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BEWARE OF "DRUGLESS" DRUGS

MARCH, 1938

15 Cents

PREGNANCY — REAL AND FALSE

The Baby's Formula

The Fight
For Medical Cooperatives

By Kingsley Roberts, M.D.

The Health of the Furrier

Stuttering is Curable
Syphilis in Industry

Freeing the Life Impulses

The Popular Health Magazine Written by Doctors
Coming in the April Issue of Health and Hygiene

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  The Hartford press is now running a sensational series of articles on the Rockland State Hospital for the insane. What are the facts about our state hospitals? This will give you the true picture.

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  BY PROF. GEORGE T. STAFFORD
  Good posture means more than "standing straight," and it is not attained by mechanically doing "exercises." A leading authority on physical education gives a common-sense view of the subject.

- Starting the Child on Solid Foods
  Takes up the subject of infant feeding where the article The Baby's Formula left off. Tells mothers clearly what, how much, and how often to feed the child from seven months to two years of age.

- In the Spring a Young Man's fancy...
  Springtime is the traditional season for romance, mating, and the freer play of the sexual instincts. What are the factors that have caused us to look upon the season in this way? And other interesting and helpful articles and features.

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The Health of the Furrner

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The Symptoms of Pregnancy

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Questions and Answers

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

Making Fruits Safe

Dear Doctors:

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

Answer—Many fruits and vegetables are sprayed with poisonous substances to protect them from insect pests. The poisonous substances commonly used are not soluble in plain water but are soluble in dilute mineral acids such as hydrochloric acid. Vinegar contains acetic acid which is not a mineral acid and therefore is not suitable for this purpose.

In order to be safe, all fruits and vegetables should be peeled, or the outer leaves removed, before being eaten or used in cooking.

Anabolic Foods, Inc.

Dear Doctors:

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

Answer—We do not analyze products, but according to the Anabolic Food Company's own statement, the obesity "cure" which you sent contains powdered and concentrated rhubarb, celery, spinach, cranberries, and Irish moss. In the case of the Gastrovej and Laxofood, the chief ingredient is probably rhubarb, a very mild laxative, the action of which depends upon its ability to irritate the bowel slightly and thus hurry the food through the intestinal canal before complete digestion and absorption can take place. Rhubarb is a common basic ingredient of many "fat cures" and is used for the reason indicated. Moreover, the diet that the company recommends to its customers to follow while taking their product, is in itself a reducing one, since all fattening foods are eliminated from it. Just as much benefit can therefore be derived by following the diet alone and chucking the Anabolic product out of the window. Finally, the ingredients themselves are cheap, and the market price of the products is ridiculously exorbitant.

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

How Many Hours of Sleep?

Dear Doctors:

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

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

People differ in the amount of sleep they require. Some can do a full day's work and feel well. (Continued on page 94)

March, 1938

Beware of "Drugless" Drugs

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

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

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

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

An expose of all so-called "natural" remedies sold for the relief of human ills.
Some plants will produce catharsis (emptying some from rare herbs, some are mined from some are synthesized almost entirely in the general, should be carefully avoided. It is this tween a drug extracted from a common which when taken by mouth produce an effect. Some are extracted from common plants and produce the same effect, but the latter is more convenient and dependable.

"NATURAL" REMEDIES

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

What is a "natural" remedy? Actually there is no such thing. A medicine or product which is useful in disease is a substance which under normal conditions of existence has an effect——it's neither "natural" nor non-habit-forming. Whether or not it is "drugless" depends upon the way you define "drug."

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

EDROLAX AND PLUTO

Other "natural" laxatives which act mechanically contain mineral oil, agar agar, or the emulsified mixture of the two, all of which are considered to be true drugs. Edrolax is a widely advertised laxative of this kind. Still other "natural" remedies of this kind are bare-faced panaceas which are advertised laxative of this kind. Still other "natural" remedies of this kind are bare-faced claims that they are "natural" remedies. All medicines produce unnatural effects on a diseased body, effects which tend to compensate for the unnatural effects of the disease itself.

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

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

A few examples will clarify the situation. The most widely exploited and perhaps the simplest example of the "drugless" drugs is the "natural" laxative or cathartic. There are three types of "drugless" laxatives or cathartics: (1) those which act by increasing the intestinal bulk; (2) those which contain "natural" mineral waters; (3) those which contain "natural" vegetable cathartics.
medicaments and drugs. Whatever acts on the
is no essential difference between
stance, be it animal, vegetable, or mineral, is
ble effect in disease, it is usually possible and
medicine fraud.

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 produce the same effect and both have exactly
extract of the vegetable and to use that. The

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

Thus, we have seen that if any natural sub-
stance, be it animal, vegetable, or mineral, is
in its virgin state producing a desirabil-
ity effect in disease, it is usually possible and
often desirable to extract the active principle
which produces the effect and to use that. There
is no essential difference between “natural”
medicaments and drugs. Whatever acts on the
body and is useful in medicine is by definition
a drug. If herbs found in nature can, as such,
produce the desired effect one can of course
use an herb. But if the herb is purified so that
it becomes what is usually known as a drug,
it does not become more dangerous or more
habit-forming.

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

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

The Fear of Drugs

We may conclude, therefore, that no oppo-
position should be attached to the word
“drug.” There is an essential distinction be-
 tween “drugless” medicines and drugs them-

There are no truly “drugless” remedies
which are of any value and there are no good
“natural” remedies which do not contain

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

The Baby’s Formula

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

Breast Milk Is Best

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

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

Unfortunately, there are millions of mothers,
especially in large cities, who are unable to sup-
ply enough breast milk to keep their babies sat-
isfied. In such cases it becomes necessary to

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

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

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

The Milk Modifier

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

HEALTH AND HYGIENE
eraly agreed that the most successful “arti-
cicial” milk formulas involve a reduction in the pro-
tein and fat contents of cow’s milk and an
increase in the sugar content. Accordingly,
generally speaking, the proportion of milk to
water is determined as two parts of milk to one
of water, with enough sugar added to make the
caloric content about twenty calories, or more,
if necessary, to an ounce of the milk mixture.

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

What additions to the mother’s milk or the
formula, as the case may be, should be made in
order to protect the baby against such condi-
tions as rickets or scurvy?

COD LIVER OIL

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

How the trade unions can answer em-
ployers’ demands for compulsory blood tests.

Syphilis in Industry

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

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

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

A DISCRIMINATORY MEASURE

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

HEALTH AND HYGIENE

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

It happens, however, that matters of health
are very much the affair of the people of this
country, whether they are organized in trade
unions or not, and that the workers in progres-
tive trade unions eagerly seek and expect the
help of their union officials not only in prob-
lems of organization but also in the attainment
of good living and working conditions. It is
entirely within the province of a trade union
official to consult competent physicians and pub-
lic health officials on health matters and to
transmit health information to the union mem-
bers. There is not a responsible public health
official or private physician who will not ap-
plied the efforts of a trade union or any other
organization when it participates in a public
health campaign or aids in educating its mem-
bers in the principles of sound preventive medi-
cine. The most progressive trade unions are
now actively engaged in sponsoring health talks
to workers on problems of industrial and personal hygiene given by competent physicians. Health and Hygiene would like to see more unions undertake such programs. The editors of Medical Economics should receive this elementary lesson in the real basis for preventive medicine in industry. Medical Economics is not the voice of the medical profession nor has it ever been considered such by medical men. It is more often the voice of the drug manufacturers, peddling their wares, and the gentlemen to which is distributed free to doctors. An organ that truly represented the best traditions of the medical profession would have told the truth about the problem of syphilis among workers. And the truth is that a worker with syphilis is never a danger to the public that buys the products made by the worker, if he is not in an infectious state. Transmission of a disease but it is transmissible almost exclusively by direct contact with a person having active, infectious syphilis. As Dr. M. J. Exner, acting director of the Bureau of Venereal Disease of the Newark Health Department, stated publicly: “There is no chance in millions of any hat-makers transmitting the disease to children wearing the hats.”

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

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

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

SYPHILIS NO CAUSE FOR DISMISSAL

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

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

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

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

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

Now we are beginning to look for syphilis at least, but when we find it, most employers, whether in government, or private industry, fail to employ. This defeats the very purpose of finding cases, which is to get them treated. It results in driving syphilis under cover. A person with syphilis who does not take treatment is not entitled to much consideration by society, but the patient who does take treatment should not be penalized. There is no danger that he will infect his associates. Most syphilis is non-infectious and perfectly safe by a very brief period of adequate treatment.

Treatment for syphilis is a long and expensive business. To create a horde of jobless and moneyless people with syphilis raises a prospect of social consequences that would horrified every active enemy of the scourge. Again, our voice is that of the Surgeon-General of the United States:

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

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

ULTERIOR MOTIVES BEHIND TESTS

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

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

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HEALTH AND HYGIENE

(Continued on page 91)
Poverty – the Chief Cause of Illness

An Inventory of Sickness

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

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

Could anything be better proof that the most effective way to improve the health status of the population would be to raise the income level of the lower-income group? Press comments on the survey have stressed its importance as an indication of the direct effect of illness on poverty and economic insecurity, but we prefer to look at it from the other point of view, that is, as an indication of the direct effect of poverty and economic insecurity on illness. We feel that the results of the survey should be seriously considered by those 4300 progressive physicians who recently stated as part of their principles and proposals that “the problem of economic need and the problem of providing adequate medical care are not identical and may require different approaches for their solution.” The problems may not be “identical,” but they are certainly closely related, and any measure that will serve to improve the economic status of the people will most assuredly have a profound effect on the health of the people and the need for medical care.

Increased Relief

Necessary

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

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

Stuttering Is Curable

By I. P. GLAUBER, M.D.
Psychiatrist, National Hospital for Speech Disorders

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

THE DEVELOPMENT OF STUTTERING

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

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

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

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

THE ADULT STUTTERER

We are now ready to consider the personality of the adult stutterer. As already intimated, when we become fully acquainted with him we are impressed with the fact that his emotional development has been arrested. For all practical purposes this means that his interpersonal relationships retain the insecure character of his childhood. Even ordinary social situations are made difficult for him by the presence of fear and anxiety. These emotions increase markedly when it becomes necessary to face even slight changes in the routine of life. The general diffusion of anxiety in the life of the stutterer is probably the most important cause of the immaturity of his ego (the executive part of the personality). And what is the most frequent form of expression of anxiety? Hesitation. We thus see how well this expression corresponds to the difficulties which the stutterer has to contend with. It becomes understandable why the slightest rebuff may throw him into a severe state of depression which may just as quickly lift or change into one of elation following a word of recognition or encouragement. An inner feeling of need and dependence is often in conflict with fear of being dominated and this conflict results in alternating moods of dependence and stubbornness or negativism. A minority of stutterers are constantly inclined to over-compensation and over-awareness, but even in the majority who are generally inhibited characters, these tendencies often crop out. Some stutterers develop an assumed attitude of indifference towards and neglect of the speech handicap. Others take a common sense attitude and make constructive efforts at gradual self-improvement and recovery. However, in the large majority of cases, irrespective of the attitude towards the stuttering, the attitude towards the world at large is one of aloofness and detachment. These attitudes and their expressions are largely unconscious and are effectively disguised. Dealing with these attitudes constitutes a substantial part of the treatment.

PROPER TREATMENT

A detailed description of the treatment of stuttering, a highly specialized task, is not possible in an article of this scope. However, the basic principles of effective treatment may here be outlined so as to give practical help to the parent, relative, or friend of the stutterer. Inasmuch as stuttering is a problem of the personality as a whole, it must be treated as such and not merely as a speech defect. This makes the treatment essentially a psychiatric undertaking, but it does not mean that the usual psychiatric interview method is the only method of choice. In fact, in view of some of the characteristics of the stutterer's make-up, this method alone is often quite inadequate. The treatment in each case should be based on a comprehensive understanding of the personality but its execution may take on different forms. In practice, this is often best accomplished by the joint approach of the instructor, psychologist, and psychiatrist.

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

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

He should also be guarded against undue excitement. Motion pictures that are too exciting or emotionally disturbing have been known to upset the stuttering child for surprisingly long periods of time. Parents should carefully avoid letting the child see such pictures. In the same way, weird or depressing plays or radio programs should be ruled out. Games of a highly competitive or exciting nature are not well borne by such a child and should be eliminated. In general, he does much better in informal situations where there is a minimum of discipline or regimentation. However, a generous amount of play and recreation at a moderate tempo is highly beneficial and should be encouraged.

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

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

Facts on Speech Disorders

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

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

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

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

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

HEALTH AND HYGIENE

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(Continued on page 95)
The Medical Societies and the Cooperatives

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

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

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

AN OKLAHOMA TOWN

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

One doctor in Elk City, realizing keenly the importance of health in his community and understanding very well the significance of preventive medicine, evolved a system that was to do much towards remedying the situation. He suggested that, to supply themselves with the kind of medical care they needed, the Elk City families band together, each family paying a fixed amount annually to cover the costs of care for all.

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

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

But the medical profession itself did not see the laymen's point of view. To the medical society in Beckham County, where Elk City is located, the whole idea was hereesy, and the society took prompt action to stamp out the existence of the cooperative hospital. The society held that it alone was qualified to deal with the financial as well as the medical aspects of health. Therefore, it decided first that "steering of patients" would be a possible charge on which to arrange the cooperative doctors. On September 11, 1931, the president of the Board of Medical Examiners wrote to the president of the Beckham County Medical Society: "It occurs to me that you could very easily have one of your colleague's license cancelled for this same reprehensible practice. It is up to your society to file the charges and present them to the Attorney General, who will collect the evidence, and prosecute before the Board."

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

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

"G.H.A."gressional investigation was held and organized a campaign to kill the Association. A con-

 advantage of the plan, The Journal held that it was illegal and, by innuendo, made it appear that it was a bad thing for its members.

GROUP VS. PRIVATE PRACTICE

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

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

The employees of the HOLC could not understand this opposition to their plan. They see in it better medical care for themselves, more security for the doctors, and a chance to practice preventive medicine. But the medical society of the District of Columbia cries "socialized medicine," and says the plan will disturb private practice.

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

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

IN PROGRESSIVE WISCONSIN

In Milwaukee, Wisconsin, the medical society has adopted a similar attitude although here there has been even less reason for a bigoted viewpoint. Group medical practice by and for the doctors is the question involved, not a cooperative clinic owned and operated by patients. No layman is in the organization or administration of the Milwaukee Medical Center, against which the opposition is at work. It all began when, at the request of a patient, a Milwaukee doctor obtained for him literature on medical economics from such sources as the Julius Rosenwald Fund and the Bureau of the Medical Economics to promote Medical Association. The patient was an employee of the International Harvester Company and his interest in solving medico-economic problems soon spread among his fellow employees. All of them saw clearly the connection between good health and high earning power.

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

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

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

MEN OF STANDING

Never before had charges of unethical conduct been brought against the doctors who had formed the Medical Center. They were all exceptionally well trained and competent. All of them taught on faculties of local medical schools. Each had a distinguished record. But this made no difference. The three charges were filed by the county medical society and a hearing was held. When a counsel for the local society was needed, he was retained by the secretaries of the Wisconsin state society, the body to which appeal would be taken if the county body expelled the local men. Consequently, when the men were expelled, the Wisconsin state society affirmed the Milwaukee county society's verdict that the medical society alone had the right to set up a system of contract practice. Appeal was taken to the Judicial Council of the American Medical Association. The case was heard early last June but no decision has yet been handed down.

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

When, in spite of the society's opposition, the Milwaukee Medical Center continued gathering good equipment and competent doctors—the medical society struck through the hospitals. At first the doctors connected with the Center were denied the use of hospitals. The number of hospitals which would take their patients was steadily cut down. Now these hospitals are closing their doors to the Center's patients. The Milwaukee County Medical Society, offering continual opposition to the activities of the Milwaukee Medical Center, has proved itself the third "blind mouse" of the story.

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

1. That the organizations unquestionably be non-profit making.
2. That agreements between such organizations and individual doctors for home and office care should not allow fees below the worker's compensation (Continued on page 96)
TODAY many people are asking, “What can psychoanalysis offer in the way of explaining the economic worries which beset so many of us?” A growing school of thought feels that some of Freud’s basic psychoanalytic theories can be extended further than their founder carried them, and that they can be applied to the problems created by the struggle for existence under our present social conditions.

FREUD’S THEORY OF REPRESSION

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

The term “psycho-sexual repression” covers the field of Freud’s researches. A common example of such repression is that of the man who is sexually impotent. It can be shown that the repression of such impulses has previously been largely overlooked in psychological researches.

The idea that the equipment and goods of the community are only the fruit of labor, such a person will also be likely to develop what might be called “social impotence.”

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

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

A DEFEATIST RATIONALIZATION

Often an individual, in repressing his natural impulses to struggle for a better existence, tells himself that he does not deserve any more of the life that he is getting. This represents a completely incorrect attitude, psychologically as well as socially. It is a kind of false explanation which takes the place of the real explanation of the individual’s attitude. His ego, or the conscious part of his mind, has chosen to push out of awareness, as unpleasant, his normal life impulses to struggle for a better existence, manifesting, seemingly, a completely incorrect attitude.

A mistaken or confused understanding of one’s true social relationships is connected with the repression of the life impulses. Such repression may therefore be called the “psycho-social repression.” It has very unfortunate results, leading people to put up with wretched and health-ruining conditions.

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

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

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

THE DIGNITY OF WORK

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

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

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

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

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

HEALTH AND HYGIENE

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

Caldwell, N. J., Feb. 12.—“Munkaoy’s Miracle Water” is what they call it, and it tastes just plain awful.

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

Flat-tasting and a bit oily, the water is becoming so popular that rights to distribute it have been sold to Dr. Arnold T. Goldwater, a dentist on the staff of Sing Sing Prison. He will open offices shortly at 3 Rockefeller Plaza and try to sell New York City on the idea that is here just the medicine that will cure just about everything.

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

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

Her: “Honey, you’re a wonder! I got the job and I owe it all to you.” Him: “Don’t be silly, John; you owe the job and the big change in you to Carter’s Little Liver Pills.”—Advertisement for Carter’s Little Liver Pills.

THE DRESS IN THE CLOSET: Oh, Connie, I’m so whity—I need lusing.—Advertisement for Lux soap flakes.

We invite our readers to send in contributions to this department.
THERE is no secret among industrial health authorities that the fur trade is one of the pest holes of industry. The hazards in the fur industry may not be nearly so dramatic as those encountered in the steel mills, nor are they as well publicized. Yet, fur workers are suffering from the same ailments that are so well known in other industries.

A recent survey of the fur industry revealed that 2,678 of the 3,000 furriers and workers in the trade have contracted syphilis. In addition, there are thousands of workers who are suffering from skin rashes and respiratory troubles.

The Health of the Furrier

Furt dust is irritating to the breathing passages. Many furriers are coughers for this reason. It is not only dust but also the dyes used, particularly Urosol D, that irritates the breathing tubes. In the ordinary shop where there is practically no ventilation, and cleanliness is a forgotten word, disabling respiratory disorders are very common. In one shop, for example, 45,000 fur workers were found to be suffering from various respiratory problems.

Dust and Dyes

Fur dust is irritating to the breathing passages. Many furriers are coughers for this reason. It is not only dust but also the dyes used, particularly Urosol D, that irritates the breathing tubes. In the ordinary shop where there is practically no ventilation, and cleanliness is a forgotten word, disabling respiratory disorders are very common. In one shop, for example, 45,000 fur workers were found to be suffering from various respiratory problems.

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

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

A SYMPOSIUM OF THE RESULTS OF OUR SYPHILIS CONTROL POLL TO DATE (FEBRUARY 18) SHOWS THAT 2,678 PERSONS HAVE BEEN IDENTIFIED AS HAVING CONTRACTED SYphilis. IN ADDITION, THERE ARE THOUSANDS OF WORKERS SUFFERING FROM SKIN RASHES AND RESPIRATORY TROUBLES.

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

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

**A DEADLY INFECTION**

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

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

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

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

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

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

**WHAT CAN BE DONE?**

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

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

The fur trade can be cleaned up. Furriers can make effective demands for healthier working quarters and conditions. Moreover, as active members of a labor party the furriers can fight for legislation that will remove the health hazards in the fur industry.

**PREGNANCY — Real and False**

**PREGNANCY** begins when the sperm of the male unites with the egg of the female.

The biological steps that precede this union were described in the June, 1937, issue of *Health and Hygiene.*

The first indication that this union may have occurred is the woman's failure to menstruate at the usual time. However, it is important to remember that while the delay in menses may be due to pregnancy, it may be entirely unrelated to it. Many factors can influence the regularity of the menstrual cycle. First of all, a woman's menstrual cycle is usually less regular than she believes it to be. This is true even in many instances in which women claim to be "regular as clockwork." Where careful records of the menses of a group of women are kept for a year or two and then examined, this irregularity becomes apparent.

Women who claim that they have menstruated every 28 days "on the dot" find that in the course of a year there have been several 26 and 27 day cycles, a few of 29 or 30 days, and perhaps one or two longer ones.

**REASONS FOR "DELAY"**

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

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

It is the failure of women to realize that many conditions besides pregnancy can cause menstrual delay which is partly responsible for the thriving business in patent medicines that promise to "bring on the period." These patent medicines are without exception complete frauds, and for a good reason. If the delay is due to pregnancy no drug or combination of drugs can bring on the delayed period, unless it is given in doses that would seriously endanger the life of the woman.

**DRUGS ARE USELESS**

Most women know of definite instances in which a woman who was delayed managed to bring on the period by taking some patent medicine, castor oil, or any of the numerous drugs sold for this purpose. In these instances the delay was not due to pregnancy and the arrival of the period was entirely unrelated to the medicine taken. It is these cases of delay not due to pregnancy which enable the patent medicine manufacturers to prey on the distress of the woman who is afraid that she will have another child that she does not want or that she cannot support.

Most of these "remedies," such as Dr. W. L. Moore's Brand Pills, B-X Monthly Relief Compound, B-Z, or a miscellaneous Multi-Strength Treatment, Neejen, Robert J. Pierce's Special Formula Double Strength Tablets, Dr. Haller's Prescription 5,000, Menstrua, Dr. Richard's Parthenium Periodic Pills, Minoko Regulators, Martha Beasley's Special Relief Compound, and Mimen, have been exposed as frauds—and some as dangerous frauds—by the Food and Drug Administration of the United States Department of Agriculture, or by some other government agency, and have been fined or ordered to “cease and desist” from false advertising. Nevertheless, the sales go on, either under another name or with slightly different claims.

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

**HEALTH AND HYGIENE**

MARCH, 1938
MORNING SICKNESS

Morning sickness consisting of nausea which may be followed by vomiting is a frequent but not invariable accompaniment of pregnancy. Women in primitive tribes are said to be free from this unpleasant manifestation. About a third of all pregnant women never suffer from it. It ranges from a very mild nausea to a severe vomiting. Sometimes it lasts for only a few days; occasionally it continues throughout the pregnancy. It usually begins about two weeks after the missed period.

When pregnancy is unwelcome it tends to return. In order to safeguard the woman it is necessary to inform the woman that she is pregnant, and go to abortionists. The abortionist generally disappears.

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

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

During the last two weeks the fetus descends into the pelvis and the top of the uterus is lowered.

FALSE PREGNANCY

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

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HEALTH and HYGIENE

THE TRAFFIC IN HEALTH. By Charles Solomon, M.D., 393 pp., Natuvi Publishing Co., N. Y., 47.75.

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

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

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

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

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

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

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

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

It is a pity indeed that this valuable book should be such a poor one from the standpoint of physical make-up. For 47.75 one is entitled to a more substantial and attractive volume than the publishers have made of this one.


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

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

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

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Pregnancy—Real and False
(Continued from page 90)

go of gas in the intestines as the quickening of the child.
The term of her compunction expired, and in the middle of the night she was visited by certain warnings that seemed to indicate the approach of the critical moment. The commodore got up with great alacrity and called the midwife, who had been several days at the house; the gossips were immediately sum­moned and the most interesting expectation prevailed; but the symptoms of labor gradually vanished.
Two nights after they received a second intima­tion... yet this expectation was not more conclusive than the former... They were assisted by the advice of a surgeon of the neighborhood, who boldly af­firmed that the patient had never been with child. This assurance was like a clap of thunder to Mr. Trumtion, who had been during eight whole days and nights in continual expectation of being hailed with the appellation of father.
He swore the surgeon was an ignorant fellow, and then he went to take his daily walk for what he had advanced, being comforted and confirmed in his want of faith by the intimations of the midwife, who still persisted to feed Mrs. Trumtion with the hopes of a speedy delivery.
The patient had several returns of what she pleased herself with believing to be labor pains, till at length she and her husband became the standing joke of the parish; and this infatuated couple could scarce be prevailed upon to part with their hopes, even when she appeared as lank as a greyhound, and they were furnished with other unquestionable proofs of their having been deceived.

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

Medicine Today and Tomorrow

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

Health and Hygiene

Who's Who on Our Advisory Board

Dr. W. Horsley Gant

Dr. W. Horsley Gantt was born in Nelson County, Virginia, 1893, on the farm of his grandfather, a country physician. His first school­ing came from his mother who was a teacher in a one-room country school. His later education was at the University of Virginia and the Univer­sity of North Carolina with postgraduate work at the University College Medical School in London. After spending two years as an interne in Balti­more, he went to Russia with about thirty other doctors to work with the American Relief Administra­tion under Herbert Hoover and Colonel Henry Beebees (Medical Director), distribut­ing supplies and co­operating with the medical personnel of the Soviet Union in campaigns against the epidemics of typhus and other diseases following in the wake of the Great War in the blockade against Russia. He published a book on the psychology of the brain, chiefly at the Institute of Experimental Medicine in Leningrad. While in the Soviet Union Dr. Gant became acquainted with the veteran Russian scientist of international re­putation, Ivan Petrovich Pavlov, Nobel prize-winner in 1903. They were assisted by the advice of a surgeon of the neighborhood, who boldly af­firmed that the patient had never been with child. This assurance was like a clap of thunder to Mr. Trumtion, who had been during eight whole days and nights in continual expectation of being hailed with the appellation of father.

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Questions and Answers  
(Continued from page 66)

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

Are Ham and Bacon Safe?  
Portland, Oregon

In the article on trichinosis in the February issue you referred to "processed pork products," and stated that they should not be eaten unless they bear the government stamp of approval. Does this label on processed pork mean that inspection of such products, including ham and bacon, is a safeguard against trichinosis? —T.L.

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

DOCTORS:

Vitamins Plus  
Flushing, Long Island, New York

Dear Doctors:

Will you please tell me if Vitamins Plus will help me build up resistance against colds? These tablets are quite expensive, and I want to be sure that they will be of value.

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

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

Welding Hazards  
Philadelphia, Pennsylvania

Dear Doctors:

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

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

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

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

Vitamins Plus

"Drugless" Drugs  
(Continued from page 70)

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

We come now to the more specialized professional part of the treatment. Because of its technical nature it cannot be fully elaborated here. Its main goal is the modification of the basic neurotic traits of the stutterer's personality. However, the speech symptom as such cannot be neglected, although it must not be allowed to become the major consideration. This is because the stutterer's attention is fixed on his speech and little headway can be made in modifying his neurotic personality if this is not shown in his speech difficulty. We have seen how the personality problem is attacked in the case of younger children. In the case of older children and adults more direct methods can be used. These vary considerably according to the particular technique of the physician in charge and the available facilities at his disposal. Successful results have been reported by diverse techniques, all of which, however, have taken into consideration the fact that this disorder involves the entire personality and therefore requires treatment that is directed towards the entire personality.

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

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

Syphilis in Industry  
(Continued from page 75)

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

The state of public information about the disease being what it is, it is easy to see how an employer could create the very type of public reaction that he wanted in such a case. A man's
WHICH 1938 AUTOMOBILES ARE BEST BUYS?

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

Are you planning to buy a 1938 car? With prices up 10% you’ll want to know what you’re getting and where you’re getting it. This report will operate most economically, which one has the soundest mechanical construction, which is safest to drive—in short, which car will give you the best value for your money.

Divided into eight price groups (ranging from below $700 up to $2000) more than 40 models of 1938 automobiles are rated by name as “Best Buy,” “Also Acceptable,” and “Not Acceptable” in Consumers’ Union’s annual report on automobiles just published in the February issue of Consumers’ Union Reports. This report was prepared by unbiased automotive experts and is based on driving tests, and engineering examinations. The report evaluates the new advances, fourths speeds, and other innovations in transmissions and shifting devices, disc brakes, riding qualities, durability, steering and safety, and gives a table showing the “gas consumption factors” for the various cars. Among the cars discussed in the report are the statement given on by Ford, Buick, Packard, Willys, Oldsmobile, Chevrolet, Hudson, DeSoto, Lincoln, and Plymouth.

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

HOW TO BUY AN INSURANCE POLICY

In the fourth installment of a series of reports on life insurance—also appearing in the February issue of Consumers’ Union Reports—GU’s insurance consultants point out the soundest and cheapest form of insurance available, naming the companies which supply this type of coverage. Also continued in this issue is the series on HOME BUILDING & BUILDING MATERIALS and VITAMINS. Your subscription to Consumers’ Union Reports may be begun at any time by inquiring of the reports in this series. Simply write the name of the month with which you wish to begin in the coupon. Here are the issues in which these series appeared (together with a partial list of the other subjects covered in these issues)—NOV., Life Insurance, Portable Typewriters, Anti-Freeze, Bicycles, Electrical Appliances, Electric Shavers, Cigars, Lipsticks; JAN., Life Insurance, Home Building & Building Materials, Vitamins, Auto Batteries, Lisle Stockings.

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MARCH, 1938