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HEALTH

AND

HYGIENE

SEPTEMBER, 1936

15 CENTS

Good

Housekeeping's

Phoney Seal

Why Some Men Are Impotent

Infantile Paralysis

The Truth About Dixie

by Elizabeth Lawson
Purely Personal

IT SEEMS that whenever three people congregate these days the conversation invariably drifts to the new Soviet laws on abortion. That at least has been our experience. Much of what we hear is simple nonsense. Quite a few of our friends, however, are honestly upset. In all these discussions, the medical point of view is rarely mentioned. What do doctors think of these new laws? Next month we will print a lengthy article in which the doctors will try to clarify the whole problem of abortions and its social implications. We don't think anyone will want to miss it.

EDITING a monthly magazine becomes a damned hard job at times. And we have never envied the people who must meet a deadline every week. But when letters come in praising the work you have been doing, you don't mind the friendly little wars with the printer, or feeling your heart slide down to your stomach when a doctor at the last minute calls to say that he won't have that important article in on time because Mrs. Jones is waiting to have her baby delivered. We'd like to print all the nice letters our readers take the trouble to send in. But modesty and the lack of space stand in the way. Next time you move to write, however, don't tell us how good we are but how to improve these thirty-two pages. And as a reward, the writer of the best letter will receive a free, autographed copy of 100,000,000 Guinea Pigs.

IF YOU can't think of any suggestions and still want a free copy of 100,000,000 Guinea Pigs, here is how it can be done. Get eight new subscribers and the autographed book will be sent you along with our gratitude.

ELIZABETH LAWSON, whose "Truth About Dixie" appears in this issue, is a labor journalist who has done most of her work in the South. She was formerly editor of the Southern Worker and the Liberator. At present she is engaged chiefly in the study of American history and is giving a course on "The South—Past and Present" under the auspices of the League for Southern Labor.

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**Editors:** EDWARD ADAMS and JOHN STUART

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**HEALTH and HYGIENE**

Magazine of the Peoples' Health Education League

Health and Hygiene is published monthly by the H. & H. Publishing Co., Inc., 4 Union Square, New York, N. Y. Subscription price $1.00 a year, in advance; Canadian and Foreign, $1.50. Single copies, 15 cents. Copyright, 1936, by H. & H. Publishing Co., Inc., March 27, 1936, at the Post Office at New York, under the Act of March 3, 1879. Text may not be reproduced or used in any manner without written permission. Material and hygienic. Subscribers are informed that no change in address can be effected in less than three weeks. Please send old address along with the new.
Hookworm, "DIXIE" is a song—Three Menaces

Editorial:
The South - Romance and Reality

The cause and method of eradicating hookworm disease has been known since 1902, yet thousands of Southern children and adults suffer from hookworm infestation. The cause, prevention and treatment of malaria have been known since 1900, yet thousands of Southern children and adults suffer from malaria. The cause, prevention and treatment of pellagra have been known since 1902, yet four to five thousand Americans die every year from this disease. These economic diseases associated with poverty, squalor, uncleanliness and lack of sanitation and medical care. These are class-conscious diseases, for they main and kill the most impoverished section of the Southern population—the working class.

There is one aspect of the health estimate that we must emphasize—we can never know the exact number of people suffering from these diseases in the South because of the lack of adequate personnel and funds available for public health service. United States public health physicians, working on the problem of pellagra, estimated that, because of lack of health and diagnostic facilities, the number of reported cases represents about one-half of the actual number of cases. This holds as well for all other reported diseases.

The picture that Miss Lawson has drawn is alarming enough, yet it is common knowledge. Of space keeps her from telling of the high infant mortality in Southern working-class families, or the ravages of tuberculosis, syphilis, and malnutrition. In her article Miss Lawson could not even begin to describe the misery of the Negro population who suffer several fold more from these diseases than do white workers. The typhoid fever death rate among the whites in the Southern states is nearly four times that of the Northern group of states, while among the Negro population it is more than nine times as great. The tuberculosis death rate of Negroes is more than five times greater than that for whites. This overwhelming preponderance among Negroes is found in every disease and disability.

United Action Necessary to Improve Conditions

THE crude misrepresentations about the South are being exposed and attacked not only by these health facts but even more effectively by the ever-increasing struggles of the Southern working class. The great textile strike of 1934, the strikes in Alabama coal fields and factories, the heroic struggles of the sharecroppers, have awakened the nation to the realities of Southern life. They are with us in the South with its destruction, disease and struggles as isolated from their own economic conditions. Low wages, poor living.

Infantile Paralysis

This is the season in which infantile paralysis may become an epidemic. Parents should be on guard for the first signs of this serious disease. As yet no reliable preventive measures are known.

INFANTILE PARALYSIS (acute polio myelitis) is a moderately contagious disease which occurs usually in epidemics. This disease is in many instances associated with paralyses of varying degrees of severity. Most frequently it is seen during the summer months. Occasionally so-called sporadic cases may occur when there is no epidemic.

Although the sudden appearance of paralysis in children who had been in apparently good health had been observed for a long time, the true nature and characteristics of this disease have been gradually recognized within the post-nineteen years. In 1840 Heine, a German orthopedist, noticed in these cases was a period in which the child had fever before the paralysis set in. Medin, in describing an epidemic in Sweden in 1889, made the first systematic description of this affection, and pointed out that there is probably a generalized infection of the whole body, in addition to the involvement of the nervous system. Of course, it is the involvement of the nervous system, particularly of the spinal cord, which causes the paralyses. Wickman, a Swedish physician, called attention in 1905, to the fact that in a good many instances, the patient may have symptoms of infantile paralysis, without any paralysis occurring. Such cases he called abortive cases.

 Naturally a good deal of work has been done to determine the cause of the disease. In 1909, Landsteiner and Popper were able to produce infantile paralysis in monkeys by the injection of a mixture of the spinal cord of patients who had died of this illness, into the abdominal cavities of these animals. Flexner and Lewis in this country, also produced the disease in monkeys by the injection of such mixtures into the abdominal cavities of these animals. Flexner and other workers have shown that the disease is caused by a "filterable virus"; that is, when mixtures of spinal cords are filtered through very fine filters, the particle of the substance causing the disease are so small that they pass through. These particles cannot even be seen under a microscope.

It has been shown that when the blood serum of patients who have recovered from the disease is mixed with the virus, the resulting mixture will no longer cause the disease when injected into monkeys. In other words, there are immune substances present in the blood of people who have recovered from infantile paralysis, which protects them from the disease. The serum has no effect when injected into the animals after symptoms of the disease have set in. We must remember, however, that the disease is much more severe in monkeys than in human beings. It has also been observed that more than 80 per cent of adults living in cities have an immunity against this disease. The possible explanation for this will be mentioned later. The nasal secretions also have the property of neutralizing the virus of poliomyelitis. This is probably one of the very important ways in which most of us are protected from the disease.

The blood serum of patients recovered from infantile paralysis is called convalescent serum and is used in the treatment of the disease in very early stages.
posed person, who if he is not immune, may develop the disease. Recently it has been shown that the virus spreads along nerves, and that the probable mode of spread is along the nerves extending from the skin to the bone that is, along the olfactory nerves. From the brain it travels down the nerves into the spinal cord. For some reason the virus attacks especially the so-called anterior horn cells in the spinal cord. These nerve cells activate the muscles, and when they are affected, the muscles which they supply become paralyzed. The parts of the body paralyzed, therefore, depend upon the nerve cells which are affected.

This brings us to the symptoms and the treatment of this disease. In cities, children especially between the ages of one and five, are the ones most likely to get the disease during an epidemic. In rural communities, adults are just as prone as children to develop the disease. The incubation period, or the length of time between the exposure of a patient and the time his symptoms develop, is not definitely known. Estimates range from a few to ten days, the average being considered one week. At any rate, anyone exposed to a case of the disease, is usually isolated for two weeks. According to the present conception of the disease, the first symptoms to appear are those of a generalized infection. In other words the nervous system is not as yet involved. The patient may have some fever, a sore throat, and generally does not feel well. These symptoms may last for a couple of days. In a large proportion of instances, these are the only complaints which the patient has. This is the probable explanation for the fact that over 80 per cent of adults living in cities are immune to infantile paralysis, despite the fact that they do not give a history of ever having had infantile paralysis. A doctor seeing such a case in the early stage, could not recognize it as being poliomyelitis, unless he knew that the patient had been exposed to an active case. This type of case is known as the abortive type of poliomyelitis.

There is generally an increased number of individuals who are immune to the disease and who lack the symptoms of the disease and who lack the symptoms of the disease. These nerve cells activate the muscles, and when they are affected, the muscles which they supply become paralyzed. The parts of the body paralyzed, therefore, depend upon the nerve cells which are affected.

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Mending Broken Bones

Fractures are common occurrences which may result in deformities or serious disabilities if not properly treated.

E V E R Y doctor who treats fractures and has testified in court in behalf of his patients has had the annoying experience of hearing some slick defense attorney (representing an insurance company or employer) try to discredit his testimony about the serious after-effects of an injury. Experienced lawyers have often succeeded in impressing juries with the misleading half-truths that nature often heals broken bones perfectly if they are simply left alone without treatment; that it may be difficult in six months or a year to tell a healed bone from an uninjured one; that a healed bone may be as perfect in shape and as healthy as it was before the fracture occurred. A jury of twelve uninformed laymen may, if the plaintiff's lawyer happens to be less impressive than the big corporation's high-power attorney, give a worker inadequate compensation for his disability due to fracture. This is entirely possible because the average layman has a very distorted or at best a very confused notion of the many serious and complicated factors involved in the fracture problem.

Whether or not a broken bone is set and heals properly may often be of secondary importance. The most important factor is whether or not the injured bones and joints are restored to normal usefulness. Another vital question is, does the injured person suffer from damage to nerves, arteries, veins, spinal cord, brain, lungs, and other organs as a result of his fracture? A fracture near a joint may heal beautifully, yet result in stiffness of that joint or of others more removed. A fractured spine may leave the patient totally paralyzed from the hips down. A fractured skull, though healed perfectly, may result in paralysis of an arm, leg, or both, loss of the power of speech or impaired mental ability. The common fracture of the hip often sustained by old people after a simple fall takes a long time to heal, but the most serious danger in this injury is that these elderly people frequently die of pneumonia due to lying on their backs during many weeks of treatment. Of course the actual healing of the bone is also very important. Serious deformity or disability can result from improper healing or lack of healing.

Aside from highly technical problems involved in fractures, what are some of the simpler facts that the worker should know about this subject? The purpose of this article is to point out some of these facts as well as important principles about the first-aid treatment of fractures. The problem of preventing fractures is not within the scope of this article. This, in our highly mechanical and motorized society, is a problem of safety regulations in shop, factory and traffic lanes. Workers must demand adequate protection for dangerous machinery, safeguards against falling from dangerous heights, and protection from injury by fast-moving vehicles, both as pedestrians and as workers on such vehicles.

A FRACTURE is any break of a bone. A fissure fracture is merely a crack running from the surface of a bone into it but not completely through it. A simple fracture is one in which there is no connection between the bone and the surface of the body, that is, either no break in the skin has occurred, or if there is a wound, it does not extend to the depth of the bone. A compound fracture is one in which there is a connection between the bone and the outside, either because of a deep wound or because a sharp fragment of bone is forced out through the skin. Compound fractures are always very serious because of the possibility of infection (a great handicap to proper healing) and the threat of blood poisoning. A greenstick fracture is the term for the bending of a bone without an actual break or separation. This occurs commonly in children whose bones are of pliable consistency.

Only rarely is there a crack or snap heard or felt when a bone breaks. The earliest and most reliable symptoms are severe pain in the region of the break and the inability to use the limb properly. Deformity is also important. It may take the form of actual bending of the limb, shortening, swelling, or the appearance of a lump. Furthermore, certain fractures about the hip are recognizable by observing that the foot is pointing outward peculiarly. Occasionally a clicking sound is heard or a grating sensation is felt when the broken ends of a bone move upon each other. The X-ray picture is, of course, the last word in the diagnosis of fractures and occasionally is the only means of detecting certain fractures which do not show any of the other symptoms. Workers should insist on early and proper X-rays even in mild injuries, for often a diagnosis of sprain is made when X-rays may reveal the existence of an unsuspected fracture of the bone underneath.

It is true that in most cases nature makes provision for good healing of bone by a wonderful mechanism of repair. The surgeon’s job is, in general, to aid repair as best he can and to restore the injured part to its normal usefulness as far as possible. Even before this is attempted, the first considerations are to prevent or treat shock and to prevent aggravation of the injury by proper first-aid treatment.

The ideal treatment is to “split ’em where they lie”—a slogan adopted by the Fracture Committee of the American College of Surgeons in a campaign to educate doctors as well as laymen in the first-aid handling of fractures.

The next best thing is to carry out the moving of the patient to the nearest hospital with as complete support as possible for the injured limb and as gently as can be managed. This involves doing by hand what the splint should do,
FRANK. Without separation of the ends of the bone, the operation of reduction is performed. In some cases, it is necessary to use special instruments, such as clamps or forceps, to hold the bone ends in place. The bone is then fixed in this position with plaster or other materials until the bone heals. This process is called splinting. In some cases, the bone may be held in place with pins or wires, which are removed after the bone has healed.

Injuries to the skin and muscles, which are often associated with bone fractures, are also treated. This may involve cleaning and dressing the wound, and giving antibiotics to prevent infection. In severe cases, the wound may require suturing or other surgical procedures.

However, the most important aspect of the treatment of fractures is the prevention of further damage to the bone and surrounding tissues. This is why it is important to follow the guidelines for care that are recommended by healthcare professionals.

In summary, the treatment of fractures involves reducing the bone ends, fixing them in place, and supporting the bone with a splint or cast. This process is called splinting. The bone is then allowed to heal in this position. The goal is to prevent further damage to the bone and surrounding tissues, and to help the bone to heal properly.

If you or someone you know has sustained a fracture, it is important to seek medical attention as soon as possible. Follow the guidelines for care that are recommended by healthcare professionals, and avoid attempting to move or manipulate the bone yourself. This can cause further damage to the bone and surrounding tissues, and may make it more difficult for the bone to heal properly.

Health and Hygiene
against these social factors that efforts for the quarters and exposure to cold and wet, rheumatic heart disease: namely, rheumatic fever, high blood pressure, hardening of the arteries, and syphilis.

Prevention of heart disease is also a highly complicated social, economic and medical problem. Unlike tuberculosis or diphtheria, the other two diseases most dreaded by workers, heart disease is not due to a single germ, but is a complex condition resulting from many causes. Although fifteen causes are listed officially, there are only four common causes of heart disease: namely, rheumatic fever, high blood pressure, hardening of the arteries, and syphilis.

The minor causes of heart disease, accounting for from ten to fifteen percent of the total number of cases, include birth defects, thyroid disease, injury, acute infectious diseases such as diphtheria, and others.

The seriousness of rheumatic fever becomes apparent when it is noted that this condition is not rare. It is estimated that rheumatic fever occurs in children under ten years of age, and produces a damaged heart by repeated infections in later years. In spite of this, the relationship between high blood pressure and heart disease is not fully realized. The average patient thinks only of his blood pressure and frequently neglects the associated heart condition, sometimes with serious consequences. Little has been done in public health education to make the wise precautions of these facts, so that proper treatment for the heart in high blood pressure cases might be instituted on a wider scale and thereby might avert much disability. High blood pressure in itself requires little treatment; it is the consequences of the high pressure, chief of which is heart disease, that treatment should be directed.

The corona arteries, or arteriosclerosis, is a frequent cause of heart disease in middle-aged and elderly people. This condition results in myocardial infarction, or death of the heart muscle. The problem of preventing syphilitic heart disease is bound up with the public health problem of syphilis generally. Syphilis is the most prevalent of the major communicable diseases. While most other communicable illnesses last for short periods, syphilis may last years and is therefore most prevalent at particular times. Deaths from syphilis exceed the deaths from any other contagious disease.

Although there are available weapons in drugs like the arsphenamines and bismuth, with which syphilis might be stamped out within a generation, or at least reduced to a minor problem, syphilis in this country is actually increasing. The reason for this lies partly in the economic inability of patients to continue treatment until cure is effected. The increase of syphilis is also due to the insufficient facilities for inexpensive or free treatment, and the inadequate amount of public health education on the subject. Very little is said about syphilis by public health officials, although everywhere the facts protrude like a sore thumb. Largely as a result of this, the public money is allocated by health departments for treatment and prevention. Furthermore, as long as prostitution exists we shall have syphilis, and the existence of prostitution is a result of social and economic conditions which capitalism cannot solve.

An adequate public health approach to the syphilis problem should include: a uniform system of registration of cases and sources of infection; laboratory diagnostic facilities; adequate clinical services for people of small means, on a full payment, partial payment, and free basis; free distribution of drugs to physicians as well as to clinics; payment of physicians for treatment of those unable to pay; nursing and social service to help families make adjustments; the return of recurring cases to the clinic for reexamination and treatment, and the existence of the syphilitics in the community is the result of social and economic conditions which capitalism cannot solve.

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Good Housekeeping's Phoney Seal

A Hearst publication hands out Seals of Approval to products making fraudulent claims.

GOOD HOUSEKEEPING is a typical Hearst publication. In fact so typically Hearstian that it only requires a bit of surface scratching to bare the fraud that seems to be this man's only stock in trade. For associated with Good Housekeeping is a phony Bureau of Standards which manufactures as an advertising come-on to mislead an unsuspecting public. To quote from the magazine itself, "Every product advertised in Good Housekeeping is guaranteed by us. ... Also, "Products which come within the testing scope of Good Housekeeping Institute or Good Housekeeping Bureau must be tested and approved before they may be advertised in Good Housekeeping. Advertisers of these products in Good Housekeeping may use the Bureau or Institute Seal of Approval in their advertisements. ... Good Housekeeping, further, examines every advertisement offered to it for publication and makes every effort to assure itself that essential claims are justified."

This series of assurances conjures up visions of laboratories, earnest scientists peering through microscopes, row after row of test tubes, con­veyor belts carrying away the bodies of countless guinea pigs and rabbits who have died in order to make the world a safer and happier place for Good Housekeeping readers. Surely it is not unreasonable, after such comforting guarantees to expect the products advertised in Good Housekeeping to meet some modest standards of honesty. And one would have to be cynical indeed to question the reliability of those carefully selected wares which have met the innumerable acid tests and have won the Seal of Approval. We believe we can prove all these points. Let us examine the evidence!

WELCH'S Grape Juice has earned the Good Housekeeping Seal of Approval. The advertisement states that drinking a glass of Welch's before meals and before retiring will produce loss of weight. This is true—if the meals consist of a glass of water and half a dog biscuit. Welch's Grape Juice contains considerable quantities of sugar. Whether one takes sugar in the form of grape juice, or candy, or potatoes, it is a food. If this food is not used up by exercise or by the ordinary life processes, it will be stored in the body as fat. For this reason, Welch's Grape Juice could very well be used to help an individual put on weight, instead of losing it. Any physician or student of physiology will confirm this fact—despite Irene Rich's testimonial to the contrary.

The advertising for Libby's Pineapple Juice makes a number of claims which would automatically bar it from any honest advertising medium. It is, however, acceptable to Good Housekeeping. One such claim is that it, too, will produce a loss of weight if taken regularly. What has been said concerning Welch's Grape Juice is equally valid here—it can be used to put on weight. Another false claim is that Libby's will prevent or cure colds. A careful search of medical literature fails to reveal the slightest evidence to support this claim. Good Housekeeping also accepts advertisements for Libby's Canned Fruits. The U.S. Bureau of Agricultural Economists recently examined Libby's Pineapple and described it as being below standard, tough in texture and poor in flavor.

Gerber's Strained Foods for babies receive the unqualified approval of Good Housekeeping. But the Federal Food and Drug Administration recently obtained a judgment against Gerber's on the ground of misbranding. The label gave the impression that certain vegetables were present when actually they were absent, or present in completely insignificant amounts. No less than 154 cases of canned vegetables were involved in this particular instance. Kraft's Cheeses are advertised as "The World's Finest." But we find that the Food and Drug Administration recently condemned 15,000 packages of Kraft-Foolooe because the advertising claimed a butter-fat content of 43 per cent, while analysis showed the presence of only 25 per cent. The difference was water. On another occasion Kraft-Phenix Cheese was fined $100 because its product was adulterated and misbranded. Good Housekeeping's Bureau of Standards may not find nothing objectionable in these facts.

Ovaltine is a preparation for which a number of highly imaginative virtues are claimed. Readers of HEALTH AND HYGIENE will recall the exposure of these fraudulent claims. Ovaltine is acceptable as a flavoring agent for milk and it has a certain food value because of the carbohydrate (sugar) it contains. But sugar and chocolate can be bought for much less than one pays when they are bought as Ovaltine. To state that this mixture of sugar and flavoring agent will "restore vitality" and "help nature create and maintain the natural sensation of hunger" is to show an utter disregard for the truth. Even if it were true that Ovaltine would restore lost appetite—which it will not—it would be essential to determine the cause, not merely to treat the symptom.

Turning from the foods to the cosmetics, we meet a different problem. Our criticism so far has been based largely on the worthlessness of the products for the purposes for which they are advertised. A much more serious situation is found in connection with certain dangerous preparations, whose safety and efficiency are guaranteed by Good Housekeeping.

Ambrosia, The Pore-Deep Cleanser, for example, has earned the Seal of Approval. The New Hampshire State Board of Health reports that analysis of this preparation showed the presence of carbolic acid. It is not surprising that "you feel Ambrosia tingle," as the advertisement puts it. Carbolic acid is undoubtedly of value in cleaning floors and toilets but it has no place in a beauty preparation.

Similarly we find that Lucky Tiger Shampoo is poisonous. The American Medical Association reports a number of cases in which this preparation produced severe inflammation of the scalp, marked eczema, dermatitis venenata (a type of chemical irritation similar to poison ivy) and other complications. The Federal

HEALTH AND HYGIENE
Trade Commission has ordered the Lucky Tiger company to cease its false and misleading advertising, but this appears to make no difference to Good Housekeeping. One investigator reported that the false claims contained arsenic. Nowhere in the advertising do we find any hint of the dangers.

Golden Glint Rinse Shampoo, which has the Seal of Approval, was investigated by the Bureau of the American Medical Association concerned with frauds and fakers. The report is that it consists of ordinary soap and a number of hair dyes. There are few dyes which can be safely used without testing the individual's susceptibility. Medical literature is full of such cases of poisoning. Yet the advertising describes it merely as a shampoo with no hint of the presence of dyes in it.

In addition to these dangerous cosmetics there are others for which fanciful claims are made. Vita-Ray Cream sells for $1 a jar. The advertising leads one to believe that it is swarming with vitamins, and that vitamin creme is a tonic and medicine are fraudulent. There is no cream or lotion in the world which can be safely used without testing the individual's susceptibility. Medical literature is full of such cases of poisoning. Yet the advertising describes it merely as a shampoo with no hint of the presence of dyes in it.

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The Yeast Foam Tablets are also accepted by Good Housekeeping; Bureau of Standards. Dealing exclusively with the acne angle, the only new feature is a certificate by a notary public that the advertisement is based on actual experience. If we remember correctly, the fee for notarization is twenty-five cents. The Northwestern Yeast Company must impress the Fleischmann Company quite compared with their own highly paid "specialists."

Amolin Deodorant Powder, with the Seal of Approval, was found to consist of nothing but borax powder with traces of thymol added to give it a pleasant odor. If you like borax acid as a deodorant (there are much more effective preparations) you can buy it for a fraction of the cost of Amolin.

Freezeone is another preparation in which the Federal Trade Commission was interested. Although the company was forced to admit that the advertising made false claims, it disclaimed the same false advertising in Good Housekeeping.

We now come to toothpastes. We find that the most authoritative body in the country, the American Dental Association, denies that any toothpaste which is safe enough to use every day will cure or prevent pyorrhea or gum disease. No toothpaste can safely wash a tooth. The most that can be expected of toothpaste or powders is that they will be of some aid in mechanically removing food particles and residues from the teeth. Nevertheless we find a long list of toothpastes, the claims for which are diametrically opposed to the opinions of the country's leading dental authorities.

Colgate's has earned the Seal of Approval with a little white lie: that it will give you a dazzling and brilliant row of teeth. The same is true for Pepsodent and its "pimple free!" claims. Lysol claims, "For Harlow's. Ipana claims, "None of this paste is poisonous. Vincent's disease and gingivitis (inflammation of the gums) in the background." Listerine toothpaste is also guaranteed to "make teeth white and brilliant." Pepsodent ignores most flagrantly all the rules of honest advertising. Examination of this toothpaste has repeatedly demonstrated the presence of coarse, gritty material, with hard and sharp particles which can scratch and seriously injure the enamel of the teeth. This type of substance is known as an abrasive. The Dental Formulary (standard text-book) states specifically that "nothing is said to indicate what kind of germs were killed. It is perfectly possible for a given antiseptic to kill germs which cause rust in hay -- but what will that antiseptic do to the germs of typhoid fever or meningitis? Furthermore, it is perfectly possible to so weaken germs (by preliminary heating and in other ways) that a harsh look will almost kill them. Finally, even if the germs were of a dangerous kind and not weakened in advance, attacking them in a glass test tube is not the same as attacking them in the mouth, nose or throat where they are buried deep, protected by mucus, and where the saliva or mucus so dilutes the antiseptic as to make it quite ineffective. One bacteriologist of repute has stated that mouth washes have "little or no power to kill the bacteria or molds present on the tissue to which they are applied." It has repeatedly been demonstrated that germs can actually grow in some of these "antiseptics."

Hearing these facts in mind let us examine the claims for antiseptics guaranteed by Good Housekeeping. Listerine is one of the most widely advertised and bear the Good Housekeeping Seal of Approval. The American Medical Association calls the claims for this product supremely ridiculous, and says that the antiseptic power of Listerine is "infinitesimal."

The bacteriologist who supposedly made the tests concerning the germ-killing power of Listerine was asked to supply his records of the experiments. He refused. He simply replied that the tests had been carefully made under scientific direction, and he offered no evidence except his word that the experiments had been carried out.

Similar worthless claims are made for the germ-killing power of Pepsodent Antiseptic and Vanox. Some interesting experiments have been made on Hexylresorcinol, also known as S. T. 37. One advertisement stated that S. T. 37 would kill bacillus pyocyaneus (one type of germ) in less than fifteen seconds. Two physicians who checked this claim found that the germs were still alive after two full days and night's contact with Hexylresorcinol! Other bacteriologists have demonstrated the fact that this stuff is completely unreliable in its ability to destroy staphylococcus aureus (a common-producing germ). Still other experiment on 410 patients at the University of Pennsylvania demonstrated that S. T. 37 would sterilize tissues in only about one-fifth of the cases.

Finally, a word about Lysol. The use of this powerful poison as a douche ("Feminine Hygiene") was discussed in a recent number of Health and Hygiene. In brief, every dilute solutions of Lysol may produce serious complications, as stressed by Prof. Homans of Harvard. Deaths from the use of Lysol in the female organs have been reported in the U. S. Dispensatory, in the Journal of the American Medical Association, and in the book, Jurisprudence, Forensic Medicine and Toxicology. "Purely aside from the fact that no douche is a reliable contraceptive and that douching is entirely unnecessary in a healthy woman, there is too much evidence to prove the great dangers of Lysol."

What, then, shall we conclude concerning cases. No further Bureau of Standards, Seal of Approval, and its guarantee? In no instance do we find any reliable evidence of an honest attempt to check the claims made for the products. In every instance these same products have been condemned by individuals or agencies whose honesty and authority are beyond question. In some cases Good Housekeeping has ceased its Seal of Approval and its guarantees of the claims even after the companies themselves have admitted the falsity of the statements.

Perhaps the entire matter is best summarized by pointing out again that Good Housekeeping is a Hearst magazine; that the standards of Good Housekeeping must necessarily be the standards of Hearst; and that as Charles Beard stated, "no honest or decent man would touch Hearst with a ten-foot pole."
THE TRUTH ABOUT DIXIE

The people of the South are a sick people. There are more anemic people in the South than in any other part of the country. In deaths from tuberculosis, typhoid, influenza and pellagra, the Southern states uniformly exceed the national average. The South also has the nation's highest death rates for infants and for women in childbirth. And there are three diseases—pellagra, malaria and hookworm—that are almost exclusively Southern. A Northern physician with a wide practice may pass his entire career without seeing a single case of these diseases.

At the outset, let us get rid of the idea that the Southern climate leads to disease, that it depletes vigor and vitality. This idea originated with the slave-owners, and was nothing more nor less than a rationalized defense of slavery. The argument, of course, was not based on the facts, for poor white people by the millions did work in the South, even in pre-Civil War times. But slave-owners used this apology for their system nevertheless; and the idea behind it—that the Southern climate is an unhealthy one—persists to the present day.

Actually, there is nothing unhealthy about the South's climate. The reasons for that section's heavy sickness and mortality rates lie elsewhere. They are to be found in the economic and political backwardness forced upon the region by its ruling class. Southern factory hands and plantation workers get wages that are 15 to 50 per cent lower than wages in the rest of the country. This makes for nutritional disease, and lack of sanitation and medical care. The persistence of the Black Belt and its plantation economy has throttled the growth of cities and towns, and the South remains too rural and too sparsely settled to maintain proper medical facilities. If the forty-eight states are ranked on the basis of the number of physicians to population, six Southern states will be found among the lowest dozen. In percentage of counties having hospitals and in ratio of hospital beds to population, the last ten states are Southern states. There are few good sanatoria in the South, and only two that are recognized as suitable for training doctors in the care of pulmonary tuberculosis.

Poor educational facilities and a high rate of illiteracy keep the Southern people from knowing the cause and cure of disease and from caring for themselves even to the limited extent that their finances will allow. Some day, someone should investigate the extent of the profits reaped in the South by those human harpies, the patent-medicine companies. I have no exact figures at hand, but I know from observation that the South is the country's greatest patent-medicine region.

And then there is the Jim-Crow medical system, which causes Negro victims of tuberculosis, for example, to be housed in comfortless tents—when they can get care at all. It is...
this same Jim-Crow system that is responsible for such horrors as the death of Juliette Derri­
cotte, Dean of Women at Fisk University, who, injured in an automobile accident at Dal­ton, Georgia, in 1931, was left without medical care for hours and then taken over dirt roads in Chattanooga. There was a hospital in Dalton supported by public taxation, but it was for whites only.

No, the high disease and death rates of the South cannot be laid to the climate. They must be laid directly at the door of the ruling class, with its policy of wage-differentials, its plantation economy, its backward educational system and its Jim-Crow laws.

The three regional diseases of the South—pellagra, malaria and hookworm—are directly traceable to poverty. All three are anemia-producing diseases; and, together with the stretch-out system, are responsible for the appearance of Southern workers, who are almost universally pale, thin and tired. These ill are widespread: health authorities have estimated that in certain cotton-mill towns, 80 per cent of the workers have pellagra; in many rural areas, practically all the children and adolescents have hookworm infection; and in the swampy regions malaria is so common that its absence is more remarked upon than its presence.

Pellagra is a dietary disease due to lack of essential foods such as fresh meat and vegetables. It is produced by the typical Southern diet of fatback, grits, corn-bread, molasses and turnip-greens. In Burlington, N. C., scene of the dynamite frame-up in the two orphanages in which were a number of the workers, there had been no milk to drink, never eaten fresh meat, eggs or milk.

Pellagra patients never got pellagra, and that it was, therefore, apparently not contagious; that its incidence was almost entirely among the poor, families with incomes over $1,000 away from the young. They were contracting it; and that pellagra takes its heaviest toll in the years of worst depression and poverty.

Experiencing in the Baptist and Methodist orphanages in Jackson, Mississippi, Dr. Gold­berger noticed that the youngest children, who had milk to drink, never had pellagra. The doc­tors obtained funds to give all the children milk and fresh meat for a year. The year 1915 brought a particularly high rate of pellagra to the South; but in the two orphanages in Jackson there was not a single case. Dr. Gold­berger had discovered the cause due to the lack of essential foods, especially protein. Pe­lagra is thus one result of semi-starvation. As the French doctor, Lalasque, put it: “Pellagra attaches itself to poverty as the shadow to the body.”

Pellagra, another disease typical of the South, produces such severe anemia that it is often called “the lazy sickness,” or “the big lazy.” When a physician found that the disease is caused by an intestinal worm, the conversa­tive members of the medical profession made a joke of the matter, saying that “the germ of laziness has been found.” They were soon forced to admit that the cause of the disease, known in the South in earliest slave days, had at last been discovered. The infection is due to a species of worm that lives in the small intestines of man. The bite of such a misquito is the only way by a devious route to the small intestines, where they suck blood from the intestinal walls. Not only do the worms stuff themselves with blood, but in moving from one place to an­other to feed they cause innumerable wounds, from which blood flows. The disease is char­acterized by progressive anemia, weakness, in­flammation and swelling of the gums, the skin, digestive and nervous disturbances. It lowers resistance to other diseases; it also dulls the intellect. So terrible is its effect on growth that hookworm victims of 20 often have the development of children of 12 or 13. A man of 22, a hookworm victim treated in the New Orleans Charity Hospital, was found to have the bony development of a child of 11.

Hookworm also leads to perversions of appe­tite, such as clay-eating and dirt-eating, and the characteristic Southern habits of tobacco-chew­ing and snuff-dipping. This does not mean that every person who chews tobacco or dips snuff has hookworm; but the customs began with hookworm victims and then became social habits which were imitated by other persons not infected. The persistence and prevalence of these Southern habits is due to the per­ sistence and prevalence of hookworm.

The remedy for hookworm is, quite obviously, adequate sanitation and shoes.

Malaria, the third of the typically Southern diseases, was first believed to be caused by bad air. It is characterized by chills and fever, and produces severe anemia. The germs of ma­laria are carried by the female mosquito of a breed that inhabits the tropics and sub-tropics, and the bite of such a misquito is the only possible way of contracting the disease. The breeding places of the mosquitoes are the swampy lands characteristic of a backward system of agriculture. Innumerable cotton plantations are completely surrounded by swamps. Better economic conditions in agri­culture lead to the clearing and draining of more land and a decrease in the incidence of malaria.

The answer of the landlords was to make an organized attack on the unions. The union leader, Ralph Gray, was hunted down like a wolf, wounded on the public highway, and shot dead in his home.

Science has found the cause of the ills of the South; the South’s great, growing, militant labor movement, aided by the workers of the whole country, must wrench from the mill­owners and plantation overlords the conditions that will make it possible to give the Southern masses the benefit of this science.

HE tragedy of hookworm, malaria and pellagra is just this; their causes are known, their cure and prevention are—thoroughly—very simple. The victims of the diseases require no long course of treatment; many se­vere cases have been cured in a week’s time. But most of the South’s sick people never get the needed treatment, and cure will not pre­vent reinfection. The addition of even a small amount of meat and fresh vegetables will pre­vent pellagra; sanitary privies and shoes will prevent hookworm; the draining of swamps and the screening of houses will prevent ma­laria. There is no guess-work about it; the results of these preventive measures are one hundred per cent certain.

But in practice—it is another story. The great physician Goldberger, who had written his epoch­making pellagra report, said, “The surer it is that pellagra is only a hidden hunger, the more hopeless it seems to try to wipe it out. After all, I’m only a bum doctor, and what can I do about the economic conditions of the South?”

And I want to remind you, when you think how easily pellagra can be prevented by the use of protein food, to think also of what hap­pened in Camp Hill, Alabama, in 1931. In that year the newly-organized Share Croppers Union put forth a five-point program, and one of the demands was the right of the croppers to have their own gardens and a few chickens, so they would not have to buy everything at robber prices from the plantation commissary.

The answer of the landlords was to make an armed attack on the union. The union leader, Ralph Gray, was hunted down like a wolf, wounded on the public highway, and shot dead in his home.

Science has found the cause of the ills of the South; the South’s great, growing, militant labor movement, aided by the workers of the whole country, must wrench from the mill­owners and plantation overlords the conditions that will make it possible to give the Southern masses the benefit of this science.
"Facts and Frauds in Woman's Hygiene"


Mrs. Palmer and Dr. Greenberg are to be commended on a book which is both a powerful attack on the patent-medicine business and worthy of being placed next to Arthur Kallet's *Counterfeit* and 100,000 Guinea Pigs. Packed with useful information, written in a lively, entertaining style, it gives the facts about the feminine hygiene racket, naming the names, and proving its statements. There are few women who would not save money and discomfort, to say nothing of avoiding needless worry and possible harm, from reading this book.

Beginning with a simple but constantly recurring item as the choice of a menstrual pad, up to the more serious subjects of birth control, vaginal discharge, sterility and change of life, the book gives clear, concise, easily followed information.

The authors deflate the extensive advertising claims of Kotex. "They quote the findings of Consumers Union, which tested over twenty brands of sanitary napkins, rating them according to whether they were absorbent, comfortable, and had a moisture-proof backing. In these tests, Kotex received a poor rating. It was found 'that moisture penetrated the napkin almost immediately.' The "equalizer" about which the Kotex Company makes such a fuss in its advertising was nothing 'but a piece of corrugated paper piece inserted in the middle of the pad.'"

Sanovol, a napkin distributed by the Kress stores, were found to be much cheaper and at least as good. "The three which rated best and most economically were Velda, Modess and Balfour." Of these, Velda was the best by a small margin. For women with an exceptionally heavy flow, they recommend the Venus, although they point out that "women with limited funds who have need of extra protection can make up their own napkins of a good grade of cotton and gauze for less than a third the price charged for the Venus brand."

The authors warn against the numerous menstrual pain remedies, many of which contain iodamide, a drug that can cause a dangerous and often fatal disease in susceptible persons. Among the better known remedies that contain or that have contained iodamide, they list Kalms, Lydia Pinkham's Tablets, Midol, Al-loeum, Amidal, Ambrod, Compral, Ducoz, Hexin, Nutriment, Peragla and Pyramidon. They tell of the woman who died of Orangeine Headache Powder, advertised as a "reliable physician's prescription." They quote the newspaper item about the sudden death of Mrs. Joe Winburn, wife of the Baptist pastor at Mansfield, Georgia, who died of an "over-dose of Cupidine, leaving five small children, the oldest being nine.

They take up the question of douching and show how "women are led to believe that daily douching is necessary to maintain good health and body cleanliness." They prove that "the average normal woman does not need to douche" and that "douching is not necessary for cleanliness." "Douching with strong antiseptics or disinfectants may be harmful" and they warn particularly against such substances as Zonite and Lysol.

On the subject of birth control, they show that douching is not an efficient birth-control method. The Rhythm of Ovulation and Fertility as a method of birth control does not work. The safe period is not safe. Unreliable methods such as withdrawal are condemned. They deflate the claims of such contraceptive products as the various suppositories, such as Belaton, Dooz, Dodo's, and others. They debunk the tablets that are supposed to prevent conception by producing a foam, such as Paragon Tablets, Hygeen Tablets, Keros Vaginal Tablets, and show how often these things fail to give protection. They tell of the danger of depending solely on the vaginal jelly like Bivonjel, which claims that it is recommended by the leading birth-control clinics, but which fails to mention that these clinics condemn reliance on a vaginal jelly without also using at the same time a contraceptive device properly fitted by a physician. They attack with justifiable vigor the drugs that are taken to produce abortion. They tell of the poisoning that has resulted from *Chichester Diamond Brand Pills*, which have long ago been exposed as fraudulent; and of the plea of guilty that the manufacturer of *BX Monthly Relief Compound* entered when prosecuted by the Food and Drug Administration. (The punishment was a fine of $50.) They expose other drugs in this class, such as *Periodics*. The Snyder Products Company, which makes *Periodics*, advertised: "Don't be discouraged or alarmed because nature fails you." Then they go on to say: "Women are quick to understand the real purposes of Snyder Products." The United States Post Office was not impressed and recently issued a fraud order against the company.

"At the hearing evidence was brought forth to show that Periodics contains no ingredients capable of producing a delayed menstrual flow, whether pregnancy or some other cause be responsible for the 'delay.'"

Amusing is the authors' quotation of the sly advertising of Neofem, "Periodics contains no ingredients capable of producing a delayed menstrual flow, whether pregnancy or some other cause be responsible for the 'delay.'"

They end this chapter with the statement of Dr. Frederick J. McCann that "(1) no drug can be relied upon to produce an abortion except in a woman who already has a strong tendency to abort naturally; (2) "doses which do not endanger the woman's life fail"; (3) "doses which succeed endanger life or are fatal."

Our high praise of this book must not let anyone conclude that it is without flaw. Unfortunately, it contains some mistakes, a few omissions and inadequate handling of some subjects. The authors make no mention of the mode of action of such drugs as *Birchovin*, *Compral*, *Hysienen*, *Sinovar*, *Tegrin*, *Vergform*, *Fenole* and *B Сорkom*, and of the fact that both are treating the same material from a similar point of view.

In view of the facts that *Health and Hygiene* has already printed extensive material on this subject, treating much of it in a very similar manner, it is a little surprising that the authors make no mention of the magazine. Even when the writers refer to other health magazines they do not mention *Health and Hygiene*, which is, it seems to us, the only magazine that treats of these things honestly and fearlessly. We hope that in subsequent editions this omission will be corrected.

We have placed this book on our recommended lists and offer it together with a year of *Health and Hygiene* for $2.50.
THE Prostatic Age

In elderly men the prostate gland has a tendency toward becoming tumorous. The work of the kidneys is hindered and body poisoning may result. Medical treatment should be sought in the early stages of this disease.

W
de a man approaches the age of sixty he reaches what we term the "prostatic age." At this age, it he has to pass his urine more frequently and becomes aware of the fact that he has a urinary tract because of annoying urinary symptoms, he should consider the situation a serious one and consult a physician at once. Prompt discovery of the cause of the symptoms and early treatment would save much unnecessary suffering.

The primary reason in man's later years, the exact cause of which is yet unknown, the prostate gland has a tendency to become the seat of a benign tumor. When we say the tumor locally to neighboring tissues or to any distant part of the body. Unfortunately, however, the prostate is so situated in the urinary tract that its enlargement causes a mechanical obstruction to the flow of urine from the bladder. As shown in the diagram, the urine is excreted from the kidneys (A) from whence it flows through the ureters (B) into the bladder (C) and at necessary intervals the bladder evacuates itself through the urethra (D) to the exterior. The prostate (E) is located at the neck of the bladder and when this gland becomes tumorous it blocks the passage of urine from the bladder and prevents the bladder from completely emptying itself. Therefore, an individual suffering from prostatism never completely empties his bladder and there is always a quantity of urine left there, which we term "residual urine." For this reason the individual has to pass his urine more frequently than normal, and this is especially so during the night.

When such a condition occurs, the kidneys work at a great disadvantage. The urine no longer flows in an uninterrupted stream and the fluid pressure becomes greatly increased in the urinary passages. The kidneys must compensate for this increased pressure in order that they may eliminate the waste products of the body. They must therefore work under abnormal conditions which cause pathological changes in the kidney tissues. If nothing is done to relieve the back pressure to which the kidneys are subjected, they will in time definitely diminish in their functional ability and many of the poisons, which would usually be eliminated, are retained in the blood stream and body tissues. If this continues, these poisons cause a condition which we term uremia. Uremia may exist in varying degrees of severity and will cause the eventual death of the individual if it is not corrected.

There is no reason, however, for anyone suffering from symptoms of prostatism to feel that his condition cannot be helped. As a matter of fact, tremendous progress has been made toward the curing of this disease. It must be impressed upon every man who is suffering from a prostatic tumor that the sooner he seeks medical aid the more certain he is of relieving his condition. One can readily see the importance of this advice. The longer a man permits this annoying condition to continue without receiving relief, the greater will be the damage to his kidneys and other important organs. In fact, if he delays any great length of time before seeking relief, it may be impossible to do very much for him due to his poor physical condition.

The time to treat a prostatic tumor is in its early stages, when the kidneys, heart, and blood pressure are in good condition. Then a good result can be obtained.

The treatment of a prostatic tumor is essentially surgical. Until very recently, an operation upon the prostate gland was a serious surgical procedure and the mortality rate was more than 50 per cent. Within recent years, however, tremendous progress has been made in the knowledge of this condition, and at the present time the results are excellent. We realize now that men suffering from prostatism are well on in years and should be handled with gentleness and good judgment.

The technique of the operation cannot be described in an article of this kind. There is one point, however, which is interesting to note: the surgeon, by removing the prostate which has been an obstruction in the urinary tract, reestablishes good drainage so that the burden of back pressure on the kidneys is relieved and they function more normally.

The most recently advanced operative procedure directed against the prostate gland is where the electric-cautery is used as a means of removing the obstructing portion of the prostate gland. The procedure is a new one, and while many excellent results have been reported, it is still in the experimental stage. Most conservative urological surgeons depend upon the more established methods, but there are certain types of prostatic obstruction which can be favorably treated by this method.

The question often asked by patients who require treatment upon their prostate gland is whether this operation will render them impotent. One must remember that this problem is not a very important one at the age of sixty or more, but apparently some men are greatly concerned about their sex life at this age. It may be said that 50 per cent of the cases do retain their potency.

In conclusion, it should be impressed upon men that when they reach the age of sixty they should be aware of the physical defects that may develop at this time. It becomes most important that any difficulty with the urinary tract which may result from the normal functioning of the kidneys, heart and blood vessels should be given immediate attention.

The so-called "men's specialists" who advertise in newspapers, prey upon prostatic sufferers and other potential victims, take their money, and aggravate the condition. These fakers, although they may have medical school degrees, have been repeatedly exposed in literature published by the American Medical Association. One such faker, a Dr. Hodgens of Chicago, charged a gullible patient $12 for a bottle of quack medicine supposedly imported from Paris. This same doctor told a perfectly healthy individual that he was suffering from prostatitis and offered to cure him for $35. This diagnosis was based upon an examination of water, ammonia, and anilin which had been submitted by the "patient" as a sample of his "urine." This is typical of the type of "service" rendered by such fakers. If sufferers from prostatic ailments cannot afford the attention of a reputable private physician registered with the County Medical Society, they should visit the clinic of a recognized hospital.


Health and Hygiene

September 1936
Why Some Men Are Impotent

Rarely is impotence due to physical causes. The problem is mainly a psychological one involving few or many mental factors. Fear may be a basic cause of this condition.

In previous articles we have discussed difficulties in sexual adjustment and emphasized the fact that although on rare occasions organic disease or defect may be responsible for the condition, the great majority of such cases are due to psychological factors. (Frigidity in Married Women, March, 1936; Frigidity in Women, May, 1936; Sex and the Woman, June, 1936; and Sexual Weakness in Men, July, 1936.) The effect of childhood training was described in some detail in the May article and while this took the matter up from the point of view of the woman, the same mechanisms hold for men; we urge that the reader interested in this subject read these four articles, inasmuch as, for reasons of space, it is impossible to go over the same ground again. In the July article we discussed the fear of failure and of doing wrong as it affected the potency of men, and in the present article we wish to continue in more detail with descriptions of the different fears causing partial or complete impotence in men.

The fear of failing in the eyes of the woman is important, but equally important is the fear of failing in the eyes of men. All men have a great desire to prove themselves to their fellows or to excel them in what they consider manly accomplishments. This does not mean that men as a rule boast of their sexual accomplishments to other men—many men are secretive about their sexual activity, except with their most intimate friends—but there is always one boast in any group, and also there is so much general talk of sexual activity, usually in the form of smutty stories, that without altogether realizing it, the average man often sets up as his standard the heroic and fantastic accomplishments of the braggart or the hero of the story. And even though a man may perhaps never intend to brag openly of his own accomplishments, he wants to feel able to do so, and often in his imagination sees the admiring or envious looks of his friends as he tells of his performances. Of course, with such standards in his mind failure is almost inevitable, and the fear of failure which interferes with successful performance is inevitable. A moment's consideration will show how false these standards are. What are the characteristics which earn the real respect of other men? Is the man who is most respected a gay Lothario who boasts of his affairs? Or is the respected man the one who shows courage and determination in his daily life, of whose sex life we usually know nothing? If a man is looking for a friend, for whom does he look? Is it a sexually strong man, or one who will carry his share of the load, who can be depended upon in emergencies and won't turn tail at the first sign of danger? Compare it to drinking. All men have a sneaking admiration for the man who carries his liquor well, or can drink everyone under the table, but real respect and admiration are given for more important accomplishments.

Sexual intercourse is a means of satisfying the sexual instinct and that is all. When a man tries to make of sexual intercourse a means of proving his masculinity to men or women, or to excel them in some kind of competitive game, the natural aim of the sexual act is lost sight of, and the man is expecting something from intercourse which can be obtained only through other activity.

Many men are afraid of women, and particularly afraid of the sexual act. The roots of this fear are to be found in childhood when most boys have been threatened or punished for sexual activity, but it occurs particularly when the mother has been especially severe and in addition has been the one who usually administered punishment. If in addition the father in the family feels either that his intellectual or physical inferiority exaggerates the fear still further, since the boy's first knowledge of a man and woman living together (his parents) has offered an example of the woman successfully dominating the man, and it is hard for him to realize that this is only one case and not the general rule. When he grows up he then, in a way, sees a trace of his mother in his sexual partner, and, often without consciously realizing it, is afraid. Other men are afraid of hurting the woman and this again arises chiefly from childhood experiences, which may have been the chance observation of his parents' intercourse, which to him appeared to be a fight, or perhaps because his questions about menstruation were answered in such a way that instead of being reassured that it was normal and harmless process, his original suspicion that it was due to an injury was confirmed, and he naturally concluded that the mysterious sexual business was the cause of it.

It is important to emphasize the fact, however, that while the childhood experiences have, in an important way played an important role in determining the adult potency, the present situation the man is in is also of great importance, and depending on the circumstances, may be the determining factor in the situation. For example, a man having relations with a very aggressive, domineering woman may actually be somewhat afraid of her; or a man who is angry at his partner may be afraid of hurting her because he actually wants to. This last is of great importance because most people are very unwilling to admit anything of the kind to themselves, and yet if it happens to be true, but is kept unconscious, it has a great effect. The fear of hurting the woman (because unconsciously he wants to) naturally stirs up the fear that the woman will hurt him, so that both factors come into play.

A frequent question is "What is the use of making such an unpleasant fact (that he wants to hurt the woman) conscious? Why isn't it better, even if it is true, to deny it or repress it?" To act intelligently in any situation we must face the facts; otherwise it is like trying to drive an automobile blindfolded. Suppose the man does want to hurt the woman, when he knows it, he can then make up his mind whether he is going to do it or not, but whatever he decides, it is clear that sexual intercourse will not hurt her. It is only as long as he keeps his wish hidden from himself that the unconscious can take charge of the situation and make him impotent in order to avoid hurting her. It may be very painful to find out or admit that one wishes to hurt someone, but it is also very painful to be impotent. The real solution lies in first admitting the true state of affairs and then taking appropriate action. If he wants to hurt her, why does he want to? Perhaps she can alter her behavior in such a way that he no longer will feel that way, perhaps some misunderstanding is at the bottom of it and a frank discussion will clear it up, or perhaps he is really dissatisfied with his marriage, and the only solution is a separation.

In many cases of this kind the situation is so complicated that the man is unable to figure out by himself just how he feels and the help of a psychiatrist is necessary, but in other less difficult situations once the person is given an idea of how his trouble might have arisen, and is willing to be frank with himself, he can figure the whole thing out unabated.

Fear due to something quite unconnected with sex may result in impotence. Often this is of a temporary kind and disappears as soon as the cause of the acute anxiety disappears. But sometimes once impotence has developed it does not disappear even though the thing which seemed to bring it on in the first place is no longer present. Thus anxiety due to economic insecurity may result in impotence. What has happened in this case? Practically everyone in modern society has some neurotic traits, which show themselves as relatively unimportant symptoms, such as occasional nervous indigestion, headaches, shyness, a tendency to worry more than the situation warrants, and so forth. These neurotic symptoms and a host of others, one or more of which may be present in any individual, are due to two factors: first, faulty childhood training which has made the individual slightly neurotic; and second, his present emotional difficulties, minor marital difficulties, and so forth, which, acting through neurotic channels, produce the complaints. The individual is not seriously disturbed by these
symptoms, and they are cited merely as evidence of the underlying tendency to neurasthenia in everyone. However, when a man loses his job, or sees that he may lose it, he naturally is worried and justifiably so. In addition to this he is more irritable and critical of himself and others. This at once affects all of his personal relations and exaggerates all his nervous traits. Former minor quarrels now become major fights. Headaches, formerly two or three a year, now occur two or three times a week. Occasional premature ejaculation now becomes the rule. As soon as the nervous symptoms become really disturbing he begins to worry about them, and will often say that he is now more concerned about his health than about his job. Once this state of affairs has become established, it is often the case that an improvement in the economic situation has little or no effect on his nervous symptoms, since they were never really caused by the economic worry but merely stirred up by it. Under these circumstances it will help him to see whether some of the factors described in the first part of this article are at work.

Although impotence, partial or complete, is primarily due to nervous factors, other things often help or hinder; among these are the general health, fatigue, behavior and attitude of the sexual partner, frequency of intercourse, and so forth. Often the two people involved are so reticent about talking the matter over that they fail to adopt some simple procedure which could easily be discovered if they discussed it frankly, or else some annoying characteristic of one partner or the other, which in itself may be very trivial, is made important by the effort to ignore it. It is impossible to go into details here, but if each person will make an effort to put aside feelings of shame and prudishness and discuss the matter openly with his partner a great deal can be accomplished. It may turn out that there are certain things of which they are both ignorant, and in this case they should consult the family doctor or a psychiatrist.
"Quaker Oats"

THE Quaker Oats Company has agreed to discontinue its false advertising claims. The company has stated in advertisements that Quaker Oats is the "only protective food rich in Vitamin B that combats nervousness and constipation"; that "Vitamin B is oatmeal vitamin"; and a number of other imaginative claims. (FTC 01411)

* * *

Tilden Company

ONE of the largest fines ever imposed in such cases, was recently assessed against the Tilden Company of New Lebanon, New York. The Federal Court of New York City fined the company $4,000 because it distributed a great number of drugs and medicines which were inferior in quality. Before buying such products readers should determine whether or not they are made by this company. (PR, Department of Agriculture)

* * *

"Bell-Ans"

A HEARING has been ordered in connection with certain allegedly false claims made for Bell-Ans, a preparation widely advertised for indigestion. The Federal Trade Commission charges that Bell-Ans will not relieve or cure digestive disturbances and indigestion, and also that the use of this medicine may cause constipation; that in Vitamin B that combats nervousness and constipation; that is oatmeal vitamin; and a number of other imaginative claims. (FTC 01411)

* * *

Edna Wallace Hopper, Inc.

EDNA WALLACE HOPPER, INC., manufacturer of cosmetics and toilet preparations, admits that it has overstressed the bounds of honesty and truthfulness in its advertising claims. Anyone riding the subways in New York has seen Edna's lovely face and form with the usual blurb built up around her "Special Restorative Cream and White Youth Pack." (FTC 1707)

* * *

Macfadden Again

THE Macfadden Institute of Physical Culture, owned by Bernarr Macfadden, was ordered by the Federal Trade Commission to cease advertising that its correspondence course in physical culture would rid victims of rheumatism, heart trouble and hardening of the arteries. We also suggest to the Federal Trade Commission that they look into a few of Macfadden's publications for advertisements that are both misleading and dishonest. The big muscle and exercise man accepts almost every piece of trash in his advertising columns.

* * *

Gimbel Brothers

GIMBEL BROTHERS, the well-known New York department store, has been found guilty of falsely advertising wine as "1928 Blend." According to the Federal Trade Commission, there was such a small amount of wine of the 1928 vintage in the product that it could not be honestly designated as being of that year's vintage.

SEPTEMBER, 1936

HEALTH and HYGIENE

Mineral Oil

DEAR DOCTOR:

I have a criticism to make of HEALTH AND HYGIENE. I find that you are not up to date on much of your information. For example: I received your mimeographed sheets on constipation and in it you recommend mineral oil. Now late findings have proven that mineral oil paralyzes the bowel. This is just one instance. Cod liver oil is also now proven harmful, yet it is recommended in your pages. Your readers expect HEALTH AND HYGIENE to be in advance and in step with all new discoveries even if these mean discarding many physician's pet recommendations. Nevertheless, I am continuing my subscription for the next two years. I consider HEALTH AND HYGIENE valuable enough regardless of the above criticism.—M. B.

Answer—We appreciate your frank comment. If we knew the source of your information, it would be a little easier to understand the basis for your statements. But even without such knowledge we will do our best to correct your impressions.

In the first place, in case your information is gathered from medical reports in the newspapers, we must inform you that many of these reports are incomplete, often incorrect, and often distorted by reporters who are more interested in writing a good story than in realizing the facts. Frequently, newspapers will publish reports of new theories as substantiated facts while actually these theories are still unproven or not completely developed.

Doctors of Health and Hygiene are, of course, not infallible, and they may occasionally be a month behind in getting wind of some minor new development in medicine. But rest assured that there is nothing of major importance that has escaped their attention. Furthermore, a most honest and thorough effort to evaluate the reliability of all new work and to determine whether such work is safe to pass on to the laymen, is always made. For instance, if the information on the dangerous reducing drug, Di-Nitro-Phenol, had been kept from the newspapers and charlatans until its reliability had been carefully tested, many lives would have been saved and much illness avoided. So, our hesitation in disclosing half-baked discoveries to you is for your own safety and protection.

You state that mineral oil paralyzes the intestines. In paralysis of the intestines, the bowels refuse to move. Try this experiment yourself: take two or three tablespoonfuls of mineral oil twice a day, and see whether your bowels refuse to move. We can save your time, however, by telling you offhand that your bowels will move.

You also state that cod liver oil is harmful. This is totally false. Of course, by giving animals tremendous doses we can cause various disorders. But doctors do not prescribe for their patients one-hundredth the dose necessary to cause such effects. Cod liver oil still remains at this writing important and indispensable for the infant.

It is true that where the cause of a disease is unknown, treatment varies and changes and depends largely on the physician's experience. In such circumstances we recommend those measures which are most harmless, and which in almost every field of medicine are still imperfect, and which treatment must await further effective research.

We hope this letter will clear up your misconceptions. We shall be glad to hear from you again if this answer does not completely satisfy your doubts.

* * *

Hay Fever

DOCTOR:

I am unemployed and want to know whether I should spend $35 for the "ionization treatment" for seasonal hay fever of the ragweed type. There was a recent article in a newspaper telling how successful this "ionization treatment" was in London in ninety per cent of the cases. Is the treatment worth $35?—P. L.

Answer—The recent newspaper accounts hailing the "wonderful" new treatment for hay fever "recently" discovered in London, is to say the least, grossly exaggerated.

THE DOCTORS OF THE PEOPLE'S HEALTH EDUCATION LEAGUE, including specialists in almost every field of medicine, will answer readers' questions on health and personal hygiene. No letter will receive attention unless it is signed and accompanied by an addressed, stamped envelope.

MINERAL OIL

Chicago, Ill.

DEAR DOCTOR:

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This "ionization treatment" with zinc salts is not at all new. The method was in vogue thirty years ago but there followed a long period during which its usefulness was doubted. About seven years ago it was reintroduced in this country by some nose and throat specialists. Since then a number of articles have been written on the subject which may be summarized as follows:

1. There is not a universal opinion of its use in treating hay fever.

2. The most recent articles indicate that its value in the treatment of seasonal hay fever due to pollen, is almost nil. It affords better relief to perennial hay fever (hay fever occurring all year round and not due to pollen).

3. That the action of the ionized zinc solution is practically identical with the action of strong caustics (like phenol) which had been used previously in the treatment of different types of hay fever.

4. That where relief is obtained (usually in the non-seasonal case) it is not permanent and not always complete.

5. And finally that it may lead to unpleasant complications, the most frequent of which are:
   (a) Anosmia—loss of smell.
   (b) Inability to tolerate smoke.
   (c) Appearance of asthma following treatment.
   (d) Development of neurotalgia about the face.

In view of these facts, we advise all those contemplating the use of the ionization method not to do—nor until the issue is first settled between the opposing groups of doctors. By then the method will by then have demonstrated the best form of treatment giving relief (to about 80 per cent of hay fever sufferers) but not cure, is the injection method. (See article in the July, 1935, Health and Hygiene.)

**Mongolian Idiocy**

Warren, Ohio

Dear Doctors:

Please be good enough to give in some detail the causes and characteristics of the Mongoloid type

Answer—First it should be emphasized that Mongoloid idiocy has nothing to do with the Mongolian peoples. It is merely an accepted term used to designate a type of idiocy.

Mongoloid idiocy is a hopeless condition. Why it happens has not yet been answered by medical science. Frequently two perfectly normal adults—say the parents of a Mongoloid idiot—just as any other mal-development or malformation may occur in the process of the development of the fetus, so also some form of degeneration of the brain leading to one or another forms of subnormality or even idiocy.

Regarding the characteristic features of Mongoloid idiocy: all Mongoloid idiots look alike and frequently they are mistaken for kin. There is a peculiar Mongolian type of face. The eyes are set close together and are slanting. Often there is an extra fold of skin at the inner corners of the eyes. The head is round and large. At one year of age the circumference of the head is often two inches below the average measurement. The hands are short and thick, especially the fingers. The muscles are poorly developed and the joints are marked relaxation of the joints. The tongue is usually large and prominent. The child generally drools at the mouth.

Mongoloid idiots are very backward in developing. Often they do not hold their heads up until they are a year old; they frequently do not walk before the second or third year. Speech is greatly delayed, and seldom normal; though with thought they even show very little resistance to infections and generally die in infancy or early childhood. It is rare for a Mongoloid idiot to survive the age of thirteen. Frequently they succumb to pneumonia or tuberculosis. They are restless, inattentive, and can be taught only with the greatest difficulty. They are generally good natured, are not destructive, and it is seldom necessary to isolate them from normal children.

**Sulphur Dioxide Poisoning**

Los Angeles, Cal.

Dear Doctors:

I work in a large refrigeration plant and in repairing the units there is a gas, sulphur dioxide. As we test the workers while this gas all day long I would like to know whether it is harmful. The only effect it seems to have is a clogged up feeling in the head which disappears by the next morning.—S. F.

Answer—Sulphur dioxide is a gas with a penetrating sulphur-like odor. Besides its use as a refrigerant, it is found in large quantities wherever sulphide ores, lead, iron, zinc, copper, and so on, are smelted. It is also used for bleaching operations, particularly in paper mills. Exposure to an atmosphere containing twenty parts of sulphur dioxide to one million parts of air will cause fatal asphyxia in a couple of minutes, accompanied by smarting and tearing of the eyes. In larger amounts, a choking sensation is experienced with an inability to take a breath. Such exposure may lead to acute bronchitis and pneumonia. Instances of severe burning of the lining of the bronchial tubes and of the lungs have been reported. Fortunately, such instances are rare.

Where workers are exposed to sulphur dioxide gas in small amounts it has been found that these workers can grow accustomed to fairly high concentrations of the gas without too great discomfort. However, due to one or another forms of subnormality or even idiocy.

Circumcision

Somerville, Mass.

Dear Doctors:

Could you enlighten me as to the relative merits, if any, of having a "Mohel" perform circumcision on a newborn baby instead of having a doctor do it. Personally, I feel the doctor is just as capable, but the family insists that in such matters the "Mohel" is better qualified. I would greatly appreciate your opinion in this matter.—R.N.

Answer—It is true that "Mohels" or persons who perform the ritualistic circumcisions have had wide experience in the performance of this operation. However, most of them do not observe a strict aseptic (sterile) technique with the result that not infrequently an infection occurs which may be very serious. Recently two cases came to our notice in which deaths occurred, one as a result of peritonitis following an infected circumcision wound, the other from hemorrhage. Both these operations were performed by "Mohels." In this long list of cases which will occur in all "Mohel" performed circumcisions performed by "Mohels" there are many cases on record of tuberculosis and syphilis transmitted to the baby through the practice of sucking on the circumcised organ in order to promoting clotting.

Circumcisions should be performed by qualified physicians and surgeons. The baby should be in good physical condition before he is circumcised. Furthermore, the exposure to bleeding and coagulation of the blood should be limited. No circumcision should be performed unless the bleeding and coagulation time of the blood are within normal limits. Moreover, a baby should weigh at least six pounds before the operation is performed. Finally, under no circumstances should the circumcision be performed if the baby is jaundiced.

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**Ingrrown Toe Nails**

Harrisburg, Pa.

Dear Doctors:

Will you please print a few general remarks on ingrown toe nails. My fifty-year-old son and I have been having them on and off for the past few years. I treat them but they always seem to come back.—T. M.

Answer—If one were to examine the big toe nail or the nail on the thumb which is structurally identical with that of the toe, one would notice the so-called familiar white "moon." This portion, and the portion behind it, which cannot be seen because it is covered by the cuticle and its adjacent tissue, is where the nail begins to grow. The part of the nail or "nail plate" in front of the moon is of a pink color. This is due to the fact that since the nail is attached to the underlying structures or nail bed and is translucent, it will transmit whatever color is sent through it. The color of these tissues is pink because of the small blood vessels (capillaries) present. A little closer observation will reveal ridges or lines running longitudinal-ly through the nail. These lines or ridges indicate the direction of growth of the nail. This explanation is given because of many erroneous ideas concerning the cause and treatment of ingrown nails.

In many instances the cause of ingrown nails is the improper cutting of the nail. Too nails should be cut straight across with slight rounding of the corners. Cutting the nail at an acute angle at both its corners is the usual start for this painful and sometimes dangerous condition.

The "nail flap," made up of soft tissue, is that portion of the toe which lies to the sides of the nail. This should normally remain in contact with a straight, smooth nail. However, if a sharp point is produced by improper care of the nail, an ill-fitting shoe or shoe, the nail flap will press against this angulated nail. If pressure continues, the soft tissue will be penetrated producing severe pain and often infection.

Thus, though improper nail cutting initiates the trouble that arise in ingrown toe nails, it is nevertheless true that the most important factor in this chain of events is the wearing of improperly fitted shoes. The process of growth would tend to straighten out the wrong and cut over the foot too tightly.

Children often get ingrown nails due to an oversight on the part of the parents who allow them to go without shoes or stockings which, but it cannot overcome the pressure of tight-fitting, narrow, cramming shoes. For this reason women suffer more from this condition than men. It is well to remember that stockings and socks may also encase the foot too tightly.

Health and Hygiene

SEPTEMBER, 1936. 31
and health conditions for Southern workers are a menace to the wages, living and health conditions of all American workers whether they be in the North, West or East. Every struggle of the Southern workers to improve their living conditions should be supported by all interested in elementary human rights. What will the Southern workers be fighting for higher wages so that they can improve their living conditions and enable themselves to pay for a physician's services. Their struggles to obtain civil rights should be supported so that among other things the workers will have the right to demand adequate public health services and facilities.

The present administration has done very little to safeguard the Southern people's health. Health departments in many localities have been forced to shut down completely or have discharged many of their physicians and nurses. Appropriations for the control of malaria by drainage or screening of swamplands have been pitifully small. The tremendous rise in malaria incidence from 1932 to 1934 is proof enough of that. Vaccination against diphtheria, typhoid and smallpox is non-existent in many sections of the South. With the Republican administration in power there is even less chance of getting public health action. The workers of the South in industry and agriculture must be encouraged in organizational activity so that their voices in the fulfillment of a minimum program of health service will be heard. If they fight hard enough they will get it. Inevitably their organized struggles will be sufficient to send representatives of a genuine people's party, a Farmer-Labor Party, to the state capitol and to Washington to help them win their fight for decent living conditions and adequate health service.

Health and Hygiene

Editorial

Continued from page 2)

What brand of balsam oil are you looking for?

Are oil burners or coal stokers more economical for heating a house?

Do you want to pay 10 cents for a stock certificate that may cost you $25 or more?

Do you know which of the following materials is the most shock resistant?

Who will win the next baseball game? Will the protection of the consumer be provided for?

Are friends and relatives more important than health and hygiene?

What is the best way to affect a permanent cure?

In the acute and chronic conditions affecting the feet, an ingrown toe nail may prove painful and annoying. Sufferers from such conditions should have their nails attended to at the first sign of trouble. There seems to be prevalent among laymen the somewhat erroneous idea that by thinning the center of the nail with a piece of glass or a file the ingrown portion is removed under aerobic conditions. In the chronic state a radical operation is often the only way to affect a permanent cure. Infections from ingrown toe nails should not be minimized. For people suffering from diabetes, hardening of the arteries, and certain diseases affecting the feet, an ingrown toe nail may prove dangerous. Sufferers from such conditions should have their nails attended to at the first sign of trouble.

Artificially Colored Oranges

Yonkers, N. Y.

Dear Doctors:

Is the color added to oranges harmful?

The answer to the question of whether or not the color added to oranges is harmful has been: Not Acceptable. The statement reads: "Is the color added to oranges harmful?... Not Acceptable." Consideration of this issue, it will mean a check of whether or not the color in question is harmful. The Consumer Union will rate and report on competing brands of shoes. Hosiery, shirts, radios, drugs, cosmetics, etc.

CONSUMERS UNION

OF UNITED STATES, Inc.

CONSUMERS UNION is non-profit, membership organization of consumers. Professor Colston E. Warne, of Amherst, is president; Arthur Kalley, co-author of 106,000, DRESDEN: F. H. R. G. 0. F. 6., New York, director, and E. R. Palmel, technical supervisor; Heywood Broun, Bruce Gurr, Rose Schneiderman, Osmund L. Flood, and other prominent liberal and labor leaders.

CONSUMERS UNION provides UNBIASED information to consumers in its periodicals and reports by impartial consultants on the competitive value of competing brands. It will appeal to consumers in monthly issues of CONSUMERS UNION Reports, copies of which are sent to members.

CONSUMERS UNION gives the following advice: You in the August issue of CONSUMERS UNION Reports does not contain the report of the Consumer's Bureau. The present administration has done very little to safeguard the Southern people's health. Health departments in many localities have been forced to shut down completely or have discharged many of their physicians and nurses. Appropriations for the control of malaria by drainage or screening of swamplands have been pitifully small. The tremendous rise in malaria incidence from 1932 to 1934 is proof enough of that. Vaccination against diphtheria, typhoid and smallpox is non-existent in many sections of the South. With the Republican administration in power there is even less chance of getting public health action. The workers of the South in industry and agriculture must be encouraged in organizational activity so that their voices in the fulfillment of a minimum program of health service will be heard. If they fight hard enough they will get it. Inevitably their organized struggles will be sufficient to send representatives of a genuine people's party, a Farmer-Labor Party, to the state capitol and to Washington to help them win their fight for decent living conditions and adequate health service.

Health and Hygiene

and all other progressive periodicals and labor books,

available at the Modern Bookshop

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DETOIT, MICH.