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JANUARY, 1938 15 Cents

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Do You Know How to Shave?
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CARL MALMBERG, Editor
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HEALTH AND HYGIENE
Magazine of the People's Health Education League

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Questions and Answers

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

Home Treatment of Nasal Infections

Middlefield, Ohio

Dear Doctors:

Can you tell me if the use of argyrol, metaphen, merthiolate, or other such antiseptics can safely be used at home in treatment of nasal infections?

Answer—The self-treatment of nose and throat infections is generally useless and sometimes dangerous, regardless of the nature of the antiseptic used. While it is true that nose specialists use "tampoes" (cotton plugs) of argyrol and other antiseptics in treating nose and sinus conditions, this constitutes only a part of the treatment and by no means the most important part. The silver-containing preparations are definitely valuable in certain conditions (gonorrhea, eye infections) but cannot be depended upon to have a significant effect on naso-pharyngeal infections. There is, furthermore, the danger that this constitutes only a part of the treatment and satisfaction, and where the latter is absent the former may be expected to be all the more demanding. Although there are individual differences in sexual needs, most young men pass through a period, before they have developed some means of satisfaction, when sex is very urgent, ever alert to respond to stimulation, and constantly present in thought. That this is so need not cause the individual no concern. It is not the individual who is abnormal but rather the society and the artificial state it produces.

Double Chin

Los Angeles, California

Dear Doctors:

Please tell me how to correct double chin.

Answer—Double chins occur usually as part of the process of aging. The skin, with increasing age, loses its tone and relaxes and sags. This is due to actual changes in the supporting (connective) tissues under the skin and in the muscles. The process is the same for wrinkle formation. Putting on weight (fat) naturally accentuates a double chin, though the choice may lie between a smooth double chin or a wrinkled chin. Exercise and massage, by improving blood flow and muscle density (Continued on page 26)

The Sexual Urge

Baton Rouge, Louisiana

Dear Doctors:

Is it abnormal for a young man in his teens to experience intense sexual excitement upon slight stimulation, such, for instance, as merely being in the company of a young woman whom he likes?

Answer—To be able to discuss the normality or abnormality of your particular reactions we would need more information than you give us in your letter. In the absence of such information we can only offer you certain general reflections on sex and its place in our society.

Approved sexual morality discourages non-marital sexual relationships and imposes definite social penalties on those who indulge in them. It also creates restraints and inhibitions through the usual methods of education both in and out of schools. From the beginning children are forced to reject their sexual impulses and feelings by the disapproving attitudes of their parents and teachers. Naturally the result is that most individuals succumb to emotional conflict when they arrive at the age of sexual maturity, that is, at adolescence. Unfortunately there is a considerable lag between biological and cultural maturity, and no account is taken of this lag in our accepted cultural patterns. Thus the individual is physically ready for sexual activity long before he is able to marry, and often, because of the artificial prolongation of his dependence in the family, long before he is emotionally and socially mature.

Therefore it is certainly not abnormal for a young man to be easily stimulated sexually. There is a fairly consistent relationship between desire and satisfaction, and where the latter is absent the former may be expected to be all the more demanding. Although there are individual differences in sexual needs, most young men pass through a period, before they have developed some means of satisfaction, when sex is very urgent, ever alert to respond to stimulation, and constantly present in thought. That this is so need not cause the individual no concern. It is not the individual who is abnormal but rather the society and the artificial state it produces.

Syphilis—A Challenge

By Paul de Kruif

On a hot day in August, 1937, Chicago citizens had the strange experience of seeing two thousand young people, mobilized by the National Youth Administration, parading through the Loop to the City Hall, carrying banners reading, "FRIDAY THE THIRTEENTH IS AN UNLUCKY DAY FOR SYPHILIS" and "HELP CHICAGO STAMP OUT SYphilis." After being addressed by Dr. Herman Bundesen, Health Commissioner of Chicago, they were harangued in the following manner by the present reporter:

Today is Friday, the thirteenth, and it is going to be a mighty unlucky day—for syphilis.

Today Chicago has shown the world something new in the fight for life—young citizens, by thousands, marching, massing to wipe out a plague that wrecks the lives of uncounted millions of America's people.

A year ago, syphilis, for you young folk and for your parents, too, was mysterious, a secret shame. Its name could hardly be whispered among respectable people, though many good citizens were maimed by it, and die.

Today you have dared to march under syphilis-defying banners. You challenge its deadliness in the streets. It is you young fighters—God bless you—who have smoked out one of mankind's most secret enemies out into the open.

Make no mistake about the fact that you young men and women are the true soldiers in this war that will be nothing if it is not made the whole people's fight for life.

We have healthmen—federal, state, city—and thousands of doctors, too, all of them eager and willing to battle the deadly microbe, to stamp out the sneaking spirochete that today blinds, maims, drives mad, and murders thousands of Chicago's citizens.

These scientists, these doctors, are the generals, captains, yes. But you and your fathers and mothers must be the soldiers. And who ever heard of generals and captains that ever
Is mother love self love? A psychiatrist explains how mothers sometimes go wrong.

**Mother Love under the Microscope**

"**MOTHER love is self love," said Dr. William Allan Neilson, President of Smith College, in a recent address. Dr. Neilson was telling of the progress of education at Smith, and after saying that they were making steady progress in solving most problems he remarked that there was one problem which remained about the same, namely, parents and their relations to their children and their relations to their daughters (and he might have added sons). Then he said half humorously, "Mother love is self love.

At once the newspapers were deluged with letters, some taking him to task for profaning one of the most sacred of human emotions, and others complimenting him for speaking frankly. Johnstone drew a series of cartoons, one of which showed a rebellious but cowed small boy being hounded to his piano lessons by a stern-faced mother who said, "He's got to get his lessons."

After the war, women were found to be just as anxious about their children as men were. The same was true as to education. In sublimated form it is responsible for the care of the child, of the mother, and behind an imposing facade of success, mothers can sometimes lose track of the child, and behind an imposing facade of self-sacrifice, a woman who only led to defeat of her purpose.
The mother had been the youngest child in her family. She had two older sisters and a much older brother who had died shortly before she was born. This boy had been the idol of his parents, and an unusually brilliant and promising student. The father and mother were bitterly disappointed that their youngest child was not a boy, and did not attempt to hide their feelings. Consequently, the girl felt inferior from the start, resented the fact that she was a girl, and developed an overpowering affection for her parents, and an unusually brilliant and inferior from the start, resented the fact that her much older brother who had died shortly before she was born, had previously built her life around, and after his death she did not see the way this problem is being solved in the Soviet Union. The reason women have been emancipated, the same social and educational opportunities are open to them as to men, and are safe in predicting that the kind of woman who is resentful at being a woman will rapidly become a rare phenomenon. Compare this with the situation in the fascist countries, particularly Germany, where one of the cardinal points of the system is the relegation of women to “Kinder, Küche, und Kirche”—to breeding, cooking, and churchgoing. Such a program will produce good mothers, who will consider it an insult to their intelligence and an unfair denial of equal opportunities for development. Instead of good mothers, such a system will produce bad mothers, women who have to dissemble and pretend that they are content while subconsciously they bitterly resent their position.

UNFULFILLED LONGINGS

This meant the sacrifice of everything she had previously built her life around, and after the first excitement of marriage had worn off she began to long for the career which was now impossible. However, there still remained a way to have a career, and that was to have her children do what she had failed to do. This she set out to accomplish with grim determination, but with results that were disastrous.

It is not hard to see that this woman’s “mother love” was really self love. She was in reality striving constantly for her own aggrandizement; although what she was doing seemed so that they could be successful, happy, and satisfied individuals, but in order to satisfy her own unfulfilled longings. She was quite willing to push them into work which they cared little for, because she cared for it. This robbed them of satisfaction in whatever they did achieve; she got the satisfaction, they did not.

Girls who “should have been boys” in order to satisfy their parents have a hard time of it. They develop an abnormal love, often have a subconscious hatred of men which makes it difficult for them to adjust themselves to marriage. They often resent having children since it gives emphasis to the fact that they are women. When they do have children it is often difficult for such women to respond to them with that spontaneous affection which is part of the care every child needs in order to grow up normally. It is a great mistake, however, to regard this problem as purely emotional, and the conditions of our social existence that have brought about the overvaluation of the male and have imposed many unfair restrictions on women. It is interesting to see the way this problem is being solved in the Soviet Union. There, women have been emancipated, and the same social and educational opportunities are open to them as to men, and we are free in predicting that the kind of woman who is resentful at being a woman will rapidly become a rare phenomenon. Compare this with the situation in the fascist countries, particularly Germany, where one of the cardinal points of the system is the relegation of women to “Kinder, Küche, und Kirche”—to breeding, cooking, and churchgoing. Such a program will produce good mothers, who will consider it an insult to their intelligence and an unfair denial of equal opportunities for development. Instead of good mothers, such a system will produce bad mothers, women who have to dissemble and pretend that they are content while subconsciously they bitterly resent their position.

AN UNHAPPY MARRIAGE

Another woman had a fairly normal childhood and looked forward to marriage and children as a desirable goal. She married a man somewhat older than herself who, while charming enough during the courtship, turned out to be a domineering autocrat as a husband. She discovered her mistake soon after marriage, but while trying to decide whether or not to give the marriage up she became pregnant.

At first uncertain about what to do, she finally decided to make the best of it. Even though she did not love her husband she felt that she could gain some happiness by loving her child. She tried to suppress her bitter resentment at her lot and to put down the feeling which was the strongest link in the chain that bound her to the man she did not love. Starved for affection, she turned the full force of her love on the child. She sacrificed herself for him, babied him, over-protected him. She did things for him which he should have learned to do for himself. She was constantly afraid that harm would come to him. As a result she kept him from much of the normal play of children in which there is always a slight element of risk. This prevented the child from developing courage, self-reliance, and the ability to stand the stresses of life. It prevented him from growing up emotionally and made a lag between his physical growth and character development.

In the meantime what had happened to this woman’s former resentment against the pregnancy and the child who had tied her to an unhappy marriage? She still did not love her husband and it was still a fact that the existence of the child bound her to him. Every time her dislike for her husband became keen she turned again to her love for her child. In the meantime what had happened to this woman’s former resentment against the pregnancy and the child who had tied her to an unhappy marriage? She still did not love her husband and it was still a fact that the existence of the child bound her to him. Every time her dislike for her husband became keen she turned again to her love for her child.

People usually look upon the overprotecting, worrying attitude of some mothers as evidence of love for their children. It is, to be sure, evidence of love, but not of love alone; it is love mixed with other elements.

ABNORMAL “LOVE”

Love alone does not constantly anticipate disaster and danger. It sees danger where danger exists and takes the proper steps to guard against it, but it does not see serious danger where the likelihood of it is slight. It recognizes that everything in life is to some degree dangerous, and therefore ignores many possible but improbable dangers. It realizes that the important thing for the growing child is to develop a proper discrimination between slight and serious danger. If the child does not develop this, there is likely a child who will underestimate the really serious dangers because he has been taught to overestimate trifling risks.

This abnormal, exaggerated “mother love” is often a mixture of love plus an unconscious rejection of the child because of a rejection of the husband and marriage. It is love plus an exaggerated element which is a defense against this unconscious feeling of rejection of the child. It is a form of excessive mother love which is often harmful to its effect on the child.

We could go on and give many more examples, but we will restrict ourselves to commenting upon those already cited. In the two examples given, the first of the woman who resented being a woman and so made a bad mother, and the second of the woman who would have made a good mother if it had not been for an unfortunate choice of a husband, it is clear that in neither case is the mother herself responsible for her attitude. The first woman developed as she did quite naturally as a reaction to the attitude of her own parents, and the second as a result of a quite natural reaction to an unhappy marriage which was chiefly her husband’s fault. If we wished we could go back into this autocratic husband’s background and show how he developed into an unreasonable autocrat as a result of the conditions under which he had been brought up and to which he had been exposed in the course of his life. This seems to bring us to a point where we can’t place the responsibility on anyone; it is not the parents’ fault but the grandparent’s fault, not the grandparent’s but the great-grandparent’s, and so on.

(Continued on page 28)
Do You Know How to Shave?

By LOU KAYE

MEN have been shaving ever since women began to complain about being scratched in the middle of a kiss. Shaving probably began when some primitive man got tired of that complaint, and also realized that it was a waste of food to have his beard continually falling into his soup bowl and robbing the stomach of its due. We have come a long way since the cave man first ineffectually scraped his face with a dry flinty stone. The science of barbering has grown since the cave man first shaved as the next man’s. But when a scientist takes the opportunity to look at a freshly shaved face under a microscope, he sees a striped, bloody, raw, unhealthy looking slab of skin cleaners and shock absorbers there would be a great deal of reliable scientific information on the technical aspects of shaving. There isn’t anyone formula. There simply isn’t any one formula.

The Quest for a Perfect Shave

You might think that in these days of vacuum cleaners and shock absorbers there would be a great deal of reliable scientific information on the technical aspects of shaving. There isn’t. Our scientists and technicians get up in the morning, brush their teeth, go through the daily torture, bolt breakfast, and hustle off to the laboratories that are as clean shaven as the next man’s. But when a scientist takes the opportunity to look at a freshly shaven face under a microscope, he sees a scarred, bloody, raw, unhealthy looking slab of skin. If he happens to know that a man who shaves daily for fifty years sends approximately 5,300 cubic centimeters of skin and 6,200 cubic centimeters of hair down the drain in all those years, it doesn’t help much. The trouble is that faces are not all the same; they vary as much or more than foot sizes and shapes. It would be very uncomfortable if everyone had to wear the same kind of shaving tools to fit thousands of different kinds of faces. The shaving surface varies in a large number of particulars: the thickness of the hair, the angle that the hair makes with the skin, the amount of oil in the

The blade must be sharp: It need hardly be stated that the sharper the blade is, the easier the shave will be. Almost all safety razor blades are made of steel that is in itself adequate for the job. What is important is keeping the cutting edge sharp. Don’t hesitate to stop the blade. Keep the blade clean and dry. Rust and corrosion are minor matters as far as sharpness is concerned, but they affect the skin.

5. Be careful when stretching the skin: Stretching the skin is done in several ways. The guard bar on your safety razor stretches the skin slightly. For some men this is sufficient. For others it is necessary to stretch the skin by movements of the facial muscles, or by hand. Stretching removes the microscopic wrinkles and furrows, and allows the blade to cut all hairs equally. Over-stretching raises sub-surface bumps on the skin and results in shaving off too much skin with the hair.

Health and Hygiene

6. Keep the face wet and lathered: Keep the razor wet with hot water, and the face well lathered and wet throughout the shaving operation. Leave the most difficult portions of the face until the last, since the longer the hair is in contact with water and soap, the better. Rinse thoroughly before using a lotion and powder, if these are used.

In no case is a lotion necessary; the so-called “antiseptic” lotions are not antiseptic and they do nothing but impart a tingling sensation and pleasant odor to the skin. Powders are not necessary either. Electric shavers have lately been widely advertised as God’s gift to man. As usual, the claims made are extravagant. The electric shaver has one great advantage over the ordinary razor—for some men. Those whose skins are irritated by the ordinary method of wet shaving, or who are prone to develop infections of the beard, will benefit by the use of an electric shaver because such a device is definitely less irritating than a razor. Men with heavy, dark beards who must shave twice a day can also use the electric shaver to some advantage.

Electric Shavers Tested

The chief disadvantage of the electric shaver is that it is impossible to get as close a shave with it as with an ordinary razor. Moreover, it takes some time to learn to use an electric shaver with efficiency. Once the process is learned, few people can get a good shave in the same amount of time as that required with a razor. People who travel will not find an electric shaver very satisfactory because electrical outlets will not always be available or conveniently situated. All electric shavers are expensive.

In testing electric shavers, Consumers Union of the United States found the Schick shaver the “Best Buy.” Two other brands were found “Acceptable,” and all the others, including the Packard Elektro-Shaver which is advertised in

(Continued on page 27)
Health on the Job

The Dusty Trades

Silicosis shows almost no external signs in the early stages. Workers engaged in sandblasting, mining, quarrying, grinding and polishing with abrasive wheels should be frequently examined and x-rayed to insure early diagnosis. Silicosis has been known to develop when disability or death supervenes. When this occurs the affected worker should be transferred to a less dangerous job and awarded compensation when disability results.

Poisonous Solvents

Due to the highly poisonous nature of many of the ordinary solvents used in industry (benzene, acetone, chloroform, etc.), there has been a decided increase in the use of mixed solvents. Controlled experiments with mice have shown, however, that the effect of these mixed poisons on the system is in most cases equal to the effect of the sum of the component poisons. Although there are one or two exceptions to this rule, it is now clear that the use of mixed solvents will not solve the problem. The best protection is adequate exhaust facilities and ventilation.

Skin Diseases

There are more than 900 industrial occupational hazards. Of these the most common are the dermatoses or skin diseases, which have continually increased during the past ten years. In 1935 there were 684 cases in New York State, comprising 69 per cent of all industrial illnesses lasting two weeks or more. In the restaurant industry last year there were 105 claims due to industrial dermatitis. Next in order were service industries, fur, garment, food, manufacturing, cosmetics, printing, and construction. The high rate of skin diseases could be radically reduced if working conditions were improved. Added facilities for keeping clean, such as shower baths and individual lockers, are needed before substantial improvements can be expected.

Exposure to Cold

Workers who are exposed to cold weather are particularly susceptible to respiratory diseases. A survey of longshoremen and shipyard workers in England and Wales has shown that the incidence of respiratory diseases such as pneumonia and tuberculosis is more than twice as high among these workers in several American steel plants who are exposed to outdoor temperatures in winter have three and one-half times as much pneumonia as their fellow workers doing similar work indoors.

There is no good reason why compensation should not be given in these cases.

Machines to Suit the Worker

In the designing of machinery altogether too little attention is paid to the comfort and convenience of the worker who will operate it. This results in decreased efficiency as well as increased hazards to health. For example, the mule-spinner's cancer to which textile workers are particularly susceptible could be very materially reduced if the oil which causes it were kept from scattering about. Trade unions should be in a position to investigate new machines before they are installed, and ensure that their members are protected against increased fatigue and danger.

Lead Baths

Industrial lead baths at high temperatures are dangerous sources of lead poisoning. Large amounts of lead escape into the air, especially when the surface of the bath is stirred. The lead hardening processes in the making of steel, wire, tools, and cutlery are particularly hazardous in this respect. The best protection is adequate exhaust facilities and ventilation.

Accidents and Injuries

Dr. M. N. Nawquity of Chicago in a recent report gave some startling figures on the cost of industrial accidents in the United States. Using figures compiled by the Bureau of Labor Statistics, he estimated that the annual cost of industrial injuries was five billion dollars. During the past three years there have been 25,000 fatalities, 3,000,000 injuries in which time was lost, and 87,000,000 minor injuries. These figures are low since there are many accidents and resultant injuries which are not recorded.

January, 1938

Health and Hygiene

The second of a series of articles describing the care given women during childbirth.

And Mothers Still Die – Needlessly

Childbirth through the Ages, II

In 1663 John Oliver of England wrote a little book with the quaint title: "A Present to Be Given to Young Women by Their Husbands or Friends Containing Scripture-Directions for Women with Child, How to Prepare for the Hour of Travel." The expectant mother was exhorted to put her trust in prayer, repentance, and resignation. As a matter of fact this advice was about as useful as could be expected, for very little practical aid was available at that period. For the majority of mothers, no one trained in version or turning the baby was at hand. The ignorant midwife still reigned supreme in the lying-in chamber.

In sorrow shalt thou...

In 1522 a Doctor Wett of Hamburg was burned to death for putting on a woman's clothes to attend and study a case of labor. In England a Doctor Willoughby crept into the lying-in room on his hands and knees to assist his daughter, a midwife, at a delivery. Until the obstetrical forces were invented there was little point in calling a doctor to a labor case because he had to remove the child from the mother before he could operate. New machines before they are installed, in order to protect their members against increased fatigue and danger.

THE CONTROL OF INFECTION

Childbed fever or, as it is now called, purperal infection, is the chief cause of death from childbirth. Formerly it was a terrible scourge. Before the days of asepsis and antisepsis the disease swept through the great lying-in hospitals, claiming countless victims. To Ignatz Semmelweis of Hungary is due the credit for discovering the true nature of purperal fever. His life was one long tragic fight to overcome the opposition to his teachings that infection was spread by the unsterile hands and instruments of physicians. The story of this
fight against ignorance is important enough to warrant separate telling. It was Dr. Oliver Wendell Holmes, better known for his literary and sterile gowns, and after lengthly scrubbing guards necessary to guard mothers from infection and isolated from all other types of antiseptic procedure was necessary if mothers were to be spared from needless death in childbirth.

Today it is known that ceaseless precautions must be taken to prevent infection during birth. Mothers should be delivered in good maternity hospitals and isolated from all other types of cases. Doctors and nurses wear masks, caps, and sterile gowns, and after lengthy scrubbing of their hands, use sterile gloves. The safeguards necessary to guard mothers from infection are costly and are still not available for many mothers. Therefore, throughout the United States infection causes thousands of needless deaths annually.

In recent years the status of maternity care in the United States has been investigated and found woefully deficient. In 1933 a brief report on maternal deaths from a study made in fifteen states was published by the Children's Bureau of the United States Department of Labor. Since then groups of doctors in various cities and states have investigated conditions in their communities and published the results. The facts disclosed were so startling that the newspapers and magazines set up a great hue and cry. Dr. Morris Fishbein of the American Medical Association did not like to have the searchlight of publicity turned on a disgraceful situation in this manner. He therefore published the ridiculous statement that "in the days of midwives and buggy doctors mothers got on fairly well and in some instances better than present day mothers." Such a pronouncement indicates an unwillingness to face known facts.

Maternity care has come a long way since the days of buggy doctors. Doctors now know what day are normal, in another one are given and now they are beginning to ask why the majority of American mothers are not getting that care. A large group of prominent physicians have stated the principle that the health of the people is direct concern of the government. This surely includes care of mother and child.

Socialized Medicine in Tasmania

A system of "nationalized medicine" is soon to be set up in Tasmania, according to a dispatch in the London Times (April 18, 1937). Ten medical men will be appointed next year—the first of the state-appointed doctors. These doctors will be adequately paid and treated in the same way as other civil servants. Doctors and clinics will be made available to all citizens, and parents will take their children to state doctors in the same way in which they now send them to state schools. Under the new system the doctors will be free from economic worries and fears, and will be able to give their services without fee according to the needs of the patients rather than according to their ability to pay. This is the second of a series of articles on the history of obstetrics. The third article in the series will appear next month.

The Constipation Complex

The declaration of principles and proposals recently signed by 430 prominent physicians was a heartening sign of a progressive tendency among a section of the American medical profession. The proposal particularly welcome to physicians and the American people is the one that recommends an improvement in the quality of medical education. The emphasis in this proposal is primarily upon improvement of education in medical schools and postgraduate centers. Undoubtedly, however, the signers of the declaration also had in mind an improvement in the medical education of the lay public, of the whole American people, and if such a proposal is not implicit in the declaration, it must become so. For among the many needs of the people, there is an urgent need for sound information about health and the elementary rules of hygiene and preventive medicine. Such an educational campaign undertaken with the co-operation of federal, state, city and private agencies will go a long way towards overcoming the pernicious influence of the profit-seeking, health-destroying patent medicine manufacturers.

In the field of laxatives and cathartics this influence is particularly pernicious and calls for remedy. The most effective remedy is sound health education. Such education will save the public millions of dollars a year and much unnecessary suffering.

The Question of Frequency

A common bit of misinformation promoted by the drug barons is that it is necessary to have a bowel movement every day in order to maintain good health. The fact is, however, that frequency of bowel evacuation has not the slightest relation to good health. There are many people who have an evacuation once in two or three days and are in perfect health. There are also many whose bowels move only once a week, and who do not suffer the slightest inconvenience. There is a case on record of a man who went for a period of more than three months without a bowel movement. Of course, after so long without a movement one is certain to have some symptoms and this man, indeed, complained of some pain in the abdomen. He also belched a good deal, felt weak, and had lost some weight. However, after his colon was cleaned out by an enema he recovered rapidly and had no ill effects whatsoever.

Such experiences teach two important lessons. The first is that there is no divinely ordained rule that a bowel movement is necessary every day. People differ widely in appearance, intellect, and various talents. Everybody recognizes that such differences exist and that, except in the case of identical twins, no two persons in this world are alike. Yet in spite of this fact people find it difficult to understand that there are also differences in the activity of the bowels. In one person two movements a day are normal, in another one every two days, and in a third one every week. As far as bowel movement is concerned, everyone is a law unto himself.

What Nature Designed

It is obvious, therefore, that many people who think they are constipated are really not. The test of good bowel function is not whether evacuation follows the rules deceitfully set up by patent medicine advertising, but whether an evacuation is performed without difficulty or excessive straining and without a feeling of fullness caused by waste material remaining in the rectum. In other words, what is important is not how often the bowels move but how completely they move. It would be advisable for those who complain of constipation to consult a physician and try to find out with his help what nature designed, not what Ex-Lax decrees.

The second lesson that the study of bowel function teaches is that even when the bowels do not move and true constipation exists, there is no cause for alarm or for anticipation of calamity. The colon may be likened to a flush pipe existing outside of the body. Even if waste matter does accumulate in the colon the body suffers no harm. The bogy of auto-intoxication was laid low many years ago by scientific study. The fallacy was described in detail in the art-
The Constipation Scare, appearing in the May 1937, issue of *Health and Hygiene*. The nonsense about auto-intoxication is now revived chiefly by drug manufacturers who want to frighten people into buying a product to cure an imaginary evil. In fact, laxatives tend to make the waste matter in the colon capable of causing harm. A firm stool in the colon is perfectly harmless; the trouble usually starts when fright causes a person to take a bottle of *Pluto water* or a dose of *Sal Hepatica* or *Ex-Lax*. Then the stool becomes loose and liquid and in this state bacteria multiply rapidly and any poisons they give off will be more readily absorbed. But even if the poisons get into the blood, they are quickly destroyed by the liver and kidneys.

**FUNCTIONAL CONSTIPATION**

If true constipation exists so that bowel evacuation is difficult, incomplete, or painful, a rational and effective treatment is possible only after a careful physical examination. The physician will then be able to say whether the constipation is organic or functional. Organic constipation is due to organic disease, usually somewhere in the digestive tract. Such diseases as ulcers, tumors, or inflammation can cause constipation, and if the doctor's examination fails to reveal evidence of organic disease he may consider it advisable to have an x-ray examination of the intestines. Such a complete investigation is particularly necessary in an adult who has previously had regular and satisfactory bowel movements and who suddenly begins to notice a change in the character or frequency of movements or who begins to complain of gas or pain in the abdomen, associated with constipation. Often such changes and the appearance of new symptoms associated with constipation mean that a tumor has developed and is responsible for the constipation or other symptoms.

In the great majority of instances, however, constipation is not caused by organic disease but is functional in origin, that is to say, due to errors in personal hygiene or difficulties in working or living conditions. Failure to obey the call to stool when it is felt can, after a certain time, lead to constipation. Normally, when the waste material reaches the rectum, the call to stool is felt. If the sensation is frequently disregarded the rectum becomes insensitve to pressure and constipation results.

Why do people neglect the call to stool? As a rule such neglect is attributed to laziness. This is not correct, however. The call is neglected because another impulse or feeling dominates the consciousness and makes the person indifferent to or unaware of the sensation in the rectum. Thus when a worker is worried about the performance of his job he will not pay attention to the impulse to defecate. Or, when a schoolboy who usually moves his bowels in the morning after breakfast is late to school, the fear of punishment and the necessity of rushing to school will make him forget his usual evacuation. Likewise, the department-store salesgirl who is being watched by spies or who has to maintain a sales record under heavy pressure will not feel the urge to defecate. Even if she does she may continue to defer to her place, and so the foundation for a true functional constipation is laid.

Another important cause of true functional constipation is inadequate or bad toilet conditions. It has been found in many housing surveys that there are hundreds of thousands of homes without private toilets. In many other hundreds of thousands of homes, offices, factories, and shops the toilet facilities are so inadequate or poor that going to the toilet becomes an unpleasant task and is avoided as much as possible. In this way, too, the basis for a true constipation is developed.

**EFFECTIVE TREATMENT**

It becomes evident, therefore, that constipation is a disorder of bowel function caused to a considerable extent by social and economic factors. Psychological factors also play an important role. The manner in which they determine bile behavior was partially considered in the article entitled *Bowels and Bladder Training in Children* in the December, 1936, issue of *Health and Hygiene*.

Effective treatment of habitual constipation will depend on how well the individual is able to overcome some of the handicaps of his environment. There are several ways in which this can be done. In many instances relief will be obtained simply by discontinuing the daily purge with laxatives or cathartics. Many persons will be surprised to discover that they will then have an adequate movement every two or three days and that they will feel much better than they did when using a laxative.

In all cases of constipation it is also necessary to re-establish good bowel habits. In the first place this means that whenever the call to stool is felt, it should be obeyed. As a rule it will be felt after breakfast for it is then that the bowels are on a trigger-edge and that the entrance of food into the stomach starts up a reflex whereby the waste material in the colon is driven onward into the rectum by contractions of the intestines. Sufficient time should be taken to insure that the evacuation is complete. Those who are constipated should spend at least fifteen or twenty minutes on the toilet seat. There may be no impulse to evacuate the first few days or weeks, but patience will be rewarded for as the time the sensitivity of the bowels will return and proper evacuation will occur.

Primitive people are rarely troubled by constipation. Perhaps the chief reason is that they are able to bring the muscles of the abdomen and rectum fully into play. They assume a crouching position at stool so that the abdomen is up against the thighs. In this position evacuation is much easier. The high toilet seats used in civilized society do not permit the most effective use of the muscles employed in defecating. The best way to overcome this handicap is to use a footstool about nine inches lower than the toilet seat. With the feet on the stool, pressure can be exerted more effectively and evacuation becomes easier.

Exercises and sports are valuable health measures and in many persons will overcome constipation. In others, however, they are of little value. Many persons whose only exercise is lighting cigarettes are never troubled by constipation, whereas some athletes are.

Drinking several glasses of water daily will help some and be of no help to others. The value of water drinking has been very much over-rated.

A great deal has been written about the importance of diet in the cause and treatment of constipation. A prevalent belief is that the use of concentrated, refined foods, with insufficient bulk or roughage, is responsible for the development of constipation. It is true that the diet of civilized peoples does contain a high percentage of refined foods such as milled cereals, white bread, and sugar. The addition of bulky foods such as raw fruits, raw and cooked vegetables, and whole-grain cereals and breads will no doubt help some persons to overcome constipation. These foods furnish roughage and bulk which stimulate the colon to activity. It is also true that an equal or greater number of persons will not be benefited by going on a vegetable and fruit diet. If they are benefited at all the relief will be only temporary, for if the underlying fault in living or working conditions is not corrected the constipation could not be cured even if sawdust were eaten. In many persons the addition of more fruits and vegetables to the diet will aggravate constipation, or even cause colic or gas. The differences in the effects of roughage

(Continued on page 19)
PNEUMONIA SEASON IS HERE!

Thousands of lives will be saved this winter because some city health departments are beginning to use modern methods.

PNEUMONIA has been called the "captain of the men of death" because it affects so many people, young and old, and is responsible for so many deaths. It strikes with dramatic swiftness and chooses many of its victims from those who seem perfectly healthy and vigorous. Of all the great killers, only heart disease and cancer take a greater toll. There is a great deal more that we must learn before we can successfully cope with these diseases, but with their nearest rival, pneumonia, we have made great progress. Science has enabled us to check and cure in a rapidity the once deadly progress of this dread disease which in the course of a few days can kill even the healthiest human specimen.

Why then, we may ask, does pneumonia still kill almost 100,000 Americans every year? This is a legitimate question, and it is because more and more people are asking it that we are just beginning to take steps that will reduce this needless slaughter to a fraction of what it is today.

Almost everyone has had some personal experience with this disease, but until recently few people had even heard of the life-saving methods of combating it. Before we discuss these methods we will explain the nature of the disease itself.

A GERm DISEASE

Pneumonia is an acute inflammation of the lungs due to bacteria. By "acute" we mean that the onset of the disease is sudden, the symptoms are severe, and the term of illness is short. The bacteria or germs which cause pneumonia may be of many types but the vast majority of cases are caused by the spherically shaped bacteria called "cocci," and particularly by a special group which, because of their frequent occurrence in pneumonia, are called "pneumococci."

The inflammation of the lungs may be scattered in small areas around the air tubes or bronchi, and may involve both lungs; this type is called "broncho-pneumonia. The small areas of the lung thus affected are called "lobuli" and because of their involvement broncho-pneumonia is sometimes known as "lobular pneumonia." On the other hand, the inflammation may involve one large division of a lung called a "lobe." This type is called "lobar pneumonia" and usually affects only one lung.

Broncho-pneumonia rarely affects healthy people. It usually affects infants, old persons, or those who have been made weak by illness, injury, or surgical operation. It may run a long and irregular course, lasting from weeks to months. It is caused by a wide variety of bacteria and is not affected by the specific treatments used in lobar pneumonia. Since it is usually superimposed on another illness, the way to prevent broncho-pneumonia is to prevent and adequately treat these other illnesses.

We are chiefly concerned here with lobar pneumonia. This is the disease which people have in mind when they speak of "pneumonia." It affects apparently healthy, vigorous children and adults without apparent cause. It comes suddenly and without warning. After a very severe illness, lobar pneumonia leaves the patient rather suddenly, and usually leaves no harmful after-effects.

TREAT A COLD WITH RESPECT

The cause of the disease is a germ of the pneumococcus type. Many healthy individuals carry pneumococci in their mouths without bad effects. If, however, a person has had a cold, or if he is chilled, exhausted by severe manual labor, or exposed to wetness, the body's natural resistance to the bacteria is lowered and the pneumococci are able to invade the weakened body. This is why pneumonia is particularly common among outdoor laborers and soldiers in time of war. For these and similar reasons it affects men more often than women, Negroes oftener than whites, and is more common where one finds poor housing, overcrowding, poor nourishment, and inadequate clothing.

Many doctors believe that pneumonia is always preceded by an ordinary head cold. Certainly many colds are forerunners of pneumonia. Therefore, it is important to treat every cold with respect if one is to forestall pneumonia; one should get extra rest and preferably go to bed until the cold is cured.

Favorable conditions having been set up and the body's resistance weakened, the pneumococci invade the lung and cause an inflammation. This inflammation spreads rapidly to involve an entire lobe of one lung. (There are two large lobes on each side, and an additional smaller one on the right side. A lobe is therefore approximately half of one lung.) The affected lobe becomes filled with fluid, which forces the air out of it so that the patient cannot breathe with this part of the lung. The inflammation also extends to the covering of the lung (the pleura) and causes pleurisy. This shows itself in the occurrence of severe pain in the chest, and may lead to the formation of fluid or pus around the lung.

The Symptoms

With the foregoing information we are in a position to understand the symptoms of pneumonia. The rapid invasion of the lung as well as the blood stream by the pneumococci causes a "chill," that is, a severe sensation of cold accompanied by shivering, which lasts about half an hour. At the same time the temperature rises rapidly, reaching 104 or 105 degrees in a few hours. The congestion in the lung causes coughing, and the expectoration is slightly bloody. The pleurisy causes severe pain in the side and this is made worse by breathing and coughing. The patient breathes very rapidly and the pulse is rapid. Later, since he cannot get enough oxygen into his blood his lips and nails appear blue. The fever remains high and the patient is desperately ill for about a week or ten days and then, suddenly and for no apparent reason, he begins to sweat profusely, the fever falls rapidly to normal, and the patient feels almost entirely well. This dramatic change from desperate illness to apparent well-being is called the "crisis." A crisis does not occur in all cases; sometimes the patient improves slowly. However, after a crisis, which is a favorable sign, the lung begins to clear, and in a few days no sign of inflammation remains. Unlike other diseases, the patient is left with no after effects. Sometimes, however, the fever may continue for more than ten days and it is found that pus has formed around the lung.
of oxygen in the air the patient breathes is not enough to assure a sufficient oxygen supply to the tissues of the body generally. If the patient is given air that is 50 or 60 per cent oxygen, his oxygen intake is tripled and thus the diminished lung function is compensated for.

Oxygen is best given by means of a tent which covers the entire bed. This is a very expensive procedure, but fairly effective substitutes may be used such as face masks or nasal tubes connected to oxygen tanks. Need not to say, such treatment increases the need for careful nursing and supervision.

The most important advance in pneumonia treatment is the use of concentrated specific sera. When an animal or man is infected with pneumococci, the blood develops substances which combat the pneumococci, and when this happens we say that the blood serum has become immune. If such immune serum is injected into a mouse, it is possible to protect the mouse against injections of pneumococci which under ordinary conditions would be powerful enough to kill thousands of mice. When horses are injected repeatedly with pneumococci, their blood serum becomes immune and it can be used to help human beings infected with pneumococci.

When this form of treatment was first undertaken it was necessary to inject such large amounts of serum that patients sometimes became very ill. But methods have since been devised to concentrate and refine the horse serum so that it is necessary to give only small amounts.

**TYPING IS ALL-IMPORTANT**

A greater difficulty arises from the fact that all pneumococci are not alike. There are kinds of pneumococci which, although they look alike, react differently. Immune serum which gives protection against one type of pneumococcus is of no avail against another type. It is necessary, therefore, to prepare different sera for the different types of pneumococci. So far thirty-two distinct types of pneumococci have been discovered, some of which are rather uncommon. The most common types are believed to be those known as types I, II, and III. However, during certain years and even during certain months within a year other types may become more prevalent. The types (Continued on page 24)

**The Constipation Complex** (Continued from page 15)

foods on the activity of the intestines simply illustrate that all people are not alike in the way their intestines work and that the type of constipation varies in different people. What is helpful to one person may be of no value to another or it may even be distinctly harmful.

Brain is a tough food that is harmful to the great majority of people. It irritates the intestines and can even cause intestinal obstruction. It has harmed more people than it has helped, so that it is now almost universally rejected by physicians in the treatment of constipation.

There are many laxatives available for the treatment of constipation. Doctors choose them, however, according to the individual needs of the patient and not according to the proclamations of advertisements. There is no harm in a suitably chosen laxative such as mineral oil, Agar-Agar, or Cascara Sagrada if it is remembered that they are to be used as temporary measures to help in the replacement of bad living habits by good habits. If these bad habits cannot be replaced by good habits it may be necessary to continue the use of a laxative indefinitely.

Enemas like laxatives, should be used only as temporary aids in the re-establishment of good bowel function. They are no more harmful than laxatives, providing it is remembered that it is not necessary to use more than one or two times a day, and that irritating teaspoonful of table salt to every two glasses of warm water and that irritating meals should be avoided. When the above facts are clearly understood and acted upon, enemas may be used with advantage.

**Radio “Education”**

"There is a danger that radio and the movies will in time be used as a nation of grown-up children. Radio must be prevented from stopping the growth of the American mind."—George Henry Payne, Federal Communications Commissioner.
A Labor Party Looks to Health

Quick Action

There have lately been many stirrings among the medical profession, consumer groups, and progressive people in general to indicate that there is widespread dissatisfaction with our present system of the distribution of medical care. None of these, however, gives as much promise of tangible results as the recent announcement by the American Labor Party of New York State that it has placed a state health insurance bill in No. 1 position on its list of "must" legislation.

The fact that the American Labor Party has come to grips with this pressing problem only a few weeks after the election which for the first time gave it some real measure of legislative power, emphasizes and shows the truth of the statement often made by Doctors and Physicians, that only through the independent political action of labor and its allies can we expect a solution of the health problems that face the great majority of our people.

With the question of health insurance brought to the fore, it is pertinent again to point out what we consider the essential features of a good health insurance bill. These are:

1. The inclusion of all workers and their dependents in the plan. Domestic, agricultural, migratory, and unemployed workers should not be excluded.

2. Medical care must be complete, including dental care, nursing, hospitalization, medication, laboratory tests, and special services.

3. The cost of insurance should be borne by those able to pay, not by those who are to benefit from the plan.

4. Physicians and other medical workers under the plan must be in the hands of medical experts. However, the lay beneficiaries of the plan must have a voice in the administration of the non-medical aspects of the plan.

5. Control of medical problems under the plan must be adequately paid. The plan must be as effective as the London dispatches serve its purpose.

But regardless of the rantings and misrepresentations of Fishbein and his reactionary colleagues, health insurance is bound to come, and action such as that of the American Labor Party of New York is the best way to hasten its arrival.

Psoriasis

Psoriasis is a common skin disease which is a nuisance both to patient and doctor, but for different reasons. To the patient it is a decided cause of annoyance since it produces an unsightly eruption of red, scaly patches varying in size and shape. These patches may occur anywhere on the body, including the scalp and face. While there is usually no itching associated with psoriasis, when the eruption occurs in the folds of the body, such as the armpits, the groin, the sex organs, behind the ears, or under the breasts in women, the skin becomes moist and full of scales. Under such conditions there may be itching or irritation sufficient to provoke scratching.

Patches of psoriasis vary in size and shape from tiny round spots to large patches covering most of the back or chest. They may assume bizarre figures of various shapes. The affected area assumes a deep red color and is covered with thick silvery or greyish scales, except when these are rubbed off. When the disease occurs in any of the moist areas mentioned above, very often the elbows and knees are involved. Sometimes the nails are affected with marked discoloration, line formation, crumbling, or accumulation of scales under the end of the nail. In some instances the palms of the hands and the soles of the feet are the seat of the eruption. The disease is quite unsightly, and this is the chief complaint of most affected persons. Sometimes the rash is mistakenly judged to be a symptom of syphilis and so is a cause for unusual alarm.

Cause is Not Known

Psoriasis must be listed among the diseases the causes of which are not known. There aren't even any plausible theories as to its origin. However, if there isn't much positive knowledge on the subject, there is quite a bit of negative information. The disease is not contagious. This is pretty definite, since no physician or nurse has ever caught it despite close contact with sick persons. The same holds true for members of the patients' families. An affected husband or wife has never been known to pass the disease on to the partner. While it has often been announced that a specific germ has been found, none of these claims have ever been corroborated, and it is the general opinion today that the disease is not caused by a germ.

It is thought today that psoriasis is due to some error in metabolism. The sum total of all the chemical reactions that occur in the body, and it is responsible for the proper working of all the organs and tissues of the body. Just where the difficulty lies in the case of psoriasis is a complete mystery. At one time several doctors discovered an increase of nitrogen-containing chemicals in the blood and thought this might be the explanation. However, the great majority of cases of psoriasis do not show such changes on examination.

"Cures" Usually Not Permanent

The endocrine glands (ductless glands which secrete powerful chemicals which regulate many body processes) were thought to be implicated since it was noted that women who became pregnant recovered completely from psoriasis, only to break out again after childbirth. But research and treatment based on this theory have also proved fruitless. The disease has appeared in different generations of the same families, so that a hereditary basis has been suspected. If this is true, the hereditary factors making for a tendency towards psoriasis are unknown.

It sometimes happens that a certain treatment can be effective in a disease even though the cause of the illness is unknown. However, in the treatment of psoriasis we must depend upon trial and error. Some forms of treatment help certain cases and not others. There is not one form of treatment that is good for all. Furthermore, when a certain type of treatment does clear up the eruption there is no guarantee that it will not return. In fact, recurrence is usually to be expected.

The psoriasis rash may behave in a number of ways. It may occur early or late in life. There may be few or many spots. The blisters may clear up spontaneously for no apparent reason and stay away for varying lengths of
time. A disease which fluctuates in this man-
ner, apparently of its own accord, may easily
deceive any one who attempts to judge the
value of a particular type of treatment that
happens to be employed. It is for this reason
that so many quack remedies as well as honest
medical cures have seemed to be successful.
People swear by this or that remedy because one
or two cases were apparently cured by it. All
"cures" fail, however, when tested by scienti-
fic investigation. None of them will cure
large numbers of cases which are carefully ob-
served by unbiased doctors experienced in han-
dling psoriasis.

**SALVES AND OINTMENTS**

It is quite natural, therefore, that psoriasis
should be one of the diseases that have been
greatly exploited by the patent medicine manu-
facturers. Countless salves and other remedies
have been and are being widely advertised for
use by persons with psoriasis. Most of those
who have used such ointments indiscriminately
have neither been helped nor harmed. Others
have suffered severe inflammations of the skin
from the chemicals contained in the patent prepara-
tions. Some people are sensitive to certain chemicals, others are not. Those who
know which substances they have been sensitive
to in the past would avoid them if they knew which preparations contained these substances.
But since proprietary drugs do not list the in-
gredients or their strength on the label there
is no way for the user of proprietary remedies
to know the very substances which they know
to be irritating. This is one of the chief dangers
of such salves. Physicians are always endeavor-
ning to discover new medicines, and they know
which ones have proved effective in the past.
There is nothing that is used in proprietary
drugs that is not known to doctors. Usually
the exploiters of commercial preparations merely
look up some medicine or chemical which has
long been used for a certain disease and in-
corporate it in their mixture. Don't expect any-
ting miraculous or new in a patent salve or
medicine; you'll be fooled every time.

Holding told you what not to do, what is
there that can be done for psoriasis? The most
that can be done is to clear up the eruption.
How long the improvement will last cannot be
predicted. The skin may remain clear for weeks,
months, or even years. Almost always the spots

break out again sooner or later and must again
be treated. There are cases, however, which are
stubborn to all forms of treatment and cannot
be cleared up. It is possible to maintain such
cases in moderately good shape by rubbing a
bland oil or salve into the spots, removing the
scales, and keeping the skin supple. It is better
to rely on such simple treatment rather than to
take chances with unknown and potentially
dangerous patent salves.

The first rule in the treatment of psoriasis is
that it be conducted or supervised by a com-
petent physician, preferably a dermatologist (a
skin specialist). Doctors don't know the cause
and cure of many illnesses, but at least they
know more about the matter than anybody else.

Many substances have been used in the treat-
ment of psoriasis, among them various chemi-
cals in the form of salves. It would be useless
to give a long list of the prescriptions which are
in common use. Aside from the fact that it
might encourage self-treatment, which is usu-
ally dangerous, each case must be judged indi-
vidually. The best known chemical employed
is chrysarobin, also known as chrysanthenol, and
various chemical derivatives which are designated by various chemical and
trade names. These chemicals are all strong in
their action and may cause an inflammation of
the skin if improperly used.

Injections of various kinds, including an ex-
tract made of ground-up scales from the pior-
iasis spots, have all failed and are useless.

**X-RAYS AND DIET**

Ultra-violet and x-rays are often employed,
and sometimes with very good effect. When
these forms of treatment work they do an
effective job. However, many psoriasis cases
are not sensitive to these rays and do not im-
prove under their action. The same is true for
natural sunlight; while some cases do well with
sunlight others have been known to be aggrav-
ated by the summer sunshine—why, we do not
know.

Diet has been tried and there are many claims
of success, which seldom, if ever, can be sub-
stantiated. The diets advocated have been
protein-free, fat-free, carbohydrate-free, and
salt-free, luckily not all at the same time, or the
cure would be worse than the disease. Whenever
there are many opposing theories concerning the
nature or treatment of the same sickness, all are
usually wrong. We may state categorically that

the diet "cure" for psoriasis is without any
scientific value.

Fever therapy has been tried for severe cases
of psoriasis, but so far the results are varied
and the number of patients experimented on too
few to allow us to form any judgment of its
value. Fever therapy is the artificial production
of fever by the use of various machines or by
the injection of protein substances foreign to
the body.

There are two chief reasons why research in
psoriasis has yielded almost no results. First,
nature conceals the cause of the disease cu-
ningly so that there are no arrows pointing in
the right direction for the correct solution of
the problem. Secondly, funds have not been
available to attack the problem effectively.
What research is done in this field is scattered,
haphazard, and ineffectual. While there is, of
course, no guarantee that full-time, adequately
paid investigators would discover the cause and
cure of the disease, at least such systematized
investigation would offer greater possibilities
than the present chaotic method.

To sum up, although there is no specific cure
for psoriasis, effective treatment can often be
obtained from competent physicians but cer-
tainly never from quacks or patent salves.

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**Who's Who on Our Advisory Board**

**Dr. Norman Bethune**

Norman Bethune, M.D., F.R.C.S., (Eng.), was born in a Presbyterian manse in
Gravenhurst, Ontario, in 1890. His father was the Reverend Malcolm Nicholson Bethune.
Having received his primary education in Ontario public schools, Norman Bethune was an
undergraduate in medicine at Toronto University when the World War broke out. He joined
the first Canadian contingent in 1914 as a stretcher-bearer attached to the Second Ambulance Corps.
He was wounded in action at Ypres in April, 1915, invalided home in December of
that year, finished his medical course and immediately re-enlisted, joining the Royal Navy and
serving until the Armistice in 1918 as Surgeon Lieutenant on H.M.S. Pegane.

In 1920 Doctor Bethune was appointed principal
medical officer in the Canadian Air Force. Later he was attached to the surgical staff of
the Sacred Heart Hospital, Montreal, and still later he became Chief of the Division of Thoracic
Surgery in the Royal Navy. He has held the position of Consulting Surgeon to the Department of
Pensions and National Health.

From these positions he resigned to accept the position of head of the Canadian Medical Mission
in Spain.

Dr. Bethune is internationally known in his special field of chest surgery, is a member of the
Council of the American Association of Thoracic Surgery, an author of note, and the inventor of
many new surgical instruments.

Notwithstanding his busy professional life, Doctor
Bethune has found time to take an active interest in other work. He founded and equipped
the Montreal Children's Art Centre.

On October 24, 1936, Dr. Bethune sailed for
Spain. After spending a week in the cow-
line trenches and making an intimate and careful
survey of the whole situation he reached certain
conclusions, to use his own words:

"I came to see they needed organization of
blood transfusion service, as only two or three of
the big hospitals were doing this. Many men were
dying as they lay in the stretchers in regimental
aid posts. . . . I proposed to the government that
the Canadian Committee should undertake this
particular job and finance it. They accepted with
great enthusiasm."

Dr. Bethune at once cabled the Committee to
Aid Spanish Democracy for confirmation. Aid
was promptly given and $6,000 was cabled. Since
then regular amounts have been sent to keep
the project going.

During the several months he spent at the
American Hospitals in Spain Doctor Bethune used
the latest Russian-American methods of collecting
blood, storing it at suitable temperatures in vacuum-
filled bottles and transporting it to any hospital
needing it, within a radius of twenty-five miles.
Today 90 gallons of blood are kept on hand, and
as blood is needed it is rushed out by special car
and transfused into the wounded soldiers. This is
one job that the people of Canada and the United
States have made possible by their contributions.

Next month: Paul de Kruif...
Are You Safe at Home? IV.

Fire Hazards in the Kitchen

BURNS and scalds cause about one-fourth of all injuries in the home, and more than half of these accidents happen in the kitchen. Children under fifteen years of age are the chief victims. Children's curiosity about foods cooking on the stove sometimes results in serious burns and scalds. Accidents may often be prevented by the simple precaution of turning the handles of all pots and pans towards the back of the stove. Children should be warned constantly of the danger of interfering with objects on the stove.

Be sure that all gas jets are turned off before leaving the kitchen. Remember that a pot which boils over can extinguish a gas flame and allow large quantities of gas to escape.

A pilot light, coal fire, or any open flame is dangerous when using flammable liquids for cleaning. This danger is so great and gives rise to so many fatalities each year, that it is best never to use inflammable cleaning fluids. It is the practice in some homes to have a special oil burner, but the oil burner itself is a menace and is not in the others, and in this way the type of pneumococcus responsible for the disease is identified.

The doctor now procures immune serum of the indicated type and injects it into the patient's veins at frequent intervals. In a successful case the illness occurs within some hours; consequently, the duration of the illness may be shortened from seven or ten days to two or three. More important than this, however, is the number of lives saved by the serum treatment. Latest reports show that at least half of the deaths from pneumonia could be prevented by prompt and proper use of sera.

The greatest success thus far achieved by serum treatment has been in pneumonia of the types designated as types I, II, V, VI, VII, VIII, and XIV. Although much work has been done in the field, no one has yet succeeded in producing a serum that is effective against type III pneumonia, one of the more common varieties.

A peculiar feature of type III pneumonia is that each germ is enclosed in a large mucous capsule, and it is believed that it is this protective covering that prevents the serum from reaching the germ.

WHEN DELAY MEANS DEATH

Proper use of serum requires early recognition of the case, early typing of the sputum, and early injection of large amounts of the proper serum. When serum treatment is delayed as long as the fourth day the results are no longer remarkable. Sometimes a delay of as little as a few hours means the difference between success or failure of serum treatment.

Until recently, no state or city in the nation had what could be called a definite mechanism for the control of pneumonia. People died unnecessarily not only because there were no facilities for the distribution of free serum but also because typing facilities were inadequate.

Pneumonia Season Is Here! (Continued from page 18)

from V to XXXII have not been recognized long enough to enable us to say definitely how prevalent they are.

The task of the doctor in treating a case of pneumonia is to discover immediately the particular type of pneumococcus he is dealing with. This is done by mixing samples of the patient's sputum with immune sera of different types and examining the mixture under the microscope. A reaction will indicate the type and in this way the type of pneumococcus responsible for the disease is identified.

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Recently, New York, Massachusetts, Michigan, and Connecticut have inaugurated programs of typing and serum distribution that will save thousands of lives annually, and in view of the publicity given to these programs and the results that may confidently be expected, a number of other states will undoubtedly soon undertake similar measures of their own.

Until this year not even the New York City Department of Health, which has done some of the most notable work in the field of pneumonia research, provided typing facilities on a twenty-four hour basis. This meant that if a citizen of New York City was stricken with pneumonia on a Saturday afternoon, he could not have his case typed in the City's laboratories until Monday, a delay which necessarily proved fatal in many instances. A series of articles by Karl Bostrom in the New York Post focused public attention on this deplorable situation and did much to secure appropriation of public funds to remedy it. Today, technicians are on duty day and night, ready to begin typing procedure immediately when specimens are brought to them, and as a result many lives will be saved.

When a patient has symptoms suggestive of pneumonia a doctor should be summoned immediately. Good nursing care should be arranged and typing and the serum treatment should be discussed without delay. If the patient cannot afford serum, inquiry should be made of the local health department. Modern treatment will greatly reduce the risk of a fatal outcome.

How to Take a Hot Foot Bath

HOT foot baths may sometimes be taken with benefit in order to relieve colds, headaches, or insomnia.

The patient should sit with his feet in water at about 105 degrees Fahrenheit. The temperature should then be increased gradually by the addition of hot water, but care should be taken not to scald the patient by pouring the additional hot water directly into his feet.

If mustard is to be added to the water, prepare a mustard paste by mixing dry mustard and cold water. Use one teaspoonful of the paste to each gallon of water.

After the feet have soaked for about fifteen minutes they should be dried gently, without rubbing, and the patient should go to bed immediately. He should not wait to put away his clothing or the bath equipment, or to do things that he may have forgotten. If there is any interval between the bath and retirement to bed any benefit that may be expected from a hot foot bath will be lost.

A hot foot bath may also be given to a patient in bed. In order to do this the following things are needed, besides the bath water and basin:

1. A towel.
2. A blanket.
3. Something with which to protect the bed; an extra towel or blanket, or several layers of newspapers will do.

Loosen the covers at the foot of the bed and fold them back over the patient's knees. Cover the feet and legs with a blanket, having it overlap the bed clothing in order to prevent it from slipping. Flex the patient's knees and place the bed protector under the feet. Place the wash basin on the side of the bed, lift the patient's feet and legs with one arm and slide the basin into place with the free hand, raising the elbow in such a way that the blanket is kept out of the water.

Lower the feet into the water and place a folded towel over the edge of the basin so that the patient's legs do not come in contact with the cold rim. Tuck the blanket closely around the tub and the legs.

When the bath is finished, withdraw the feet from the basin and place them on the towel if it is still dry. Dry the feet gently and thoroughly, cover them warmly, and remake the bed.

If, after having had the foot bath, the patient seems exhausted and perspires freely, the face may be bathed with cool water or a cold compress placed on the head.
Questions and Answers
(Continued from page 2)

velopment, may bring some improvement. There are always plastic operations, which in elderly persons are only of temporary benefit.

Garlic as Medicine

Dear Doctors:

Lowell, Massachusetts

Is garlic useful in the treatment of diseases? If so, which ones?—N. P.

Answer—The essential substance in garlic, as far as its use in medicine is concerned, is allium. Garlic was used frequently in ancient medicine, and it is still popular in some medical circles of Europe. Crushed garlic has been used for poultices from time immemorial. In Ireland, the farmers take it as an infusion with whiskey for colds and bronchitis. At one time garlic was used in the treatment of tuberculosis, and in Europe today it is still used to reduce high blood pressure.

There is, however, no scientific evidence to show that garlic has a favorable reaction in any diseases or conditions. In animal experiments, the feeding of large amounts of allium has caused anemia.

Concentrated Wheat Germ

Dear Doctors:

Cleveland, Ohio

I recently listened to a lecture given by a Dr. Hale. His ideas seemed logical, and he spoke of a food product which he manufactures. It is some kind of concentrated wheat. Could you give me any information about this product?—R. P.

Answer—So-called "doctors" who make or sell food products are usually not to be trusted. Reputable physicians do not make or sell food products for profit.

The "concentrated wheat" you speak of is probably nothing more than a wheat germ product which usually contains vitamin B. As we have often stated, the healthy person who eats a normal diet does not need special preparations of this kind.

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DOCTORS:

Is garlic useful in the treatment of diseases?

Answer—The practice of approved methods of birth control, regardless of the length of time followed, will not result in sterility.

If after the discontinuance of such methods a woman fails to become pregnant, failure will not be due to the long-continued use of contraception. In determining the cause of sterility it should be borne in mind that the husband is at fault in more than 50 per cent of the cases.

Sterility and Birth Control

Dear Doctors:

Denver, Colorado

Is it true that birth control, if practiced over a long period of time, may cause a woman to become sterile?—T. J.

Answer—The practice of approved methods of birth control, regardless of the length of time followed, will not result in sterility.

If after the discontinuance of such methods a woman fails to become pregnant, failure will not be due to the long-continued use of contraception. In determining the cause of sterility it should be borne in mind that the husband is at fault in more than 50 per cent of the cases.

Stamyl Tablets

Dear Doctors:

Richmond, Virginia

Stamyl Tablets have been recommended to me for use in securing relief from gas, belching, indigestion, and companionship. Could you give me information about this product?—E. M.

Answer—Stamyl Tablets, manufactured by the Winthrop Chemical Company (connected with the German Dye Trust), are supposed to contain extracts of pancreatic enzymes, ox-gall, and hemi-cellulose. The manufacturers claim that it will relieve putrefactive and fermentative dyspepsia and other disorders of digestion.

The claims are not based on any scientific evidence. There is no evidence that taking of pancreatic enzymes, ox-gall, or hemi-cellulose either separately or together will relieve any kind of intestinal disorder. In order to determine whether indigestion is caused by lack of enzymes it is necessary to perform very refined tests on stomach secretions, the blood, and stool. Even when a lack is detected—and the number of such cases is very few—there is no evidence that taking of extracts of enzymes in the form of tablets will relieve the condition.

The tablets are shot-gun mixtures, the exploitation of which is based on unscientific grounds. There are no habit-forming drugs in the tablets and they are unlikely to cause any unpleasant or serious reactions. That is about the best that can be said for them.

Thumbsucking

Dear Doctors:

Rockford, Illinois

How can I break my seven-months-old child of the habit of thumbsucking?

Answer—Most babies suck their thumbs. Thumb sucking is a normal activity in a baby's life and should not cause any alarm. Like any other activity it may be overdone, and in some cases the habit may not disappear as soon as it does in most children. In such cases one must look for the cause of the exaggeration of this normal habit, and try to remove the cause.

During the first year of life a baby gets much of its pleasure by way of its mouth. If the baby's feeding is interfered with, or if for any reason it is unsatisfactory, the baby will try to gain satisfaction by sucking its thumb. In such cases the feeding situation must be corrected.

If something is wrong with the mother's nipples the baby may not get full satisfaction at the breast. Most difficulties with mothers' nipples will improve quickly with proper medical treatment, and therefore an examination by a doctor is advisable. Of course, it is best to have the doctor begin to care for the nipples before the baby arrives.

When the baby is bottle-fed the trouble may be with the rubber nipple. The opening may be too small or too large. In either case the baby's feeding satisfaction is interfered with and the size of the opening should be adjusted to the needs of the child.

It is also important to awaken the baby fully before he begins feeding, and to keep him awake while feeding. The nursing should not last indefinitely but should usually take from ten to twenty minutes.

Another cause of prolongation of the sucking habit, especially in older children, is lack of play and companionship. If the baby is always left to itself, especially as it gets older, it will amuse itself by sucking its thumb. Playing with the baby, and, as it gets older, having the child play with other children will cause the habit to disappear.

It is not advisable to resort to such forcible means of prevention as binding the hands with adhesive tape or making the child wear stiff cuffs.

A Correction

In the Questions and Answers department of the December issue we made the statement that the blood spot in the yolk of an egg was a sign that the egg had been fertilized, and that such an egg was not strictly fresh. A great many readers have written to say that this statement is incorrect, and, upon investigation, we find that it is.

Blood-spotted eggs may be, and often are, laid by hens who have been entirely segregated from roosters. Blood spots are caused by the rupture of a small blood vessel in the hen at the time that the yolk of the egg breaks away from the tissue to which it is attached during its growth. An egg may therefore have a blood spot and still be perfectly fresh.

One correspondent states that the Jewish dietary law forbidding the eating of such eggs is based on Leviticus, 7:26, which forbids the eating of blood.

Scientific Shaving
(Continued from page 9)

The Journal of the American Medical Association as an instrument useful in massaging the scalp and face, filing and polishing the finger nails, and in "dental hygiene," as well as in shaving, were found to have poor performance. Essentially, then, the rules for a good shave by the time-honored method are: Plenty of water, plenty of soap, plenty of time, and a sharp blade. But regardless of how scientifically we go about it, shaving is still an awful nuisance. Nevertheless, it is probably better to put up with the annoyance of the morning shave, than to have to make up your mind every night as to whether you'll sleep with your beard over the blanket or under it.

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HEALTH AND HYGIENE

JANUARY, 1938

27
Syphilis—a Challenge
(Continued from page 4)
that Chicago's people demand the blood test, then the city fathers cannot deny them.
You do not have to demand the money to save the thousands of lives syphilis now destroys, or to avert its tragedy and sorrow.
You do not beg for the blood test, you demand it on the grounds of business.
For this is what you can tell your mayor and councilmen: "It's costing Chicago millions of dollars every year to maintain this horrid luxury of syphilis in the city, than it would cost our healthmen to wipe it out forever."
So, your comrades in this fight for life, the eyes of America are on you now. Strain your nerve to bring back the ballots! We have no worry about whether the votes will be yes or no. We only worry whether you can help us smash this one enemy—indifference.
If you can do that, one important step in the wiping out of this blight of syphilis has been taken.

The kids discharged their duty well. They delivered hundreds of thousands of ballots to apartment houses and tenements and there was a tremendous increase in the return of votes immediately after their delivery by these youngsters. Chicago voted 20 to 1 in favor of its citizens being given a free blood test, in strict confidence, by their own physicians. The blood testing is now gathering momentum daily. Its result is going to be the first accurate estimate ever made of the incidence of syphilis in a large cross section of a great American city. All found infected will, if unable to pay, receive free treatment for the disease. The example of Chicago is one that other cities would do well to follow.

Editor's note: Last September Health and Hygiene announced that it would provide free blood tests for syphils to anyone who wanted such a test. To date (December 18) we have provided 1,476 persons with the names of doctors to whom they are referred to do the tests free of charge. More than 15,000 extra "Syphilis Control Ballots" have been mailed to readers for distribution to their friends.

Following the example of Health and Hygiene, other organizations such as the International Workers Order and the People's Medical League have come forth with similar offers. We are glad to see others taking concrete steps in the campaign to wipe out syphilis.

Anyone who would like to receive a blood Wassermann test free of charge can do so by filling out and mailing to us the ballot on this page.

Mother Love
(Continued from page 7)
Where are we then? What can we do about it? The problem has two aspects, an individual and a social aspect. The individual can in many instances be treated psychotherapeutically so that the effects of faulty training can be changed into a pretty good one. This, however, is not very practical for the great mass of people who suffer from these psychological difficulties. Treatment of this kind is too expensive and time-consuming to be available to those who need it, and there are not enough trained psychotherapists to do it even if people could afford it. The only practical solution lies in changing the conditions which foster these undesirable personal traits. Bad social conditions make bad parents. As long as society fosters resentment being women. As long as society fosters unhappiness in married life, so long will many women resent marriage, their husbands, and, unconsciously, their children. As long as the survival of a man depends on his fighting with other men in his work, we must expect him to carry many of the same tactics over into his family life.

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Facts and Fallacies about Masturbation

By Frankwood E. Williams, M.D.

Because of the large number of requests that we receive for information about this subject, we are reprinting the article by Doctor Williams which appeared in the November, 1935, issue, copies of which are no longer available.

Of a great deal of unhappiness it need not be, if right thinking people let us know of a great deal of unhappiness. It need not be, if right thinking people let us know.

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

The physiological facts. The church has always held, of course, that it was doing the individual a service when it filled him with the idea of having the highest of all purposes.

It is giving altogether too much importance to a matter of comparatively recent times. It is as absurd to attempt to build moral principles out of the knowledge of the sex in the early Christian era, as it would be to try to build an automobile out of knowledge of the physics of sex.

There is nothing surprising about this, and there is nothing unhealthy about it. There is no other kind of relief available at the moment, and, unless we are to accept the religious view that one adds to his character through suffering, there is no reason why the individual should continue to suffer and thus be unable to apply himself to important activities.

Sexual-stimulation, of course, can arise from other sources than sexual intercourse or masturbation it will be eliminated slowly or at intervals by a process of nature itself. This process is so much in agreement with the urine that, for the individual, and has nothing to do with the seminal vesicles. The vesicles at this point is an excretion, and has no more value to the individual than any excretion. If it is not to be used as the purpose for which it was designed, there is no reason why it should not be gotten rid of—it if pressure causes discomfort.

It is true that semen is not discharged through sexual intercourse or masturbation it will be eliminated slowly or at intervals by a process of nature itself. This process is so much in agreement with the urine that, for the individual, and has nothing to do with the seminal vesicles. The vesicles at this point is an excretion, and has no more value to the individual than any excretion. If it is not to be used as the purpose for which it was designed, there is no reason why it should not be gotten rid of—it if pressure causes discomfort.

So, you see, the conflict about it. Masturbation, in such instance, is merely a temporary substitution of one act for another—act no longer satisfying, but sufficient for the immediate purpose. The one thing that should not be done is to feel guilty, or to attempt to deny the fact. Unfortunately we are to accept the religious view that one adds to his character through suffering, there is no reason why the individual should continue to suffer and thus be unable to apply himself to more important affairs.

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Briefly, it may be said that to attempt to pit one's will against any biological process—with the idea of completely suppressing that process—is not only engaging in a contest unfair to the individual, but foolish as well. One may try to strengthen one's will by refusing to eat, to drink, or to urinate. The absurdity of such a contest is obvious. One would not think of trying to strengthen one's will by refusing to eat or to drink too much, but, in the first place, what is too much is entirely an individual matter; and, in the second place, the effort in such an instance is not to deny entirely the desire to eat or drink.

The same holds true in the matter of sex or masturbation. One may try to exercise one's "will," it can be exercised much better by exerting thought and determination in the carrying out of some social project, rather than exerting it against an important personal biologic process.

In a degenerate society, or among a degenerate class in any society, with the individual as a whole as the object, the will has become highly personal—so that his feelings and whims and sensations are almost the only interest he has in life—sexual sensations of one kind or another are perhaps his greatest interest. The individual becomes preoccupied with matters of sex.

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

**A REALISTIC APPROACH**

We must be realistic about sex as any other matter. To be realistic about sex means to welcome one's sexual feelings and desires as evidence of one's humanity, and then go on about the more important tasks. If one wishes to exercise one's "will," it can be exercised much better by exerting thought and determination in the carrying out of some social project, rather than exerting it against an important personal biologic process.

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