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JUNE, 1938
INDEX NUMBER

DALE CARNEGIE EXPOSED

"Pearly White Teeth"

Birthmarks

Appendicitis—A Warning!

A Problem Child
Greater New York Fund

Medical Education in U.S.S.R.
O'Dwyer—Savior of Babies

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I. ATTACKING THE PROBLEM OF VENEREAL DISEASE
II. HOW TO PREVENT SYPHILIS AND GONORRHEA
   a. Prostitution and Disease
   b. Prevention is Possible
   c. Condoms—Good and Bad
   d. Calomel for Syphilis
   e. Medical Treatment
   f. Community Protection
   g. Advice to Women

III. MAKING TREATMENT POSSIBLE
   a. Compulsory Wasserman Tests
   b. You can do your part in the present nationwide campaign to wipe out venereal disease by seeing that this pamphlet is distributed among your friends and in your trade union or your neighborhood organization.

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HEALTH AND HYGIENE

Magazine of the People's Health Education League

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**Questions and Answers**

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

**Circumcision of Baby**

San Francisco, California

Dear Doctors:  
Is it advisable to have a six-months-old baby circumcised if the foreskin constricts somewhat the opening of the penis?—H.L.

Answer:—The majority of male babies have an adherent prepuce (foreskin) with some constriction at the opening. However, the penis is considered normal if the foreskin can be retracted or pulled back easily, exposing the end of the penis. If the adhesions and constrictions are more marked than usual the condition may be relieved by gentle stretching the foreskin and breaking up the adhesions. This should be done only by a physician. Subsequently the mother should retract or pull back easily, exposing the end of the penis. If the adhesions are marked or recur in spite of treatment, then circumcision is advised.

Sinus Trouble

Omaha, Nebraska

Dear Doctors:  
Can infected sinuses be improved by diet? Could a chiropractor be of any help in this condition?—H.S.B.

Answer:—Special diets do not have any direct influence on active sinus infections. However, any means employed to improve the general health aids the body in that it builds up increased resistance to infection and heightens immunity.

In addition to a better and more abundant diet, such means as ample sleep, moderate exercise, and bathing promote better health. Fatigue, overeating, over-exposure, chilling, and over-indulgence in liquor or smoking tend to diminish resistance and should be avoided.

Individuals who have a chronic sinus infection are prone to what is called “acute exacerbations” when they catch cold. During this period the symptoms, especially pain, are greatly increased, and immediate, adequate treatment is necessary to prevent complications.

Chiropractic treatment cannot have any beneficial influence in sinus infections.

**Sinus Trouble**

Boston, Massachusetts

Dear Doctors:  
Does the hair grow after death?—D.L.

Answer:—The belief that hair continues to grow after death is one of the many superstitions held concerning bodily changes after death. However, the skin shrinks and as a result the hair may protrude farther than it did during life. However, the skin shrinks and as a result the hair may protrude farther than it did during life. This gives a false impression of hair growth after death. The most successful of the "self-help" writers helps himself to a fortune in royalties.

**Success for Sale — Only $1.96**

Dale Carnegie Exposed

MORE than 800,000 copies sold—a new record for contemporary non-fiction books—indisputable evidence that Dale Carnegie is selling something for which great numbers of people feel a deep need. A few years ago it was the slogan, “Day by day in every way I’m getting better and better,” that swept the country, providing a quick and easy formula for ridding people of their ills and getting them the things they wanted. More recently Wake Up and Live owed its vogue to the fact that it exploited the same human drives towards success and achievement. Now it’s How to Win Friends and Influence People, and this latest of the “self help” or “success in six easy lessons” crop seems to eclipse all others in popularity.

“A short cut to distinction,” the preface calls this highly touted guide book to success. Indeed, we might all agree that such a guide book would be desirable, but an examination of Mr. Carnegie’s product quickly leads the discerning reader to the conclusion that it should be cast on the ash heap along with the panacea that the old-time medicine man proclaimed as a sure cure for ulcers, flat feet, impotence, and whatever else may have troubled his customers. No matter how extravagant his claims, many people believed every word the medicine man said, and today there are perhaps just as many who accept the precepts of Brother Carnegie.

THE WILL TO BELIEVE

In everyone there is a tendency to believe what he wants to believe. Dale Carnegie has had the insight to perceive a desire which is deep and universal, and the shrewdness to play upon this desire effectively. This is the desire for self-esteem, prestige, and power. No one is devoid of the desire for these things, though they mean different things to different persons, and there are endless ways of attempting to obtain them. Under the system of individual

Michele Richter

**BOOK STORE**

**HEALTH AND HYGIENE**
enterprise and private profit operating in this country today, prestige and power generally mean wealth and success in business. Conscious ly or unconsciously, the dream of most people is to obtain financial supremacy, which is generally considered an index of power and importance. Dale Carnegie takes advantage of this by displaying for us as models to follow not merely ordinary bosses but such figures as

**Henry Ford, John D. Rockefeller, Charles Schwab and other giants of finance and industry.**

The achievement of success, according to Carnegie, becomes a form of salesmanship in the best go-getter tradition. You make people like you so that you can sell to them, the boss will like you because you sell so much, and the rest of the world will positively adore you because you have money. It's as simple as that.

**EMPLOYERS' STOOGES**

Obviously, Mr. Carnegie takes the bosses' point of view. A good deal of Mr. Carnegie’s income has been derived by “teaching” groups of employees, a job for which he is hired and whose instructions play an important part in the life of primitive man, and remnants of such belief in magic may influence those who are apparently far removed from both the primitive and the infantile. It is only necessary to call attention to the many millions of dollars spent annually on sweepstakes tickets, fortune tellers, and books like *How To Win Friends and Influence People*, to show that such hopes for sudden fortune and the solution of all problems have an allure even for many so-called realistic people today.

**IT'S A LIE**

"The big secret!" which Mr. Carnegie claims to purvey is very simple, so don't spend $1.96 to discover it. In his own words it is simply this: "Almost every normal adult wants—

1. Health and the preservation of life; 2. Food; 3. Sleep; 4. Money and the things money will buy; 5. Life in the hereafter; 6. Sexual gratification; 7. The well-being of our children; 8. A feeling of importance." And then he goes on to say, "Almost all these wants are gratified—all except one." This one is the last—the feeling of importance.

When Dale Carnegie says that all these wants are gratified except that for a feeling of importance the lie is hurled in his teeth by every minute in the lives of millions of Americans who are so preoccupied with the struggle to satisfy the simple needs of food, money, and the well-being of their children, that being important is terribly unimportant.

How ignorant—or impervious—Carnegie is to the very real needs of large sections of the American people for the elementary necessities of life, is evident from the following statement taken from one of his recent magazine articles:

I don't know the figures, but I doubt if ten people a year starve to death in the United States. That is, if they do not wish to do so. Of course some do; they have too much pride, or some other bit of foolishness, and calmly sit down and await the end. Food is everywhere in this amazing land of ours. All we have to do is to go to the right authorities and ask for it.

Carnegie has apparently never seen the figures which indicate the amount of malnutrition among the school children of the country. Certainly pride cannot be blamed for the plight of these youngsters.

We must grant, however, that the wish to be important lies deep in human nature. Mr. Carnegie impressively discusses "six ways of making people like you," "twenty ways of winning people to your way of thinking," and "nine ways to change people without giving off—

**Ad Laugh of the Month**

The secret of Listerine's success, we believe, must be that it reaches the virus (germ) which many authorities say causes colds.—*Advertisement for Listerine*.

Food prepared by Infra-Red Rays adds thrill to the taste and aids digestion.—*Seen in the window of a caféeteria at Broadway and 94th St., New York City*.

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The remarkable new Skin Oxylation Treatment. By a special process, life oxygen filtered through a gentle herbal liquid vapor, envelopes the skin, purging the pores of impurities or blemishes, "oxygenizing" away summer sallowness, discolorations, faded tan.—*Advertisement for Helena Rubinstein’s beauty salon*.

Children or Cats... making all kinds of noises, but what has father to say? He works undisturbed. He has OtoPhax Antiphon in his ears.—*Advertisement for OtoPhax Antiphon ear plugs*.

Wouldn't the World be a nicer place if all the World used Mum!—*Advertisement for Mum deodorant*.

**HEALTH AND HYGIENE**

(Continued on page 189)
What do you do for a bellyache? The wrong step may have very serious consequences.

Appendicitis—A Warning!

In spite of the widespread publicity given to the signs and symptoms of appendicitis, 16,480 people died from this disease in 1935. This represents 1.3 per cent of the deaths from all causes during that year. Many of these deaths from appendicitis were entirely preventable.

Wherever surgeons gather for conferences or conventions, one of the most frequently discussed topics is the needlessly high death rate from appendicitis and the methods of reducing it. As will be shown in this article, one of the most important factors in reducing the mortality from appendicitis is instruction of the public.

There has been an appreciable drop in the death rate in the last few years. The sudden emphasis has not yet been placed upon the important matter of instructing the people as a whole in the signs and symptoms of this disease.

Until 1936, this is a matter of instructing the lay public and the methods of reducing the number of deaths from appendicitis. The equally important task of gaining the cooperation of the lay public in recognizing the signs and symptoms of this disease. Until such instruction is given the death rate will not be brought down to where it ought to be.

Physicians and surgeons have in general become aware of the problem and have evolved certain principles of treatment which have already begun to reduce the number of deaths from appendicitis. The equally important task of gaining the cooperation of the lay public so that these principles of treatment may be applied early enough to effect a saving of lives, has been neglected. And, finally, the influence of the patent medicine manufacturers in spreading misinformation about constipation, "acute indigestion," and the need for laxatives, is a potent factor in keeping the death rate high.

"ACUTE INDIGESTION"

One of the important things to remember in acute appendicitis is that the acute attack, in the majority of cases, is not the beginning of the disease but rather a manifestation of pre-existing disease in the appendix. A careful review of the patient's previous history will usually reveal episodes which were called "colic," "ptomaine poisoning," or "acute indigestion." Of all diseases that are initiated with abdominal pain, appendicitis is the most common and should be suspected until it has been ruled out by a doctor. Too much attention should not be given to dietary indiscretion as a possible cause of abdominal pain, since very often a person may eat unwisely and have no symptoms, whereas an attack of acute appendicitis may follow the ingestion of apparently ordinary foods.

THE SYMPTOMS

What are the symptoms of appendicitis in the acute attack? Usually there is generalized abdominal pain which is soon followed by nausea and vomiting, and then a tendency for the pain to become localized in the lower right side of the belly. Fever is very rarely high at the beginning of the attack, the temperature usually ranging from 99.5 to 100.5 degrees Fahrenheit. After the generalized pain in the abdomen has subsided and the more localized pain in the right side of the belly becomes definite, the physician may notice a tenderness or rigidity of the belly muscles in the right side of the abdomen. This rigidity is one of nature's warning signals that there is an inflammatory process going on inside the belly. The important thing to remember is the sequence of symptoms as given above. In appendicitis the pain usually precedes the nausea and vomiting, although this is not an inflexible rule.

What symptoms should cause a person to consult his doctor when he has abdominal pain? It is obvious from what we have said that pain followed by nausea and vomiting should be an absolute indication for examination by a physician. Even if the pain is generalized in the abdomen rather than localized in the lower right side, examination by the doctor at this stage will often reveal a specific tenderness in the lower right side of the belly. One of the paradoxical things about appendicitis is that when rupture (bursting) of the appendix takes place, there is a sudden diminution or even cessation of pain and the patient feels temporarily better until the frank symptoms of peritonitis develop. Thus, it may be said that

when pain is still severe there is still time for the surgeon to ward off serious consequences; when the pain ceases suddenly it may be a very unfavorable sign.

Why do we place so much stress upon consulting a physician during the early stages of an attack? Statistics from one large New York hospital demonstrate that out of a group of 635 patients operated on for acute appendicitis during a five-year period, the 400 cases operated on during the first thirty hours of symptoms resulted in no deaths, whereas in the case of the other 235 cases the mortality was 6 per cent. It is obvious from this example and many others that delay in consulting a physician greatly increases the chances of dying from appendicitis.

"FREEZING" THE APPENDIX

A common statement made by patients who have attacks of appendicitis is that they have been cured in previous attacks by "freezing" the appendix. As far as is known the only effect of placing an ice-bag on the abdomen is to dull the pain, and in all probability most of the people who have had their appendixes "frozen" have not really been suffering from appendicitis. It is probably true that a certain percentage of attacks of acute appendicitis will subside without any treatment, but that percentage is small. The danger of death from appendicitis is great enough so that no one should rely on the hope that an attack will subside without operation. It is known that persons who have once had an attack of appendicitis have only a 2 per cent chance of never having another one, and that the chance that a subsequent attack will be more severe than the first, and may result fatally.

WHEN LAXATIVES KILL

But the most important single warning in connection with this disease is the following: In no case should a person who has any sort of pain in the abdomen take a laxative without consulting his physician. In spite of frequent admonitions to this effect in all sorts of popular medical literature, the first thing a person with abdominal pain usually does is take a purgative. It is common knowledge among physicians that the high death rate from appendicitis is due in a large measure to the taking of laxatives to relieve what is innocently thought to be "just a bellyache." When the appendicitis is acutely inflamed and a laxative is administered there is great danger that the appendix will be ruptured due to the increased movement of the intestines. In every analysis of the deaths from appendicitis which appears in the medical journals, it is found that over 70 per cent of those who died have taken laxatives prior to operation. In some of these studies the percentage is as high as 95 and 98 per cent! Surely such figures give a very pointed warning that laxatives should be avoided. Another inadvisable kind of self-medication that is frequently resorted to in order to relieve pain is the use of paroric or some other form of opiate. This type of treatment only results in concealing the symptoms or diminishing the pain while the inflammation is progressing. Thus the patient is deluded into believing that he is getting better, and often prevented from seeking the treatment that would save him.

RULES TO FOLLOW

Another rule to remember when abdominal pain is present, is that all food and drinks should be withheld since they also promote activity of the intestines.

What, then, should be the rules of conduct for a patient who has persistent abdominal pains? In brief, they should be as follows:

1. The patient should be put to bed.
2. No food, laxative, or opiate of any kind should be given.
3. A doctor should be called immediately.

Delayed operation, when once it is clear that operation is advisable, is also the cause of many needless deaths. All too often the doctor is called and the diagnosis of appendicitis is confirmed by a blood count, only to have the patient's family set up a stubborn opposition when an operation is suggested. Occasionally a doctor is forced by fear of losing a patient to accede to the family's wishes. He may then attempt to treat the patient by means of an ice-bag and opiates, only to have the unpleasant experience of seeing the patient in a more serious condition after twenty-four hours of this treatment. Needless to say, patients should have sufficient confidence in the ability of their medical advisors to follow the treatment suggested by them. If in the opinion of the patient's family there is any doubt of a doctor's medical ability, it is far better to call another

(Continued on page 186)
In the Mines

Coal miners know how difficult it is to secure proper illumination in the mines. One reason for this is that a black surface reflects only 2 per cent of the light which reaches it, whereas a white surface reflects as much as 87 per cent. If the underground coal mines were treated with whitening substances of the best types of equipment for various types of work may be obtained by reference to the Illuminating Engineering Society, Mills, and Other Work Places, prepared by the Illuminating Engineering Society, 51 Madison Avenue, New York City.

Preventing Silicosis

Silicosis, the deadly disease which affects workers in 150 American industries, is almost entirely preventable if the proper precautions are taken. (1) Dry drilling should be prohibited. All pneumatic drills should be equipped with an axial water feed which wets the dust at its source and prevents it from rising. Drills should also be equipped with a suction apparatus to draw off any dust not taken care of by the water. (2) Dust laden air should be removed by some proper ventilating system. (3) Dust from blasting should be allowed to settle before work is resumed. Since it takes as long as eight hours for the extremely fine particles to settle it is obvious that blasting should be restricted to the end of the working day. (4) Masks or respirators should be worn by those exposed to dust. While these are very effective they do not of themselves provide certain protection, and it is important not to rely on masks alone. (5) The air should not be sprayed to keep down the dust. Spraying not only does no good but is actually dangerous, since the water droplets in the air make it easier for the particles of silica dust to enter the lungs.

Dry Cleaners

Persons who work in the dry cleaning industry are exposed to carbon tetrachloride poisoning. Careful regulation of ventilation in the shop is the most important factor in preventing this form of industrial coma. However, workers may also protect themselves in some measure by getting a well-balanced diet and especially by eating foods which are rich in calcium, such as milk, cheese, eggs, beans, cauliflower, turnip greens, and asparagus. Alcoholic beverages should be avoided.

United Auto Workers Medical Service

The Medical Research Institute of the United Automobile Workers of America (C.I.O.) has done a great deal of good work in investigating the causes of occupational disease in the auto industry. However, it has done more than this; it has also prevented a form of discrimination against militant union members. In plants where the union is strong the management does not dare to fire men openly for union activity. Instead, a new trick has been invented, to get rid of militant union workers. The men are given medical examinations and then fired on the excuse that there is something wrong with them physically. Unions without their own medical departments are generally at a loss as to how to deal with such a situation. The Medical Research Institute, however, has succeeded in getting back jobs for a great many of these men.

Cafeteria and Restaurant Workers

Cuts are common accidents among food workers, whether from knives used in preparing food in the kitchen or behind the counter, from broken dishes and glasses, or numerous other causes. All workers should know what to do in case they receive a cut. The only important things to do at once are to stop the bleeding and keep the injured part clean. Then get medical attention at once. Workers should demand through their unions that each shop have a first aid cabinet on the premises, a cabinet which contains sterile gauge, bandage, and some fresh peroxide. The way to clean a fresh cut is to pour fresh peroxide solution into the cut until it bubbles freely and washes the wound clean. Next, apply sterile gauge pads and tie the bandage over them tightly. Pressure is the simplest and most effective way of stopping the blood flow.

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New York City's story of a little-known American doctor who gave life to thousands of doomed children.

Joseph O’Dwyer

He Saved Babies from Strangling
examination for the post of Resident at the Charity Hospital, now the City Hospital, at the south end of Blackwell's Island in the East River. He took first place in the examinations and was made Sanitary Superintendent of all the institutions on the Island. He had barely started when the cholera struck. First one case at the Work House on the Island. Then, the next day, ten. Then 200. Doctor O'Dwyer plunged into the work of saving those few who could be saved. But the disease was no respecter of persons. One day he recognized the well-known symptoms in himself. Calmly and deliberately he finished his day's work, wrote out his wishes as to the disposal of his belongings, left letters for his friends, and went to bed. Luckily he survived, and there are thousands of people walking the earth today who owe their lives to the fact that on that occasion Death passed him by.

He finished his residency and set up in practice on Second Avenue near 58th Street, and in order to further his knowledge and experience devoted a part of each day to free work at the neighboring Foundling Hospital. This was no ordinary hospital. It was a home in which the kindly Catholic Sisters received such unwanted children as could have no other home. In one nook in the vestibule there was a basket where parents, whether from poverty or callousness or the shame of illegitimacy, could leave their children in the knowledge that they would have a home and food.

THE LIFE-SAVING TUBE

Periodically, the diphtheria that swept the city would also penetrate into the courts and corridors of those quiet red brick buildings on 68th Street. Day after day O'Dwyer would watch the laryngeal diphtheria at its cruel and deadly work. For years the doctors at the institution and the mechanism slitting the little windpipes through the skin, and never a recovery. O'Dwyer grew desperate over these futile attempts to save the little ones, and finally an idea began to germinate in his mind: if a passage for air is to be made at all, he reasoned, it must be made on the inside, not from the outside; some method must be devised for widening those little windpipes so that the air might get through. There was nothing to be lost any way and so he tried. First he devised a little metal spring which he could manage to insert crosswise into the windpipe so as to dilate it. No good. The relentless membrane grew around and between the coils of his spring and in a few hours the death agonies would start again. He devised a speculum, an instrument consisting of two jaws which he inserted closed, and which, when it was once inside, he could open by means of a long metal extension through the nose. No good, either. The membrane grew between the metal jaws and not even a few hours of free breathing would reward the little sufferers for the cruelty and pain of the procedure. And then, suddenly, one day, the answer came to him. It must be a tube—a closed tube that could be inserted into the windpipe and left there. A closed tube that would fit snugly into the windpipe and then, let the membrane grow as it will, the opening through the center of that tube would remain free.

AN EXACTING TASK

On that day began a piece of work which for singleness of purpose, for tireless attention to minute detail, and for brilliance in result had never been surpassed in the history of medicine. O'Dwyer himself did not recognize in the beginning what an accomplish task he was undertaking. It seemed so simple; a straight tube that could be slipped into the windpipe and that was all. But that wasn't all. The first tubes he made were too short and too narrow and they were coughed right up. The next ones were long enough but the increased width which made them stay there cruelly at the lining of the windpipe. If he pushed them down he could not get them up again, and the tubes remained in the dying children's throats. If he kept them high enough so they could be removed they interfered with swallowing and the children could not eat. Some children's windpipes were so tiny that any tube small enough to fit had no room for a passage way through it. O'Dwyer therefore set about creating the perfect tube by the only method by which it could be created. The room where he worked may still be seen in the cellar of the Foundling Hospital. Night after night for six years he sat by the gas light boiling the laryngeal windpipes of dead children and making plaster molds in order to study their inside configuration. Every swell, every narrowing, every lump and groove in the larynx had to be taken into account. The front edge of the tube at the top had to be bevelled so as to permit the epiglottis to fall back and make swallowing possible. The lower edge had to be rounded off so as not to cut while it was being inserted. A material had to be found that made the tubes of, for metal corroded, and enough gold and silver could not be had. Hard rubber was the answer to that one. A means had to be devised for removing the tubes from the outside when their usefulness was over, and a mouth-gag had to be made to keep the children's mouths open while the tubes were being inserted. Every difficulty was met and solved. One day the work was finished, and from that day forward the miracle of recovery from the laryngeal diphtheria became a reality. The insertion of the laryngeal tube is the most dramatically life-saving measure in medicine. One minute the little patient is blue and dying in agony—the next he is pink, relaxed, and quiet. He has received the gift of life.

* * *

It was a favorite pastime with O'Dwyer's colleagues to speculate somewhat wistfully on what the financial returns would have been had he chosen to patent his great invention. The question remains in the realm of speculation for he gave it to the world freely as an ethical doctors always do, and he died, in 1898, a poor man.

HUNDREDS OF IMITATORS

Perhaps, for the sake of the patients, he should have patented it. It was only a matter of months from the day the life-saving tube was invented in New York, and hundreds of unscrupulous mechanics throughout the world were turning out tubes by the hundreds. But these were not tubes as O'Dwyer had devised them. His imitators could not be bothered to observe the minute details of shape and form and thickness; they were not concerned with what appeared to them to be the trivialities of the rounding here, the swelling or the indentation there. Bad results followed and bad reports appeared in the press to embitter the next generation of doctors will think of it as something ancient and remote, much as the present generation think of yellow fever and cholera. O'Dwyer's tube will be laid aside, but the name of its maker will remain, a symbol of the humanity, the patience, and the skill that mark the true fighter against death.

After Childbirth

E VERY woman should spend at least ten days in bed after the birth of a child. During this period she should have as few visitors as possible. Visitors not only are apt to overtire the mother, but they may also expose mother and child to infection. A visitor with a "light cold" or a sore throat may cause serious harm.
The Greater New York Fund

A Melancholy Regardless of the fact that the private charity and welfare agencies of New York City do much good work, we cannot in good conscience refrain from commenting upon the methods used in the campaign now being carried on by the Greater New York Fund to raise $10,000,000 to help finance private charity and health activities for another year.

Private charity never has been able, nor will it ever be able to take care of more than a small percentage of the needy who are turned out in ever increasing numbers by the inequalities and contradictions of our economic system. This is shown by the fact that donations to private agencies invariably show large decreases in periods of economic depression, the very periods during which the demands of the needy are most urgent. Moreover, the day is rapidly passing when the health needs of any portion of the population can reasonably be expected to be met by charity. An influential group of physicians has recently stated the principle that "the health of the people is the direct concern of the government," and progressive people generally have adopted this view. Health is coming to be recognized as something to which the people have a right, just as they have a right to education and to fire and police protection.

Shifting the Burden The method of fund raising employed by the Greater New York Fund is essentially that of shifting as great a share of the burden as possible onto the shoulders of those who are neither responsible for the plight of the needy nor financially able to contribute to their support. Using the slogan "Give a Day's Pay" the big corporations are passing the hat among their employees, who know well enough that it means give—or else. Many of these employees receive such small salaries that they are not now able to take care of their own health needs, to say nothing of aiding those who are even less fortunately situated. Thus do the wealthy manage to evade the responsibility of caring for those who, through no fault of their own, are crushed by the workings of the economic system which enables the wealthy to increase their wealth. We maintain that it is the duty of the government to take care of those who suffer under the system, and that the cost of doing so should be met by those who profit because of it. This means increasing taxes on the upper-income brackets and corporate surpluses.

Sexual Impotence

JOE BROWN walked self-consciously into the office and sat down in the large comfortable chair the psychiatrist pointed to.

"Well, Mr. Brown, what's the trouble? What did you come to see me about?"

"Well, Doctor, I went first to my family doctor. He examined me and said that there wasn't anything wrong with me physically and then gave me your name. You see, I got married only two weeks ago, and I've been having some trouble. The fact is that I can't have intercourse and I don't know what the trouble is. I love my wife; just thinking of her makes me feel passionate but when it comes to having sexual relations I'm just no good. She's unhappy, and doesn't know what to make of it. I feel as though I'd lost all self-respect, and if this doesn't get cleared up our marriage will break up without ever really getting started."

After a number of questions which Joe Brown answered frankly the doctor gave his opinion. "There is no doubt," he said, "that you are suffering from what we call psychic impotence. That is, there is nothing wrong with your genital organs, either anatomically, as your physician's examination showed, or functionally, as shown by the fact that before your marriage you had successful intercourse several times. From what you tell me about yourself otherwise, you do not seem to be particularly neurotic, at least no more than the average person in these days when everyone seems to be neurotic to some degree. My impression is that if you will spend say two hours a week with me for several weeks, discussing your life history and particularly your early training in regard to sex and your attitude towards it, you will recover your potency and be able to live normally."

Joe agreed to this, since there seemed to be everything to gain and nothing to lose but time and some money, and fortunately he had enough of the latter to last several months at the fee he arranged with the doctor. The following scenes and episodes from Joe's life are arranged next as he told them but as they fitted together after about four weeks' discussion.

Marriage may be ruined by improper training in childhood. A story of impotence and cure.

Fright and Bewilderment

Five-year-old Joe was playing in the swing with Mary, a little girl his own age from the house next door. Mary slid off the seat and as she did her skirt was pulled up and her abbreviated drawers permitted a clear view. Joe said nothing but nevertheless he was puzzled about it. Where had it gone? How did she wee-see? That night he woke screaming and sobbing as he tried to put a sore, punished hand in his mouth. Above him he heard the stern tones of parental wrath: "Naughty baby! Naughty, bad boy! Mustn't do that!"

Joe, who had been playing, quite innocently, with his genital organs, would probably not have remembered this incident if a few years later he had not seen his mother slap and scold his baby brother when he, too, was found playing with himself.

Marriage may be ruined by improper training in childhood. A story of impotence and cure.
were walking back and forth, lights were burning in his mother's and father's room, and muffled groans were coming from it every few minutes. Once his father came into his room and looked at him, but as he lay still and kept his eyes closed, his father went out again without saying anything. The groans continued and got more frequent. Joe heard the voices of several women and one that sounded like his grandmother's. There was another man there, too, besides his father, and it sounded like Dr. Jones. Finally there were several high-pitched shrieks that caused Joe to shiver and lie quaking in the blankets. Then at last all was quiet, and suddenly a baby was crying.

Joe couldn't stand it any longer. He climbed quietly out of bed, went out into the hall, and peeked through a crack in the door. The first things he saw were several basins full of bloody towels, and as he took a sharp breath the smell of fresh blood was very distinct. Then he saw his mother lying in bed with her eyes closed. He shuddered to think of the things before from other boys, and though he had already been exhausting for nearly a year he felt guilty and ashamed, and had struggled hard to stop it. After his father's lecture he struggled harder than ever and succeeded in stopping almost entirely. But for a time he had nightmares and couldn't sleep well. He told himself that his father and mother were wonderful to him and that he was certainly going to deserve their respect if possible. He began avoiding his father and became afraid to be seen the reputation of being quite a prude. However, the fact that he was a good athlete and a good fighter if he had to be, made his position with his companions secure, even though they teased him about being too virtuous.

**FEAR AND REPRESION**

Later as he grew older he refused to go with the gang to "houses," but on two or three occasions when he was about twenty he did have intercourse with a girl a friend had introduced him to. She was a nice enough girl, though he had no idea of marrying her, nor she him. He always felt ashamed afterwards, and worried for a week or so until he was sure he had made the contact. Once or twice he consulted his family doctor just to make sure, and once even had a Wassermann test even though he had no symptoms to suggest that he might have become diseased.

Not long after these experiences he met the girl he later married, and on the day he gave up fooling around with other girls. They became engaged fairly quickly but felt that they had to wait until he had a good steady job before they could get married. Joe has never understood the nature of the treatment he had used to be. He has seen that while they are not unreasonable for a child, there was no foundation for them now. Another thing that probably has made a difference is that I think I have changed my point of view somewhat about sexual matters. I can see now that I was something of a prude, although it wasn't always so obvious to the casual observer; as a matter of fact I was somewhat of a hypocrisr with myself about these matters. These discussions have made me face a lot of things about myself more honestly, and now I actually feel I have become a good deal more liberal than I did. At the same time I also feel more self-confident and less self-conscious. I suppose that has made a lot of difference.

"You are quite right, it has made a great deal of difference," the doctor said. "Furthermore, what you have just said shows that you have understood the nature of the treatment and the reasons why you are now cured.

"Now that you understand all this so much better and see how serious the effect of this faulty training was on you, you must try to do better with your own children when and if you have them. Don't scare them about sex. If the baby masturbates, leave him alone; it won't do any harm. When a child asks questions, no matter if he is only two years old, tell him as directly as possible. The facts had been honesty and carefully explained to you at the time, the chances are that your horror of making a woman pregnant would have been comparatively slight.

**THE CURE**

The doctor had several other things to say to Joe concerning his case. It was all very enlightening as far as Joe was concerned, but most grating of all, he found that his impotency was cured, just as the doctor had predicted it would be.

When he came for his last consultation he told the doctor how well pleased he was with what a difference the cure had made in his life. Then, before he left, the doctor asked him if he understood why the type of treatment he had used had been so successful.

"Well, doctor," Joe said, "while I had, in a way, always been afraid of things I told you, I had never realized before that they had any relation to each other, or rather I did not know just how they were related. Especially I had never realized that these earlier fears about sex and pregnancy exercised any effect upon my life at the present time—in fact I didn't even realize that I had any such fears. I just knew that I had these childish fears about my mother right over to my wife, without knowing it. Then when these fears were brought out into broad daylight and discussed in a matter of fact way, the way we discussed them, I came to see that while they are not unreasonable for a child to have, there was no foundation for them now. Another thing that probably has made a difference is that I think I have changed my point of view somewhat about sexual matters.
MEDICAL EDUCATION IN THE U.S.S.R.

By Alan R. Bleich

A British medical student visits the Soviet Union and gives his impressions of socialist medical training.

After a half-hour’s tram ride from the centre of Moscow, my Intourist (State Travel Bureau) interpreter and I reached the Medical School. It was housed in a group of long, capacious buildings, and we had to inquire from one of the many busily-engaged students the way to the director’s office. The interpreter, a robust, hearty woman of perhaps forty years, who had entertained me during the long tram ride with stories of the tsarist days and of the vast improvements since then, looked at her watch and remarked that we had better hurry or we’d be late for the appointment; and the director was a busy man.

We entered a wide, spacious, white-painted hall and proceeded up to a small balcony, at which level was situated the director’s office. As we went, I could not but notice the neat dress and healthy appearance of the students. Most of them were engaged in conversation with their fellows as they walked the corridor, and a good deal of laughter was to be heard.

The director’s office was a comfortable, airy room and the director himself a fine upstanding man with a keen, alert expression. We conversed by means of the interpreter, which gave me the opportunity of thinking over his answers and formulating more questions.

"Just what part of the school would you like to hear about? Or perhaps you want to know of the experimental investigations of our research students?" asked the director.

"No," I replied, "I am more interested in the students themselves.

The director smiled and said something in Russian to the interpreter.

"He says that students are his hobby as well as his vocation and that he will talk about them to your heart’s content. He suggests that you ask him direct questions.

"I would like a brief statement concerning preliminary training and entrance to the medical school and an idea concerning the curriculum of the school," I said.

The Curriculum

"The usual procedure is that students upon graduation from the ten-year schools enter here immediately. Exceptions are found among the older people who now have the opportunity to study medicine, which they were formerly denied through the lack of funds. The ages of students range, then, from eighteen to thirty-five. Those students who come to us with excellent marks are exempted from entrance examinations before entrance. The preliminary training is the ten years of study including the usual courses plus elementary courses in science. As far as the curriculum of the medical school is concerned, we divide our course broadly into theoretical and practical sections. The first two years are theoretical, and anatomy, physiology, pathology, obstetrics, and surgery are the courses studied. The last three years are the practical years and the student studies physiology, surgical anatomy, hygiene, psychiatry, pediatrics, surgery, therapeutics, prophylactic and therapeutic methods, etc. Facilities for these studies are organized in the school, hospital, and clinic.

"Tuition is free.

"You mentioned previously that certain people had been denied entrance to the medical school due to lack of funds, but that they are now able to attend. Does that mean that tuition fees have been decreased since then?"

The director’s face creased into a broad smile.

"I see you don’t understand our new country,” he said. “The point here is that tuition is free—more, those students whose parents cannot support them during their studies receive a stipend from the State."

"At that rate anybody who so desires may study medicine?"

"Correct. But all candidates must either pass the entrance examinations or gain an exemption by reason of their past record."

"Could you give me an illustration of a typical case among the students? I asked.

The director thought for a moment, and then replied:

STUDENTS GET A SALARY

"Let us consider Sonya R. She is twenty years old and is in her second year in this school. Her parents do not earn enough to support her, so her tuition is free and she receives 200 rubles as a monthly stipend. She is married and lives with her husband, an engineering student, in a student house. Their only child lives with them and, during the day, is taken care of in the day nursery, which is part of the student house. Her stipend and that of her husband amply cover their needs, especially since their rent is extremely low."

"Are there many mothers attending the medical school as students?"

"From January 1 to April 1, sixty-one women students had children. All are provided for, so that the mothers may continue their studies. The children spend three months each year in summer camps and are looked after in every way."

"How is the amount of the stipend received by the student gauged?"

"Two factors govern its amount: firstly, the wage level of the student’s parents, and, secondly, the mark the student earns in school. The amount received is ample enough to cover moderate cinema- and theatre-going and other small luxuries."

"Do they receive all this for nothing?"

Again a smile appeared on the director’s face.

Reprinted from the Surgeon’s Hall Journal, Edinburgh, Scotland. 
"No," he said, "of course not. No one in the entire country receives anything for nothing. It's just that we realize that students' work also constitutes labor. But studies are not only present-day labor; they will ultimately be put to uses which will benefit the country generally and, as such, are worth paying for. A more direct repayment is required from the student immediately upon graduation from the medical school. He then spends three years in an assigned place, be it collective farm, factory, or village, where he works under the guidance of more experienced practitioners. This period, is in the nature of an introduction to medical practice, and serves to provide some out-of-the-way place with medical care."

"Does he receive a salary during those three years?"

"Yes," he begins at 350 rubles monthly."

"I should like to know something of his working conditions."

**HOURS OF WORK**

"He works from five to six hours daily. Our week consists of six days, of which the doctor works five days. He has a regular yearly holiday; and, in addition, provision is made to taking up old work and learning new methods. This applies especially to doctors who elect to remain in the country. After the three years are up they return periodically and so are always modern in their technique. Since we have a shortage of doctors just now, a good many doctors have made.

"How many doctors are there in the districts?

"I can only hazard a guess—but I will let you know accurately a little later, when we reach the statistics department."

"How does the student who wants to specialize go about it?

"Usually he serves for three years and then returns and works towards a doctorate degree. He may also secure a position in a city hospital if he has the necessary skill. For exceptional cases, exceptions are made."

"You made mention previously of prophylactic methods as a part of the curriculum."

"It is a course in what you speak of as preventive medicine. As a matter of fact, this office is located in the building given over to preventive medicine, and if you so desire, I will take you through it later."

I signified my agreement and he continued:

"Since our doctors are paid by the State and private practice is such a negligible thing, they are able to concentrate on prevention of disease. The study of preventive medicine is one of the most important courses in our curriculum. We have made many new advances besides correcting old faults, in improving working conditions throughout the country. A demonstration of our methods will illustrate what I have to say. Will you, please, come this way?"

We walked along a long, wide, white-painted corridor, opening off from which were rooms of varying descriptions. Chemical laboratories for students, fitted up with long laboratory benches, contained individual sinks and the usual long rows of bottled reagents, water-baths, and bunsen burners. Notable in all the class rooms were the large windows and the quantity of sunlight allowed entrance to the laboratories. The students were busy at benches, the majority wearing their white laboratory coats. We visited the student pathological laboratories and I noticed their modern microscopes. I saw also the advanced students, those working for higher degrees, in their special laboratories, and noted that they were well equipped.

**NUMBER OF DOCTORS INCREASING**

Finally we reached the room which housed their statistical department, where the answer to my previous question was given. In 1936 there were 77,215 medical students in 90,092 seats and benches, the majority wearing their white laboratory coats. We visited the student pathological laboratories and I noticed their modern microscopes. I saw also the advanced students, those working for higher degrees, in their special laboratories, and noted that they were well equipped.

After I had seen one of their large, airy lecture rooms—arranged in ascending tiers of seats and benches, we reached the top floor, in which was housed their museum. It was a museum displaying the many fields in which preventive medicine plays a part. There were models of children's camps showing how the bungalows should be arranged to ensure proper health measures. I saw models of chairs and desks for school rooms on which work had been done to find the style best suited for a (Continued on page 189)

**HEALTH AND HYGIENE**

"Can you cure appendicitis?"

"That's fine, here's my dime."

"A dime!"

"Don't holler."

"One minute!"

"What's in it?"

"Read the label."

If you're able, (Green studies it to no avail.)

Don't stop to think, Drink, Drink, Drink!

(He drinks. There is a terrific crash. He falls flat. Blackout.)

"Is there a chemist here today?"

"What has the chemist got to say?"

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Representative of Slimotto Co.
I represent Slimotto
And I speak for its producer.
It's a guaranteed reducer.
But it burns the tissues too,
Seized for trying to defraud.
By order of the postal board,
It's got to be withdrawn from sale.
Who says Slimotto is a drug?
Out
Here come two more master minds.
You're guilty of false advertising.
Your blurbs and labels need revising.
Now, at last, Slimotto's caught.
Not me, I'll take the case to court.
It's true the advertising's spurious.
It's also true the drug's injurious

A school teacher tells how she handled the problem of temper tantrums in one of her pupils.

A Problem Child
By Helen Jay

To the Editor:
Mrs. Davi's article, "Sex Education for Children," in the October issue of HEALTH AND HYGIENE was unusually valuable because it was an exposition of a method that had actually been tried and proven successful.

Those fortunate first seven years are the making or the breaking of grown men and women. How much deep-rooted maladjustment could be prevented if our parents had had young Danny Davi's same upbringing and had been enabled to pass it on to their children.

The following is an incident from my teaching days in a section of Boston's South End known variously as the "suit-case district," the "red-light district," and the "hop-head district"; also, incidentally, the district of the malnourished and underprivileged, and the poor. I am sending it to you with the thought that your readers might find it an interesting account of how one teacher handled a difficult situation.

Sincerely,
HELEN JAY

There is a key to the "naughtiest" of them. If we had the time and the understanding, there would be few, if any, "problem" children. At any rate, that is my conclusion after ten years of teaching in public school kindergartens.

Ruth came to our kindergarten when she was four years old. She had the coarse black hair of the Indian combed straight to her shoulders. For the rest, she was a handsome little Negro. She was brought that first day by a neat middle-aged woman who said she was the little girl's "guardian." The child's mother was working outside the state—came to see her every few months. Ruth was illegitimate, part-Negro and part-Indian.

For three weeks we needed no advance notice of the child's daily arrival. We could hear her slamming doors and stamping down the long hall. She would stand at the entrance to the room, her large brown eyes shooting sparks. Then she'd slam the door and stamp into the dressing room. We knew from past performances that she would throw the other children's things to the floor, and we knew, too, that she would refuse to pick them up. Then she would come bang-stamp into the room, pick up her chair and throw it down before sitting on it.

She wanted attention.

The director of the kindergarten said that it was no wonder she was a little savage with the "blood of those two barbaric races in her veins." The poor woman was at her wit's end and one day she said, rules or no rules, she was going to give that kid the beating she was looking for. I kept asking her to let me have a try at the child. But she insisted I wasn't strong enough to cope with the "little devil." She showed me her legs where the child had kicked her, and the scratches on her arms. I guess I wore her down because she finally agreed to give me just one week to let me do whatever I wished with little Ruth. During this week she promised to keep hands off. After that, if nothing could be done, she was just going to bar the Negro child from the "privilege" of coming to the dirty, drafty old pile of bricks known as the "school."

First of all, I knew that the child was being "naughty" because she wanted attention and lots of it.

And so, early one morning I took her into the schoolroom with me. I placed the prettiest doll in the carriage and said nothing. Even with no one else around, Ruth banged and stamped, I still said nothing, but went on folding paper napkins. While she was undressing the doll, I said, "Do you have a baby at home?" I saw her eyes flash. "Naw!" she said.

Finally, I learned that "Granny," as
she called the “guardian,” had “lotsa kids at home—too much kids.” She named five or six. State wards, I imagined, since they had different family names.

The only thing Ruth wasn’t banging or stamping about or pinching the other children when she was listening to a story. Those wild eyes would become soft and the tense little body would become soft, too. Poor little kid, if I only had the key, I thought.

My week was almost up and she continued throwing the coats to the floor of the dressing room and doing even “naughtier” things. I was ready to admit failure one rainy morning. I had been so busy helping children with two-sized too-small rubbers and raincoats and sweaters that I didn’t notice Ruth hadn’t gone home with the others. She never allowed anyone to help her because she “wasn’t no baby,” and yet here she was sitting in her chair with her feet on her lap. “You would like me to help you with your rubbers?” she said, with the others.

Then I thought an avalanche had hit me. Ruth never allowed anyone to help. Then she stood in front of me, her eyes on the floor. “Why, no, you’d probably keep her awake, you stamp about so.” I had to steal myself against the sudden tears in her large eyes.

“Well, you let me try, that’s all,” she said.

There was an end to slamming doors and stamping feet. Other “mean” acts gradually subsided. I found her an extremely intelligent child.

The director was satisfied with my “miracle.” However, she showed that she had not understood the process by which I had accomplished it, because she advised me to put Ruth in a separate place so that we could not let her keep on hugging me in such a “free way.”

Then we simply must eliminate that clause, Yes, we simply must eliminate that clause! (They tear the whole bill to pieces and throw the pieces up in the air with a whoop. The patent medicines come on and all sing while Representative of Simploto Co. dances, holding up the bottle.) Run, don’t walk, to the nearest store, Buy a bottle of Squirk. It doesn’t matter what it’s for, It’s always sure to work. Take it when the weather’s cold, Take it when it’s hot. Take it if you’re young or old, But always take a lot.

Then— When the movies want a he-man, Or the government a G-man, Or the girls a Tarzan tree-man, You’ll be there! Don’t despair, You’ll be there!

An embryologist discusses the causes of marks and disfigurements in the newborn child.

**Birthmarks**

By JOSEPH HIRSCH

Medical Editor, Bureau of Cooperative Medicine

IT HAS always been a popular belief that the effects of the emotional and imaginative experiences of a pregnant woman can be transmitted to her unborn child. Many an expectant mother has worried herself sick in the belief that she can “mark” her baby. We have all heard of “strawberry” birthmarks attributed variously to a craving for the fruit on the part of the mother or to a fright incurred by the mother when some one, intentionally or in jest, hit her with a strawberry. Then there is the “mouse” birthmark. Who amongst us doesn’t know the story of Mrs. X, whose brother, a practical joker of the most irritating kind, having fully aware of how she detested mice, bought an artificial, mechanized mouse and almost scared her to death with it when she was five months along with her second child. As time went by she forgot about the unpleasant incident but, sure enough, when the baby was born it had a gray mole on its leg. And it looked exactly like a mouse! With slight variation this is the story we’ve all heard countless times.

**PRENATAL IMPRESSIONS**

Literature is full of accounts of babies born with “mouse” moles, “strawberry” marks, distorted features or limbs—all because the mother had suffered an unpleasant sight, a sudden fright, or some long-tormenting fear. Scientific and medical writers have always ascribed such markings and disfigurements to coincidence and for the most part this has been the correct explanation. But merely to say that it is impossible for mothers to mark their babies is not enough. In order to refute the mistaken notions about prenatal impressions we must consider the mother and the developing child. In other words, I imagined, since they had different family names.

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There are, therefore, but two routes left by which impulses can be carried. Although we know that the blood stream does not carry impulses, in the case of mother and child the lack of connection between the two makes this theory all the more untenable. In the womb, the baby is attached to the mother by the umbilical cord, a cord that contains three blood vessels, no intermediate branches, and no nerves. Its sole function is to carry food and oxygen in solution to the baby and carry waste products from the baby to the mother's blood stream and then to her organs of excretion. The blood vessels in the cord are not attached to, and, in fact, never come into contact with, the mother's blood vessels. Not only do mother and child have independent circulatory systems but the baby even creates its own blood. When the baby is born and the cord is cut, there is no appreciable bleeding because none of the maternal blood escapes. Experiments have been made in which materials were injected into the maternal vessels but not the minutest trace of these materials could be recovered from the fetal circulation. In reverse the experiments have likewise proved fruitless. The blood vessels of the umbilical cord are attached in the placenta or after-birth, which is made up of a great many interstitial spaces. These spaces contain blood from the mother, and the blood vessels from the baby are bathed in them, discharging their waste and absorbing the food and oxygen in solution. Since the placenta acts as a filter and purifier few harmful elements can enter the baby's blood. Exceptions are such tiny organisms as the germ of syphilis. Except in the case of a few such germs, and possibly certain chemicals (hormones), the only way the mother's blood can affect her child is by not providing the food it should get.

THE CAUSES OF BIRTHMARKS

Sensory impressions, the transmission of impulses, activities, and conditions from our nervous system. So far as the actual transmission of nervous impulses from mother to child is concerned, no question can even arise, for it is a well established anatomical fact that there aren't any nerves from mother to child!

But we do have malformations and blemishes! This is also a fact. Hence, how do we get them? To answer this question let us refer briefly to the chief facts in the development of the baby. First, by the time a woman becomes aware of her condition, that is, by the seventh week of pregnancy, the fetus is almost fully formed. If it is marked originally, then it will be so at this stage of development. Whatever injuries it may sustain later in its development can have no effect upon it but death. Yet, in spite of this fact, many of the incidents which are supposed to result in the marking of the baby occur later in pregnancy. "Wine stain" birthmarks result from an exaggerated growth and clustering of tiny blood vessels in the early development of the child; "strawberry" marks result from a fusion or anastomosis of these blood vessels, and often have as much resemblance to an elephant as to a strawberry. Such marks are due to an excessive growth of the blood vessels and the portions concerned during the process of development. Moles and warts are the result of excessive growth in particular regions.

Birthmarks are sometimes caused by the pressure of instruments or injuries in the process of delivering the baby. Such marks generally resemble bruises in which blood clots are formed just under the skin. Marks of this kind are usually transient and disappear themselves.

The expectant mother should avoid excitement and anxiety for her own peace of mind, and thereby assure a sound body for the baby she is carrying. In daily intercourse anything may happen; if there be some accidental encounter, some unnerving incident, she need not brood over it nor concern herself with it. There is nothing in medical science to substantiate her fear, and there is enough to prove that it does not rest upon scientific grounds.

Just as there is no evidence to prove that a woman can affect the physical shape of her unborn child, neither can she shape her character, personality, or talents. During pregnancy she may devote her entire spare time to some field of special interest: painting, sculpture, music; she may concern herself with books and mingle with men in the professional fields, but alas, wishing does not bring fulfillment. She cannot, often much to her consternation, mould her future son or daughter into painter, sculptor, composer, doctor, or inventor. Her job in this direction begins only with the birth of her child.

(A subsequent article will deal with the removal of birthmarks.)

JUNE, 1938

Health and Hygiene

The influence of the printed word is an enormous one. Millions of dollars are spent on advertising, yet it is a good investment for it creates demand and, what is more to the liking of the manufacturers, profit. That these profits are obtained at the expense of the consumers' health, seems to be of little or no concern to the advertising agencies or their sponsors. There are those who are ready and eager to enter any lucrative field, only too anxious to give to the public what it thinks it wants, with no regard for the public's welfare. And what the public thinks it wants is usually determined by high-pressure, and often false, advertising.

This has been particularly true as regards "white teeth." The daily papers and magazines are full of those little dramas enacted in cartoon strips, which, in spite of their inanity, continue to bring in the cash by appealing to the more elementary desires and emotions. Some Cuts who has languished for years because the boy friends do not compete for her favor, buys a tube of Dr. Blank's Blanc-o-Dent and is immediately swept off her feet by the rush of suitors. Or Besie Boop, who has never gotten very far with a desire to set Hollywood on fire, purchases a can of Astro-Dent and is rewarded with "teeth that shine like the stars," and a moving picture contract at $1,500 a week. The formula is always the same and so is the moral: in order to be popular and successful white teeth are essential.

WHITE TEETH AND DENTAL HEALTH

What is the truth concerning the desirability of "white" teeth? The fact is that whiteness of the teeth is not necessarily a sign of good dental health. Many dentists know that vital, healthy teeth may vary in hue and shade from a creamy white to a grayish color. In fact, Charles F. Bodecker, Professor of Oral History at Columbia University, and one of the foremost dental authorities in the country, states that the healthiest teeth have a yellowish hue, whereas chalky white teeth are deficient in calcium.

Teeth that are dull and dirty due to lack of oral hygiene can be made clean and stains can be removed by a harmless method, the method taught in dental schools. However, dentists know that in the neglected mouth the cleansing process is a tedious task, requiring patience, care, the proper instruments, and skill. In other words, there is no quick way or short cut that is safe.

Yet in spite of this knowledge there are dentists who, relying on the manufacturers' claims regarding the safety of their products, use hydrochloric acid preparations in an attempt to hasten their work and give their patients the white, "sparkling" teeth that the advertisements have "taught" them they should have. As a result of the use of such preparations many patients' teeth undergo irreparable damage, for hydrochloric acid acts as a solvent of the calcium and phosphorus which are essential ingredients of tooth enamel.

STAIN REMOVERS

The Research Council of the New York Academy of Dentistry and the Council on Dental Therapeutics have made extensive clinical analyses of a number of so-called stain removers. Among these tested were: TEXT: Stain-Remover, Bleach-o-Dent, E-Kay, Es-Tartar, Snowy White, and Tartaroft. Some of these acid stain removers have been sold to the general public. Texti, which is sold only to the profession, is the product that is most in use among dentists who resort to this method of cleaning teeth.

Tartaroft was examined by the Bureau of Chemistry of the American Dental Association and found to be essentially a solution of hydrochloric acid in water. In an article printed in The Journal of the American Dental Association the following statement was made: "If such a dangerous fluid as hydrochloric acid is indicated it must be used with extreme care on the teeth and then only in the hands of a skilled dental operator." It should never be used by the laity. The profession would do well to inform the laity of the dangerous character of

"Pearly White Teeth"
this preparation and the injurious result of its use." Contrast this unprejudiced report with the circular which accompanied a package of Tartaroff: "Tartaroff, a sensational new liquid discovery, removes all blemishes and turns cloudy teeth to sparkling White within a minute. Just a Safe, harmless, magic liquid that accomplishes things no toothpaste ever can!! This wonderful formula is a simple raspberry-colored liquid, contains natural ingredients—secretly combined which gives astonishing results. Absolutely Safe and harmless."

This, in spite of the fact that tests proved that calcium and phosphorous were dissolved from the teeth by Tartaroff!

TAXI
The dental profession has been warned by these official investigating bodies and yet the sale of these advertised products continues. In answer to the charge of the Research Council that Taxi had a definitely harmful action on the teeth, the manufacturer reported that if Taxi had been used as directed on the label, namely, "apply to teeth, wait a few seconds and use brush wheel," no damage would have resulted. Further tests were made with Taxi upon extracted teeth, and even when the solution was allowed to remain for as little as five seconds, enamel was found to be dissolved from the teeth. It is clear, therefore, that the use of tooth bleaches and whiteners such as Taxi, Bleachodent, Tartaroff, and the rest cannot be too strongly discouraged. Informed dentists do not employ them in their practice, and the public should be made aware of the dangers involved in their use.

FALSE CLAIMS
Finally, people should realize that the purpose of a dentifrice is not to remove film from the teeth by the tooth whiteners and bleaches but to clean the teeth. They cannot cure or prevent specific diseases of the teeth or gums, and any claims that they can are fraudulent. When this is more widely understood less harm will be done by the tooth whiteners and bleaches that are not used in order to do what the above products and other dentifrices will not do, namely—whiten teeth.

Appendicitis—A Warning!
(Continued from page 167)
doctor or a consultant than to allow the patient to be treated by what the physician in charge knows to be an ineffective method.

So if your doctor ever tells you that you have acute appendicitis you should not ask, "Do I need an operation?" Instead, the question ought to be, "How soon will you operate or have me operated on?"

If the above suggestions were universally followed, appendicitis would ease to be such a common cause of death and would become one of the most negligible ones.

Vaginal Tampons
A RECENT TEST of the efficacy of vaginal tampons, which are coming into popular use in place of sanitary pads during the menstrual period, showed that only eight out of ninety-five, or 8.4 per cent of the women in the test, were afforded complete protection by the tampons. However, 81.1 per cent of the women were completely protected during the latter part of the menstrual period when the flow was diminished.

Physicians in United States
ACCORDING to the latest report of the American Medical Association there are 156,339 physicians in the United States. This is one physician for every 815 persons in the country.

What's in That Bottle?
Patent medicine labels often fail to inform the user that poisons are present.

WHEN Eben M. Byers, wealthy Pittsburgh manufacturer and former amateur golf champion, lost his health he was persuaded to dose himself with Radithor "certified radium water." Perhaps he reasoned that if Radithor didn't cure him, it wouldn't do any harm. But the medicine killed him. It literally disintegrated the bones of his head.

Newspaper editorials were caustic in their criticism of the government. Why wasn't the Food and Drugs Act enforced? Editors, in common with most well informed people, assumed that the food and drugs law prohibits nostrums that are dangerous to health when used according to directions on the bottle or in advertising. Unfortunately, the law does not prohibit nor restrict the sale of dangerous drugs. Only when the labels of medicines bear "false and fraudulent" therapeutic claims, or misrepresent the identity of the ingredients, are they subject to legal action.

The label of the medicine that killed Byers bore only a simple, truthful statement that Radithor was a radium-active water.

LABELS DO NOT INDICATE DANGER
Radithor is by no means the only dangerous medicine. Preparations used for rheumatism, neuritis, and similar disorders may contain cinchophen, a drug that injures the liver especially those recommended for the periodic use of medicines bearing on the deadly effect of cinchophen is one from the Mayo Clinic, Rochester, Minnesota, describing five fatalities. In October, 1932, The Annals of Internal Medicine reported six deaths from cinchophen poisoning, four of them caused by one proprietary medicine. Such reports multiply as time goes on. The present food and drugs law does not even require that cinchophen be declared on the labels of drugs containing it.

Medical records also show the perils of unwise use of "pain killers." Many contain potent ingredients that can safely be used only in carefully restricted dosage, and then not too frequently. Others contain drugs dangerous in any therapeutic amount. None of them cures the cause of bodily distress. At best, "pain killers" can only dull for brief periods those aches and pains that are not too severe. If the pain is really bad and the first dose does not get results, there is a strong temptation to take another dose too soon, and perhaps to double it.

POISONING FROM PAIN Killers
Numerous deaths have resulted from overdose of headache powders containing acetanilid. [Editor's note: Acetanilid is an active ingredient of Bromo-Seltzer.] Aside from the knockout punch of an overdose, acetanilid, taken over long periods of time by those who suffer chronic pain, may seriously alter the oxygen-carrying power of the red blood corpuscles. The victim turns blue; serious illness and death may follow.

While acetanilid is one of the few drugs the law requires to be declared on the labels, the lengthening record of tragedies from its use demonstrates that mere label declaration is not enough. The ordinary purchaser cannot avoid its dangers unless the label bears clear warning against probable misuse.

Another notorious "pain killer" is aminopyrine, found in many "pain relievers," especially those recommended for the periodic pain of women. While aminopyrine may not adversely affect all who take it to a readily recognizable degree, it does cause, among other effects, in those who are susceptible, a curtailment or destruction of the function of the tissues that make white blood corpuscles. So insidious is the effect that the danger may not be recognized until too late. The percentage of deaths among susceptible individuals is very high. The law does not require even a label declaration of aminopyrine. [Editor's note: Midoil, Dysco, Kalms, and Lydia Pinkham's Tablets contain aminopyrine.]

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HEALTH and HYGIENE, 215 Fourth Ave., N.Y.C.

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HEALTH and HYGIENE, 215 Fourth Ave., N.Y.C.
Questions and Answers
(Continued from page 162)

ductive sluggishness of the circulation in the region, a
primary vaccination on the leg of a person who
walks about after the operation often results in
ulceration, slow healing, and a large scar. More­over,
the superficially lymphatic drainage is better
over the deltoid insertion (the section of the arm
on which vaccinations are generally performed)
than at other sites.
A further consideration is that routine vaccina­
tions are more dexterously performed when the site
is always the same, and the evidence of previous
vaccinations are more easily inspected.

Weight Reducers
Sioux City, Iowa

Dear Doctors:
I have been advised to buy a device called
Thermo-Roller to help me to reduce. Is this
device effective?—M. R.

Answer—There is no mechanical device of this

Thermo-Roller is nothing but an expensive gadget which is supposed to mass­
gage away fat. However, fat cannot be removed in
this way. Save your money.

“Flat” Feet
Newark, New Jersey

Dear Doctors:
What kind of corrective shoe do you advise
for children whose feet seem to be too flat?—F.C.

Answer—Feet that appear to be flat are not
necessarily weak. This is especially true of chil­
dren under five years of age who may have pads
of fat so situated on the soles of the feet as to
make the appearance of what many laymen call
“sunken arches,” “fallen arches,” or “low instep.”
There is too much confusion about so-called
corrective shoes, orthopedic shoes, and the like.
The average foot needs a wide, roomy shoe with a
snugly fitting heel. For the abnormal foot a
shoe manufactured by an “orthopedic” shoe com­pany may not be adequate. For feet needing spe­
cial footwear it is best that a physician trained in the
field be consulted. Proper advice can be ob­tained from an orthopedic surgeon or an orthopedic
clinic connected with a large hospital.

Metal Polishing
New York City, New York

Dear Doctors:
My husband has obtained employment as a pol­isher (uses emery powder and jewelers’ rouge) in
a chromium and metal factory. Could you tell
me if there is any danger to his health in this
job?—J.S.

Answer—The Division of Industrial Hygiene of the New York State Department of Labor rec­
cently published the results of a study on metal­polishers. About two and one-half per cent of the
workers studied showed a mild degree of sili­
cosis. The material used in metal polishing which
may produce damage to the lungs is tripoli. Emery
and jewelers’ rouge do not cause any serious harm
to the health of the workers. If any of these sub­
stances are used in such a way that large amounts
of dust are inhaled by the polisher, mild irritation
of the nose, throat, and lungs might result, but
serious damage is not likely to occur.

Some plants in which polishing is done are

Sterilization Operation
Easton, Pennsylvania

Dear Doctors:
Is the sterilization operation performed more

often than in a woman? —P. N.

Answer—Sterilization of a woman requires a
major abdominal operation. A man, on the other
hand, can be sterilized with much less difficulty.
Sterilization of the man is a simple office procedure.
Any competent thoracic surgeon can perform
this operation. It does not require loss of time
from work by the patient. Local anesthesia is used,
and there are no harmful effects afterwards.

However, it is far better to use proper birth con­tro­

HEALTH AND HYGIENE

June, 1938
What's in That Bottle?  
(Continued from page 187)

The definition of drug in the present law limits legal jurisdiction to preparations recognized in the United States Pharmacopoeia and the National Formulary, and to other substances "intended to be used for the cure, mitigation or prevention of disease." The law does not control drugs used for the diagnosis of disease, nor those intended to affect bodily structure or function. For example, "laxerizing" preparations are not legally drugs, although the public usually regards them as such.

Executive Director for 15 years, Mr. Kingsbury served as Administrative Consultant to the Topeka Constitution, however, like its predecessor, failed of ratification. Mr. Kingsbury's maternal grandfather, Major Henry J. Adams, took an active part in the Anti-Slavery Movement in Kansas. He was a member of the Leavenworth Constitutional Convention, and under the constitution framed by that convention he was elected Governor of Kansas. This Free State Constitution, however, like its predecessor the Topeka Constitution, failed of ratification by Congress.

Educated in the public schools of the State of Washington, a student of the University of Washington and the Washington State College, Mr. Kingsbury completed his academic work at Teachers College, Columbia University, and received the degree of Bachelor of Science in Education in 1908. He received the honorary degree of Doctor of Laws at Syracuse University in 1931.

Mr. Kingsbury has written extensively for magazines and professional journals on the subject of public health and public welfare. He is the joint author with Sir Arthur Newsholme of Red Medicine: Socialized Health in Soviet Russia.

Since his retirement from the Milbank Memorial Fund in 1935, of which he was Executive Director for 15 years, Mr. Kingsbury served as Administrative Consultant to Harry L. Hopkins, Administrator of the Works Progress Administration. Recently he has joined the Board of Directors of The Social Economic Foundation and has been elected president of the foundation.

John A. Kingsbury

JUNE, 1938