to begin with, and whose attention and energies in the main are occupied with the struggle for better conditions in general, need have no concern as to the frequency of masturbation. If one wishes to exercise one's "will," it can be exercised much better by exerting thought and determination in the carrying out of some social project—rather than exerting it against an important personal biologic process.

Avoid Over-Emphasis

IN A DEGENERATE society, or in a degenerate class of a society, where the life of the individual has become highly personal—and that his feelings and whims and sensations are almost the only interest he has in life—sexual sensations of one kind or another may be his greatest interest. The individual becomes preoccupied with matters of sex.

Conscientious and otherwise healthy individuals—who do not belong to such a society or class—may themselves, however, also become preoccupied with sex. This happens when individuals, as indicated above, attempt to deny sexual feelings, to feel guilty about them and to try to control them too rigorously.

As individuals interested in a new social order, we should not be caught in any such trap. We should not have our attention distracted from important social responsibilities. In a new social order, we must be as realistic about sex as we are about other matters. To be realistic about sex, we must be realistic about sex, which means to welcome one's sexual feelings and desires as evidence of one's normal and healthy equipment for life. One will not face one's worst problems created by one's sexual desires, but will settle these problems in

Masturbation involves women as well as men. The general mental attitude of women on this subject should be the same as that of men.
as direct and practicable a way as possible at the time—and then go on about the more important tasks that he has to do. For most people, the sexual desires will lead eventually to sexual relations with the opposite sex. If masturbation is the only outlet until this is achieved, very well. Indeed, masturbation may be entered into even after marriage as, for example, when the wife is absent or ill, or intercourse for any reason is at the time impossible.

The only caution that needs to be stressed in regard to masturbation—and this need not be taken too seriously—is that, in an occasional individual, masturbation may become a permanent substitute for normal sexual intercourse. Where this occurs, however, it is not alone or even primarily because of masturbation—but is due to a variety of psychological factors that have entered into the sexual life of the individual.

Where a mature person believes that he may be masturbating in order to avoid intercourse, he may continue to do so if he likes, or he may seek advice. If he seeks advice, however, it will not be about the masturbation—but about such other factors as may have interfered with his making the usual adult sexual adjustment.

Throughout this article, we have used a young man as an example. This has been a matter of convenience because the physical sexual mechanism in man is simpler and easier to explain. In woman, the physiological mechanism of sexual tension is more complicated. But the psychological situation is the same. Here again it is not the masturbation which is harmful, but the worry it produces.

Venereal Disease Prevention

GONORRHEA or any other venereal disease is definitely preventable. The World War provided an excellent test of prophylaxis (prevention) against syphilis and gonorrhea. A study of 242,000 prophylactic treatments given in the American army in France showed the percentage of failure to be 1.3 per cent. Briefly, to prevent adequately the occurrence of venereal disease, the following should be observed:

1. The sexual act should not be unduly prolonged.
2. Immediately after completion of the act, the male should urinate.
3. The foreskin should be pulled back and the head and shaft of the penis should be washed thoroughly with soap and water at the same time.
4. The scrotum and the hairy region should also be washed thoroughly with soap and water.
5. Within one hour, the male should inject, with an eye dropper, into the canal of the penis 20 drops of a 2 per cent solution of protargol (obtainable at any drug store) and hold this in for at least five minutes.
6. Following this, the patient should thoroughly rub the external parts, especially the head of the penis, with 33 per cent calomel ointment; retain for 12 hours.

This routine should effectively prevent any venereal disease. If venereal disease does occur, treatment should be started at once. The sooner treatment is commenced, the sooner will the condition be cleared up. Gonorrhea is curable if proper treatment is instituted. Unfortunately, many patients get into the hands of quacks who take their money and make them worse instead of curing them. But if the patient will go to a competent and honest physician at the first sign of the disease, he should be completely cured in six to ten weeks.

The symptoms of acute gonorrhea are as follows: About two to seven days following a suspicious intercourse, the victim notices a burning sensation when he urinates. This may be very severe. Associated with this is a more or less yellowish discharge of yellowish pus from the opening of the canal. There may or may not be pain present. In addition there may be a slight fever, although this is usually absent. There may be a generalized weakness and loss of appetite.

With syphilis, the only sign may be a small ulcer or sore on the genital organs—no pain, no discharge, no generalized symptoms in the early stages. There is no effective prophylactic treatment for women. Their protection lies in a suitable medical and social program. Every case of syphilis and gonorrhea should be reported, and adequate treatment made compulsory. The expense of the treatment should be borne by the State. Only by effective treatment of all existing cases of venereal disease and by extensive health education can these diseases be prevented from being carried to women and also to men.

Information concerning venereal diseases may be secured from United States Public Health Service in Washington, D. C., or the New York City Board of Health.

HEALTH and HYGIENE

November, 1935

What is High Blood Pressure?

HIGH BLOOD pressure means an excess of pressure exerted by the blood on the blood-vessels in which it flows. The pressure in the blood in the human body is maintained at certain levels by variations in the heart beat, the tension and caliber of the blood vessels, and other factors, often complicated and obscure in nature. Disurbances of any one or more of these factors may produce a high blood pressure, or hypertension as it is termed medically.

Many types of high blood pressure exist. This is a fact of great importance, and one which is not generally realized. Some types of high blood pressure, even though quite high, are apparently harmless. The patient may have such high blood pressure through many years of active, useful life. Others depend on factors of more serious nature, and grow progressively worse. Some types show great variations of pressure from day to day and hour to hour, while other kinds remain at steady levels. Therefore, determination of the type of hypertension that a patient has is more important than the height of the pressure.

The height of the blood pressure is merely a technical matter, as one great physician has said, and should not concern the patient. Much more important in the proper evaluation of the seriousness of the case is the study of the nature and extent of the underlying conditions and their proper classification. Each case is an individual case, and should be treated individually by trained, competent physicians. It is only in this way—by repeated and prolonged observations in each individual case—that proper diagnosis can be made and appropriate treatment given.

Why It Occurs?

WHY DO only certain individuals get high blood pressure and others escape? The answer to this question is still obscure, but there appear to be certain causes which seem to play a rôle in the occurrence of hypertension. Heredity plays only a secondary rôle. It is now generally believed that high blood pressure is not inherited; but, only at times, a certain constitutional tendency toward it is inherited.

Age is an important factor, since the greatest number of cases occurs between the ages of 40 and 60—although all ages are susceptible. Men are possibly more frequently affected than women. Some races, for instance the Yellow race, suffer relatively less frequently from high blood pressure.

One usually conceives the person with high blood pressure to be a stout, thickset, red-faced...
The heart, working under the strain of increased pressure, compensates at first for the added load by enlarging, sometimes to great extent. Often this is quite adequate for long periods of time. Unfortunately, the strain is sometimes too great, and the heart begins to show signs of failure. These signs, however, are usually easily recognized by physicians, and proper treatment can strengthen the heart and relieve it to some extent of its burden.

The delicate structures of the kidneys are also frequently damaged by the high blood pressure, and their functions may become seriously impaired. It is well for people with high blood pressure to make frequent examinations of their urine, and also to subject themselves regularly to relatively simple tests of kidney functions.

The occurrence of kidney diseases following high blood pressure is often complicated by the fact that these diseases may also cause high blood pressure. It is often a difficult matter for the physician to decide which came first, the kidney disease or the high blood pressure. However, the matter is usually an academic one, and the treatment is the same in both instances.

There are no such things as characteristic sensations or symptoms of high blood pressure itself. Very often, individuals with even very high blood pressure feel perfectly well. Therefore, a person should not think that if he (or she) develops a headache, or ringing in the ears, or dizziness, or other sensations, that his pressure is necessarily shooting up—because this patient may be told by the doctor that the blood pressure went down instead.

Those various symptoms which people believe are due to high blood pressure are really not due to the high pressure itself. They are due to changes in certain organs of the body, which may or may not be due to the effects on these organs of the prolonged high pressure.

**About Treatment**

Though high blood pressure cannot be removed by dealing with underlying causes, it may be—pressure restriction will—much reduced to a certain extent, or at least its effects on people reduced to a minimum. Treatment rarely does anything more than reduce the burden of disease.

The following paragraphs contain some general advice on the treatment of high blood pressure. It must be kept in mind, however, that the treatment of the high blood pressure itself is discussed here, and not the treatment of heart or kidney disease or other conditions that are often associated with hypertension; otherwise, great confusion will exist.

Coffee and tea are allowed if not drunk to excess, and if they do not make one nervous.

Alcohol should never be taken in large amounts because it tends to elevate the blood pressure.

**Weight, Climate, Drugs**

That overweight should be avoided is agreed upon by most authorities, but the reason is not clear. Many overweight persons have normal blood pressures; and lowering of the weight of hypertensives does not necessarily lower their blood pressure.

Moderate exercise, without fatigue and shortness of breath, will serve to keep the body physically fit. Absolute avoidance of physical exertion is not advisable, because of the possible consequent physical and mental deterioration.

A normal life of work and recreation, and no excessive physical or nervous strain, is ideal.

Theoretically, a warm climate tends to lower the blood pressure. However, practically it is better usually for those with high blood pressure to stay at home—since the strain of moving, the strange environment, etc., would frequently offset the possible benefits of the warmer climate.

Constipation and lack of intestinal regulation does not cause high blood pressure. Taking laxatives or physic, or colonic irrigations, are not necessarily of routine value in reducing blood pressure. One should avoid straining at stools. Sensible regulation of the bowels should be practised at all times.

The question of drugs has been left for last because they are of lesser value in the treatment of high blood pressure. The mere fact that so many remedies have been tried to cure high blood pressure shows that none of them has been successful. There are drugs, however, that produce a temporary fall in blood pressure. These drugs are used today by physicians only in special instances in high blood pressure. The type of drug of most value in high blood pressure is the nervous sedative—such as phenobarbital or bromide. These are widely used.
SLEEPLESSNESS, or insomnia, is a symptom of a large variety of ailments. It is very often associated with physical illnesses of every nature. For example, when fever is marked, sleep is usually fitful and disturbed. Acute pain will make sleep impossible. Patients with chronic heart disease, where the brain is poorly supplied with blood, are often troubled with insomnia. There is also a so-called toxic insomnia, resulting from an excessive indulgence in coffee, alcohol or tobacco. Sleeping sickness may be followed by very distressing insomnia, or the sleep patterns may be reversed—the patient sleeping days and lying awake nights.

But, except in cases with definite organic disease of the brain—as in sleeping sickness—it is very likely that the primary factor in disturbed sleep is not the ailment of the body, but the upset mental equilibrium that accompanies the disease. The ability to sleep is a delicate indication of the mental and emotional state. In cases of toxic insomnia, for example, the craving for stimulation, which is responsible for the overindulgence, is in itself abnormal, and probably leads to both the abnormal need for the stimulation and the derangement of sleep. Likewise, in the common form of insomnia following surgical operations, the sleeplessness is the mental, rather than the physical reaction to the operation.

By far the most common kind of insomnia is, however, not associated with any definite disease of the body, but is a sign of some nervous disturbance. This disturbance is usually of a passing nature, as in the case of emotional upsets, worry and disappointment, overwork and mental strain. Or, the sleeplessness may be only one of the complaints of a more prolonged form of nervousness, known as psychoneurosis.

Wakfulness may take several forms. It may be primarily a difficulty in falling asleep. The attempt to overcome this is often made by tossing about the bed, turning from side to side, and twisting into all kinds of acrobatic positions. Here we have the proverbial domain of “sheep-counting,” whose effectiveness, when it is effective, can be explained on the basis of excluding disturbing thought. It may ultimately develop into a habit or compulsion, so that sleep becomes impossible unless the help of the mechanism is invoked.

A discussion of Insomnia

There are many valuable measures which might be used to relieve temporary types of insomnia. It is important to remember that individuals differ greatly in their reactions, and a course of trial and error may be necessary for the proper measure to be found for the individual concerned. Sometimes, the external difficulty can be removed, and normal sleep will be naturally restored. Drugs of any kind should be very rarely taken without the advice of a physician. The milder sedatives lose their effectiveness after prolonged use, and may have to be replaced by other types. There are also individual differences in the sensitivity to the various drugs. Certain drugs, as morphine, will cause addiction very quickly. They should never be used except for the relief of acute pain, and then as sparingly as is possible and only on a doctor’s prescription. Drugs, however, are most useful to relieve insomnia when it is the result of illness and surgical operation. But even then they should not be used except upon the physician’s orders and under his direction.

Whenever there is some specific reason for using them, however, as when sleep is necessary to support a low reserve of strength, drugs are best avoided. They are extremely inadvisable in cases of psychoneurosis. After all, drugs are poisons, and the sleep produced by them is in itself abnormal. In hospitals, if too much reliance is placed on the use of sedatives, this may indicate a low standard of nursing care.

Other methods of inducing sleep are usually based on the principle of relaxation and the exclusion of disturbing stimuli. Anything which disturbs the usual routine will tend to interfere with sleep. This may be an unfamiliar room, a new bed, an uncomfortable pillow, bad ventilation, uncustomized noises, or even the absence of health and hygiene in destroying potency. It is interesting to note that both conditions involve the disturbance of an automatic function. In both, the element of conscious effort is a disturbing, rather than a supporting, factor.

Sexual abstinence often leads to insomnia, but in these cases sexual indulgence is not necessarily the indicated treatment. Sexual relationships should never be used as a form of medicine, nor as a means of getting well.

Drugs Harmful

Relaxation Essential

This complete physical relaxation in bed is of the greatest importance. Many people are under the impression that they need a certain minimum amount of sleep, and worry if they get an hour or two less. This worry is unwarranted and is much the greater of the two evils. If necessary, one can get along for long periods of time on reduced rations of sleep. Lying in bed with the body completely relaxed is in itself very valuable, even in the absence of sleep. Experimental deprivation of sleep, in men, for three days, has failed to show any change of metabolism of any kind. Many normal people require comparatively little sleep. There are numerous examples of people who habitually sleep only four or five hours a night. The question of habit undoubtedly plays a very large part, especially in the worry provoked by the disturbance of the habit.

General hygienic measures should not be neglected. Plenty of fresh air and sunlight and exercise out of doors, as well as a full, balanced diet with an abundance of fresh fruit and vegetables, are of obvious importance—although it is admitted the method of obtaining them is not always equally obvious. The evening meal should be light, and not eaten too late. There are some people who have learned by experience that coffee at night will keep them awake, whereas others will be unable to go to sleep without a cup of coffee. There are experiments suggesting that some of the effect produced by coffee is psychological. A cup of hot milk or hot tea, or a glass of wine, may have a quieting effect. During the cold months, a hot water bottle to cold feet may be useful. A warm bath before retiring has a quieting effect on some people, although here again there are people who cannot fall asleep if they take one. Foot baths, hot or cold, are beneficial to some people.

It is always well to remember that sleeplessness is a symptom. Whenever it has been present over a long period of time, whenever there has been no logical explanation for it, and whenever it begins to cause loss of weight and strength, a physician should be consulted, preferably a psychiatrist or a neurologist.
A Need Filled


There is another book on marriage that makes its appearance and bows invitingly to the lay public. This time, however, we have none of the flamboyance and lurid descriptions that have appeared in other books on the same subject.

The authors use the Socratic method (question and answer) as the style of writing in this book. In this way they come to their readers as succinctly and logically as possible answers to those questions which have been asked most frequently by those contemplating marriage, and by others who, though they may have had sexual union, are ignorant of many facts which make a relationship a social and ethical fundamentals; the individual problem from the must of necessity give us an adequate presentation. It is far from effects which social taboos, morals, have upon the satisfactory fulfillment ethical, and economic inhibitions.

28

HILE THERE are numerous cases of people who had taught themselves to speak a foreign language or to pick on the strings of a musical instrument, it would be as at least injudicious to advocate this procedure to any large numbers of people, especially with the hope of attaining any degree of competence. The author is committed to a similar fallacy which, in her subject, is even more pronounced.

Swimming

SWIM—TEACH YOURSELF TO SWIM, by Margaret Penton Hamilton, Albert Whitman & Co. $1.

While there are numerous cases of people who had taught themselves to speak a foreign language or to pick on the strings of a musical instrument, it would be as at least injudicious to advocate this procedure to any large numbers of people, especially with the hope of attaining any degree of competence. The author is committed to a similar fallacy which, in her subject, is even more pronounced.

Swimming requires the establishment of exacting neuro-muscular skills, themselves based on very exacting pre-requisite qualities that is: fearlessness, relaxation and buoyancy. To attempt to hasten fear by merely getting into the water is to ignore a basic law of learning.

The author seems to overlook another very important psycho-physiological fact, that wrong habits are just as easily acquired as right habits.

The book, however, is not without merit. The author is thoroughly familiar with her subject, and is well-competently qualified to teach the mechanics of swimming. She takes advantage very skillfully of dry land swimming, long recognized as a helpful practice. The simple and unpretentious treatment of her subject, the plain language and sympathetic encouragement, are praiseworthy.

For Parents

MODERN MOTHERHOOD, by Dr. Claude Edwin Heaton. Farrar and Rinehart. $2.50

Dr. HEATON has provided a very well written book designed for the instruction of prospective parents covering every phase of the subject. It is divided into four main divisions: (1) Pregnancy; (2) Childbirth; (3) Human Reproduction; (4) Adequate Maternity Care.

Dr. Heaton's approach to the whole subject of child care is a combination socio-economic factors which bear a special relation to the problems and facts that is anti-scientific to a large extent. He stresses the importance of mental hygiene, the proper psychological approach to the pregnant woman who is usually apprehensive at the beginning, goes into detail of what constitutes adequate prenatal care, and gives very sound advice plus the benefits of the most progressive obstetric thinking. We like his attitude towards some of the fads and fancies on diet. He hits many time-honored superstitions squarely on the head.

The book is very thorough and covers every possible question upon which there is some doubt, and exposes through most books' errors as well as ignorance of the facts.

The birth control literature is singularly devoid of reference to class exploitation or economic imperialism. Those who advocate birth control as a means of meeting the problems of poverty and unemployment remain silent about a fairer distribution of the profits of industry and labor. The may well take lessons on obstetrics with high powered lenses and fail to even get a glimpse of the real thing when they think of it.

He quotes from many outstanding authorities on obstetrics, gynecology, urology, and psychology.

The book should be on the desk of every general practitioner and obstetrician. It is written as the result of a good educational background. We regret only that it cannot reach the large classes of the people who would be intimidated by a scientific text book. If our institutions took education of the public seriously, this book would be a major subject on the college and high school curriculum.

November, 1935

Editorial and Notes

(Continued from page 4)

prevention and treatment of disease. These doctors are not unknown in this country to furnish these services to all that need them. It is to the patient's interest that the doctors be kept busy at their duties.

Medicine is far from being in a perfect state. There are many obstacles that medical science does not understand, cannot prevent and cannot cure. But enough knowledge exists today to diminish greatly and treat successfully most of the important forms of disease. It is also an important part of this knowledge that a chance of functioning in a properly organized society. The difficulty is not that we do not have the scientific tools at our disposal, but that we cannot use these tools fully.

Let us take a single disease for example: Six million people in the United States have syphilis. Seven thousand new cases are discovered each year. Usually, in the primary stage, particularly when the chancre first appears, this disease is completely curable. Yet only 3 per cent of the cases are discovered at any time during the entire primary stage, and a much smaller percentage when the chancre has disappeared. In other words, the overwhelming number of cases do not get any treatment until they have had the disease over one year. Then, when the disease associated with malnutrition—of which there are over twenty million sufferers; for tuberculosis—which claims over one million victims, and so on for many other diseases.

Of course, there are certain fundamental economic causes to blame, which29

are doing honest work. Many of the sick workers is a poor, exploited man who is trying to support his family.

We do not believe that men should be confronted with a choice of selling worthless spinal adjustments to the sick—or starving. We feel that these persons have been deceived, therefore, they need a useful purpose in a rational society—but not in their capacity as Chiropractors or Osteopaths, in a rational society, these—along with the racketeering M.D., the fake doctor who gyps his patients, the makers and dealer in worthless patent medicines, the cultist and the quack—will be removed from their offices and put to useful work. Those of the present cultists who desire to honestly engage in the labor of healing the sick and preventing sickness will find room and opportunity to engage in such highly useful endeavor.

Editor's Statement

By FRANK LEONARD

HEALTH AND HYGIENE now enjoys the confidence of 20,000 readers. In the short time since its establishment, the magazine has grown up most, exact for one public appearance, the Editor has never had the opportunity to address his constituents in public. All the efforts of the Editor, working together with the Editorial Committee of the American Chiropractic Association Board, have had to be devoted solely to the labor involved in keeping up for profit. In the Soviet Union, there is no Chiropractic, Osteopathy, Christian Science, or patent medicine industry.

Where we say that Chiropractic is a worthless procedure, we do not mean that the individual Chiropractor is a fool. Far from it. We know enough Chiropractors to know that many of them are sincere, honest men who believe that they are doing a great good. Many of them have become Chiropractors, not only to make a living but also because they wish to help the sick. This is true of many Chiropractors, Osteopaths, and Christian Scientists.

We know that the individual Chiropractor or Osteopath is usually a man struggling to make a living, just as we know that the drug clerk who sells poisonous patent medicines to sick workers is a poor, exploited man who is trying to support his family.

We do not believe that men should be confronted with a choice of selling worthless spinal adjustments to the sick—or starving. We feel that these persons have been deceived, therefore, they need a useful purpose in a rational society—but not in their capacity as Chiropractors or Osteopaths, in a rational society, these—along with the racketeering M.D., the fake doctor who gyps his patients, the makers and dealer in worthless patent medicines, the cultist and the quack—will be removed from their offices and put to useful work. Those of the present cultists who desire to honestly engage in the labor of healing the sick and preventing sickness will find room and opportunity to engage in such highly useful endeavor.

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The professional status of the magazine from the viewpoint of content has always been sure because the Editorial Committee working with the Editor represents a Medical Advisory Board composed of more than fifty physicians and dentists, many of whom are specialists in their fields, and all of whom are in complete sympathy with the aims of HEALTH AND HYGIENE. The professional status of the magazine from the viewpoint of editorial management has now been established firmly and in such a way as to elicit the envy of commercial publications in the "health magazine" field. Without the complete co-operation of the Editorial Committee, that would have been impossible. The Editor expresses his gratitude to the Editorial Committee and to the entire Medical Advisory Board. Furthermore, being the connecting link between the mass of readers on the one hand and the M.A.B. on the other hand, the Editor expresses the hope that both Board and readers will continue to give the same measure of support to the present Editor's successor.

Edward Adams will be the next Editor of Health and Hygiene. His tenure becomes effective with the publication of the next issue, dated December, 1935. He brings to the magazine great professional competence, both as an editor and as an experienced worker in the practice of furnishing information on matters pertaining to the health and welfare of American workers. Under his guidance, the magazine will continue to seek support entirely upon its merits. He will need, however, that same encouragement and aid extended to the Editor until the present. The retiring Editor can do no less than bespeak for his successor such assistance.

From a Famous Lawyer

Los Angeles

To THE EDITOR: Congratulations on your splendid publication which so powerfully exposes the tragedy of sickness and disease under decaying capitalism. Please enter my subscription for a year. Also please send me a copy of the first issue which I have repeatedly tried to get here without success. I hope you may make a special effort to get me this first issue for my files.

Sincerely yours,

Leo Gallagher.

When patronizing our advertisers please mention Health and Hygiene.
I would like to know whether a hair preparation called "Admiracion" is worth while. My sister claims remarkable results from this preparation in the removal of dandruff.

H.A. — We have not had any personal experience with the hair preparation called "Admiracion." From the claims which the manufacturer makes we have no doubt that it is oily scalps.

A.K. — The cause of the growth of superfluous hair is unknown, but is probably due to a disturbance of the glands of internal secretion. Sunlight does not stimulate the growth of hair. We cannot tell you how to prevent the further growth of body and face hairs since we do not know the exact cause.

The brown spots from which hairs grow are probably nevi. These are similar to birth marks, but differ in that they are dormant as seeds in the skin from birth and may start to grow at any age. They are usually harmless and will remain so if not irritated. You cannot prevent these nevi, but do not pick or scratch them. If they grow, you may indicate that you pick them.

The marks following pimples, etc., might be due to due to superfluous hairs. These cannot be cultivated or grown on artificial media. They have not the same properties that bacteria, for example, have. They cannot be cultivated or grown on artificial media as bacteria can. The viruses live only in the presence of susceptible living cells obtained from the animal body.

While it is necessary that letters from readers asking advice from the M.A.B. tell the story in full, the Board must ask its readers to be as brief as possible. So that more answers may be printed, only brief letters from readers will be published in the future.

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