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HEALTH AND HYGIENE

Magazine of the People's Health Education League
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Questions and Answers

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

Home Treatment of Nasal Infections

Middlefield, Ohio

DEAR DOCTORS:

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

—D. M. H.

Answer—The self-treatment of nose and throat infections is generally useless and sometimes dangerous, regardless of the nature of the antiseptic used. While it is true that nose specialists use "tampons" (cotton plugs) of argyrol and other antiseptics in treating nose and sinus conditions, this constitutes only a part of the treatment and by no means the most important part. The silver-containing preparations are definitely valuable in certain conditions (gonorrhoea, eye infections, small skin wounds) but cannot be depended upon to have a significant effect on naso-pharyngeal infections. There is, furthermore, the danger that the silver will produce a permanent bluish discoloration of the skin (argyrosis).

The Sexual Urge

Baton Rouge, Louisiana

DEAR DOCTORS:

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

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

Approved sexual morality discourages all non-marital sexual relationships and imposes definite social penalties on those who indulge in them. It also creates restraints and inhibitions through the

usual methods of education both in and out of schools. From the beginning children are forced to reject their sexual impulses and feelings by the disapproving attitudes of their parents and teachers. Naturally the result is that most individuals succumb to emotional conflict when they arrive at the age of sexual maturity, that is, at adolescence. Unfortunately there is a considerable lag between biological and cultural maturity, and no account is taken of this lag in our accepted cultural patterns. Thus, the individual is physically ready for sexual activity long before he is able to marry, and often, because of the artificial prolongation of his dependence in the family, long before he is emotionally and socially mature.

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

Double Chin

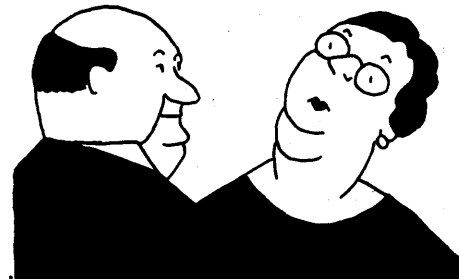
Los Angeles, California

DEAR DOCTORS:

Please tell me how to correct double chin.

—N. S.

Answer—Double chins occur usually as part of the process of aging. The skin, with increasing age,



loses its tone and relaxes and sags. This is due to actual changes in the supporting (connective) tissues under the skin and in the muscles. The process is the same for wrinkle formation. Putting on weight (fat) naturally accentuates a double chin, though the choice may lie between a smooth double chin or a wrinkled chin. Exercise and massage, by improving blood flow and muscle de-

(Continued on page 26)

The author of "Microbe Hunters" delivers a practical message to the youth of the nation.

Syphilis—A Challenge

By PAUL DE KRUIF

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

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

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

A year ago, syphilis, for you young folks and for your parents, too, was mysterious, a

secret shame. Its name could hardly be whispered among respectable people, though many good citizens are maimed by it, and die.

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

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

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

These scientists, these doctors, are the generals, captains, yes. But you and your fathers and mothers must be the soldiers. And who ever heard of generals and captains that ever



Mischa Richter

amounted to a whoop in hell without an army? You wonder why this must be the whole people's fight for life, why it must be your own death-fight?

For just one simple reason—that it's impossible to fight any enemy that hides in ambush. How can you mop up microbe assassins when you don't know exactly where they're lurking?

And if the whole people of Chicago aren't willing to join in smoking these microscopic murderers out of their hundreds of thousands of hiding places in this city—then how will our healthmen, our doctors, be able to shoot them with the magic chemical bullets that can now wipe out this terrible sickness?

FINDING THE MICROBES

This is the simple science, this is the rock-bottom of your great new battle: that there's one way, only one *sure* way to find these microbe gangsters—

That's by the blood test, for everybody. For all. By a blood test as universal as you young fighters can help to make it.

You ask why everybody should have this blood test? Can't our doctors tell, just by looking at people, whether they have syphilis? No. There's the rub. The microbe hides in people who *look* healthy—and so makes such people deadly dangerous to others. They don't, many thousands of them, even suspect that they themselves have got it. Syphilis is the devilish disease it is because it's like an iceberg. It travels, eight-ninths of it, under the surface. . . .

The people of Chicago, from the Mayor on down, have done a lot of talking about what they're going to do to wipe out syphilis. But now at last today, now that you youngsters have challenged it on the public streets, you've brought all the people face to face with this grim decision—

Are we willing to submit ourselves—all of us—every last one of us—rich and poor—high and low—big shots and plain people—to the sure and simple blood test that will tell our healthmen and doctors how much of this murder there is—and where?

There need be no shame about it. The test is absolutely confidential. There is no personal money angle to it. The test is going to be free to all. There is only one little catch

in the scientific plans for this historic battle. That little bug in the battle plans is this—

Indifference. You know that the people of Chicago are now being asked whether or not they are willing to take this free confidential blood test for syphilis. They've got to answer. Otherwise the whole campaign is just another one of those things, just so much blah-blah, just so much hooley.

You ask why so? Because our healthmen and doctors can't even get into the trenches for the fight, can't even begin to make this mass blood test—until the people themselves—overwhelmingly—show that they're behind this battle.

The blood tests are to be free for everybody, yes. But the blood tests do cost money. Now, if the people of the city rise up to demand it, how are your mayor, your councilmen, going to deny this absolutely necessary money to our doctors and healthmen?

To help to swell this growing demand for the blood test into a roar, your help, beginning today, is absolutely needed. It's you young people who today are the shock troops. You're carrying the blood test ballots out today. The healthmen and doctors—fighting for the lives of all of us—are begging you to do all you can to see to it that the answers come back, by hundreds of thousands.

YOUTH ENLISTS IN THE FIGHT

If you young fighters go over the top, if you take the trenches of public indifference, there'll then be no doubt who'll win this terrible battle between the syphilis spirochete and the people of America.

You ask why our healthmen and doctors can be so confident? Because of this: if they can uncover the hidden syphilis, they can treat it, they can kill the microbes. Then there'll be no more syphilitic people to give the disease to healthy babies, innocent boys and girls, young men and women.

To Wipe Out Syphilis—that, no less, is the sworn determination, that's the objective of our healthmen, every last one of them, from Doctor Parran, our great Surgeon General, on down to the rank-and-file of the doctors.

Chicago is the first city that has dared to take up the challenge of this battle. Now, if you do all in your young power to see to it

(Continued on page 28)

Is mother love self love? A psychiatrist explains how mothers can sometimes go wrong.

Mother Love under the Microscope

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

At once the newspapers were deluged with letters, some taking him to task for profaning one of the most sacred of human emotions, and others complimenting him for speaking frankly. Johnstone drew a series of cartoons, one of which showed a rebellious but cowed small boy being hounded to his piano lessons by a stern-visaged mother who said, "He's got to get his lesson so I can brag about him to the neighbors"; in another he showed a girl being fitted for a dress by an equally resolute mother who replies to the girl's complaint that she is tired, "Don't you want to be a credit to your mother?"

DIFFERENT KINDS OF MOTHER LOVE

There is an old saying: "Many a truth is spoken in jest." In other words there is a lot in what President Neilson said. There is mother love and mother love. Some of it, perhaps the greater part of it, constitutes one of the finest and most constructive forces in the world. In sublimated form it is responsible for the finest type of self-sacrifice for the common good, for the highest kind of social idealism. Directly, it is responsible for the care of the child, for its protection in infancy, and for its education and development as it grows up. Eventually the right kind of mother love leads the child to independence and self-reliance, and then gladly relinquishes maternal authority.

There is, however, another kind of mother love, so-called, which is responsible for endless misery. In such cases a consuming jealousy lurks behind an over-solicitude for the welfare

of the child, and behind an imposing facade of self-sacrifice is a relentless will to rule and dominate and exploit. It is a case of the mother fulfilling her own frustrated ambitions vicariously in the life of the child, of the mother forcing the child into a career that will satisfy her rather than the son or daughter.

FOR MOTHER'S SAKE

Another and slightly different kind of mother love is that which is so consuming and demanding that it can't bear to have the child grow up, or to fall in love. If, under such circumstances, a son does grow up and fall in love, then the mother generally has to manage his new household, bring up his babies, and practically usurp the place of his wife.

What has been said above, of course, applies to fathers as well as mothers. But what on earth is it that gets into people to make them act this way? The answer is not simple, but we will try to give a few examples and explain the mechanisms.

A woman of great intelligence and ability had resolved that her children should have fine careers. From an early age she trained them with this in view, held them exactly to their lessons, urged them constantly to strive for high marks, and begrudged them any time for the normal play and social relationships of childhood and youth. The children grew up hating their studies and resenting the constant pressure that forced them to excel and to work hard "for mother" at the sacrifice of their own interests. At the same time they were so well supervised in all their activity that they had no opportunity to develop that self-reliance and independence of thought which is essential for a successful career. The result was that when their studies had advanced to the point where these qualities were necessary for further progress, they were unprepared for the responsibilities of independent thought and action, and gradually slumped into mediocrity.

What made this mother treat her children in this way, a way which only led to defeat of her purpose?

The mother had been the youngest child in her family. She had two older sisters and a much older brother who had died shortly before she was born. This boy had been the idol of his parents, and an unusually brilliant and promising student. The father and mother were bitterly disappointed that their youngest child was not a boy, and did not attempt to hide their feelings. Consequently, the girl felt inferior from the start, resented the fact that she was a girl, and developed an overpowering ambition to show her parents and the world that she was as good as any boy. During childhood she scorned dolls and the usual activities of girls, and concentrated on trying to do whatever boys did. The fine scholastic record of her brother was constantly held before her, and throughout school and college she made a brilliant record, equalling or surpassing that of her brother. She planned to go on with a professional career, but at this point the biological demands of sex overtook her. She fell in love, married, and promptly had two children.

UNFULFILLED LONGINGS

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

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

Girls who "should have been boys" in order to satisfy their parents have a hard time of it. They accept the feminine role only with difficulty, and often have a subconscious hatred of men which makes it difficult for them to adjust

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

AN UNHAPPY MARRIAGE

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

At first uncertain about what to do, she finally decided to make the best of it. Even though she did not love her husband she felt that she could gain some happiness by loving her child. She tried to suppress her bitter resentment at her lot and to put down the feeling that the child was the strongest link in the chain that bound her to the man she did not love. Starved for affection, she turned the full force

of her love on the child. She sacrificed herself for him, babied him, over-protected him. She did things for him which he should have learned to do for himself. She was constantly afraid that harm would come to him. As a result she kept him from much of the normal play of children in which there is always a slight element of risk. This prevented the child from developing courage, self-reliance, and the ability to stand the stresses of life. It prevented him from growing up emotionally and made for a lag between his physical growth and character development.

In the meantime what had happened to this woman's former resentment against the pregnancy and the child who had tied her to an unhappy marriage? She still did not love her husband and it was still a fact that the existence of the child bound her to him. Every time her dislike for her husband became keen and after every quarrel with him, the old feeling about the child would have made its appearance if she had allowed it to gain expression. But since she could not allow it to come forth, she tried to compensate for it and defend herself against it by pouring out additional love for the child. Such love, however, was abnormal. It was this abnormal love which made her overprotect the child, which made her exaggerate every slight danger to the child, and even caused her to fear imaginary dangers.

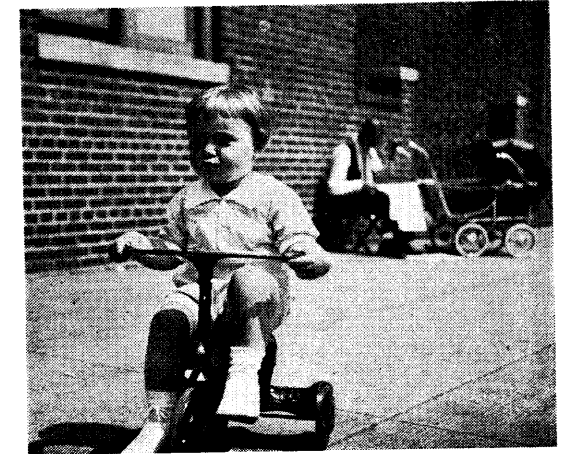
People usually look upon the over-protecting, worrying attitude of some mothers as evidence of love for their children. It is, to be sure, evidence of love, but not of love alone; it is love mixed with other elements.

ABNORMAL "LOVE"

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

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

We could go on and give many more examples, but we will restrict ourselves to comment-



John Nicholas

Mothers should accept the fact that most children's play involves some slight risk.

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

(Continued on page 28)

Describing the latest scientific research
into man's greatest daily nuisance.

Do You Know How to Shave?

By LOU KAYE

MEN have been shaving ever since women began to complain about being scratched in the middle of a kiss. Shaving probably began when some primitive man got tired of that complaint, and also realized that it was a waste of food to have his beard continually falling into his soup bowl and robbing the stomach of its due. We have come a long way since the cave man first ineffectually scraped his face with a dry flinty stone. The science of barbering has grown immensely since the first Barber's Association came into being in Greece in 400 B.C. And yet, despite the fact that shaving is one of the oldest and simplest of surgical operations, shaving is still daily torture for millions of men. The morning shave is a necessary nuisance.

THE QUEST FOR A PERFECT SHAVE

You might think that in these days of vacuum cleaners and shock absorbers there would be a great deal of reliable scientific information on the technical aspects of shaving. There isn't. Our scientists and technicians get up in the morning, brush their teeth, go through the daily torture, bolt breakfast, and hustle off to the laboratory with faces that are as clean shaven as the next man's. But when a scientist takes the opportunity to look at a freshly shaven face under a microscope, he sees a scar-striped, bloody, raw, unhealthy looking slab of human meat. If he happens to know that a man who shaves daily for fifty years sends approximately 5,300 cubic centimeters of skin and 6,200 cubic centimeters of hair down the drain in all those years, it doesn't help much.

The trouble is that faces are not all the same; they vary as much or more than foot sizes and shapes. It would be very uncomfortable if everyone had to wear the same size shoe, yet in general men all use the same kind of shaving tools to fit thousands of different kinds of faces. The shaving surface varies in a large number of particulars: the thickness of the hairs, the angle that the hair makes with the skin, the amount of oil in the

hair, the depth of the tiny pit in the skin from which the hair emerges, the relative tenderness of the skin, the degree to which the skin is furrowed and wrinkled, and so on. So far it has been impossible to devise a shaving instrument or technique to meet all of the conditions that are met with.

Yet there are a few rules that we can all follow in the never-ending quest for the "perfect shave." A perfect shave can be defined as one in which the maximum amount of hair is removed with a minimum amount of skin, a minimum of effort, and the least possible discomfort. Dr. Lester Hollander and Dr. E. J. Casselman of the University of Pittsburgh recently concluded an investigation, begun in 1931, during which they had from ten to fifteen men shaving daily in their laboratory under all kinds of conditions. After years of experimenting and observing the doctors found that they had learned a great deal about what made shaving difficult, but that they hadn't discovered much about how to make it easier. There simply isn't any one formula.

Shaving comfort depends to a large degree upon the angle at which the blade meets the hair, which in turn depends upon the angle the hair makes with the skin. And this second angle varies from face to face, as well as from place to place on the same face. The best that the authorities named above can do is to tell the shaver to experiment—to vary the way he holds his razor until he gets the best results.

RULES TO OBSERVE

But there are some rules that Hollander and Casselman have worked out that are helpful. Most of these rules seem rather obvious, and the average man has probably found them out for himself. However, now that the Pittsburgh researchers have published the results of their work in *The Journal of the American Medical Association* (July 10, 1937), we know something about why these things are true. Here are the rules:

1. *Use soap and hot water:* To begin with,

wash your face thoroughly with a good non-irritating soap and copious amounts of hot water. All through the shaving operation it is important that the water be hot, not cold or lukewarm, and that the soap be plentiful. The purpose of washing is to remove dirt from the face and also to remove the external layer of sweat and oils from the skin and hair. Rinse the face thoroughly after washing.

2. *Lather and rub:* Use plenty of hot water and your favorite shaving soap. Consumers Union of the United States finds that the ordinary five-cent cakes of shaving soap which can be purchased in the 5-and-10-cent stores are as good as any. Rub the soap in by hand for best results.

3. *Take your time:* Washing and lathering should take at least two and a half minutes. For some men with very thick or very oily beards it should take longer. The rubbing forces the soap into the hair and allows it to clean out the oils, letting the water come into the hair. Then only is the hair thoroughly wet. The longer the hair is wet, the softer it is and the easier it is for your blade to cut.

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

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

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

In no case is a lotion necessary; the so-called "antiseptic" lotions are not antiseptic and they do nothing but impart a tingling sensation and pleasant odor to the skin. Powders are not necessary either.

Electric shavers have lately been widely advertised as God's gift to man. As usual, the claims made are extravagant. The electric shaver has one great advantage over the ordinary razor—for some men only. Those whose skins are irritated by the ordinary method of wet shaving, or who are prone to develop infections of the beard, will benefit by the use of an



Samuel Bernard Schaeffer

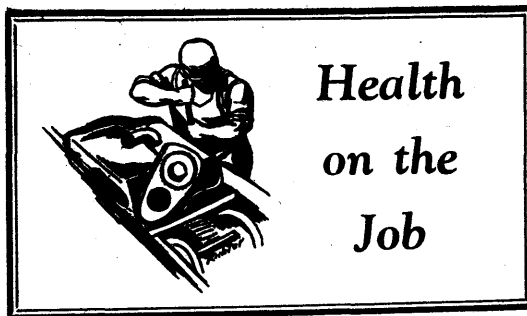
electric shaver because such a device is definitely less irritating than a razor. Men with heavy, dark beards who must shave twice a day can also use the electric shaver to some advantage.

ELECTRIC SHAVERS TESTED

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

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

(Continued on page 27)



Health on the Job

The Dusty Trades

SILICOSIS SHOWS ALMOST no external signs in the early stages. Workers engaged in sandblasting, mining, quarrying, grinding and crushing, or in polishing with abrasive wheels should be frequently examined and x-rayed to insure early diagnosis. Silicosis has been known to develop in as little as 11 months after first exposure, but usually several years elapse before the first signs of the disease are recognized. Workers in the trades mentioned above should insist on the substitution of harmless materials wherever possible, on wet drilling, adequate ventilation, and the use of respirators to protect health. At the earliest appearance of symptoms, or, better yet, on the first appearance of x-ray signs of silicosis, the affected worker should be transferred to a less dangerous job and awarded compensation when disability results.

Poisonous Solvents

DUE TO THE HIGHLY poisonous nature of many of the ordinary solvents used in industry (benzene, acetone, chloroform, etc.), there has been a decided increase in the use of mixed solvents. Controlled experiments with mice have shown, however, that the effect of these mixed poisons on the system is in most cases equal to the effect of the sum of the component poisons. Although there are one or two exceptions to this rule, it is now clear that the use of mixed solvents will not solve the problem. What is needed is the use of non-poisonous solvents and, where this is impossible, improved exhaust and ventilating systems.

Skin Diseases

THERE ARE MORE THAN 900 industrial occupational hazards. Of these the most common are the dermatoses or skin diseases, which have continually increased during the past ten years. In 1935 there were 684 cases in New York State, comprising 69 per cent of all industrial illness lasting two weeks or more. In the restaurant industry last year there were 105 claims due to industrial dermatitis. Next in order were service industries, fur, garment, food, manufacturing, cosmetics, printing,

and construction. The high rate of skin diseases could be radically reduced if working conditions were improved. Added facilities for keeping clean, such as shower baths and individual lockers, are needed before substantial improvements can be expected.

Exposure to Cold

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

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

Machines to Suit the Worker

IN THE DESIGNING of machinery altogether too little attention is paid to the comfort and convenience of the worker who will operate it. This results in decreased efficiency as well as increased hazards to health. For example, the mule-spinners' cancer to which textile operators are subject could be very materially reduced if the oil which causes it were kept from spattering about. Trade unions should be in a position to investigate new machines before they are installed, in order to protect their members against increased fatigue and danger.

Lead Baths

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

Accidents and Injuries

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

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

And Mothers Still Die – Needlessly Childbirth through the Ages, II

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

IN SORROW SHALT THOU . . .

In 1522 a Doctor Werdt of Hamburg was burned to death for putting on a woman's clothes to attend and study a case of labor. In England a Doctor Willoughby crept into the lying-in room on his hands and knees to assist his daughter, a midwife, at a delivery. Until the obstetrical forceps were invented there was little point in calling a doctor to a labor case except as a last resort, for as a result of his bungling the infant as well as the mother was usually sacrificed. The obstetrical forceps enabled the man-midwife to deliver the baby safely. These instruments were invented by William Chamberlen, a Huguenot refugee who fled from France to England in 1569. Four generations of Chamberlens kept the invention secret for personal profit. When the use of the forceps became generally known about 1732, a great change for the better took place. Doctors were then called in more often for delivery and had an opportunity to learn something about the birth process.

In 1591 a poor woman was burned in Edinburgh "for employing charms and other means to cast off the pains of labor." Crawford W. Long of Georgia was the first person to ad-

minister ether in labor. He employed this method in the delivery of his own second child in 1845, but he made no effort to popularize his discovery and the credit for introducing anesthetics in surgery is given to William T. G. Morton of Massachusetts.

Soon after Morton used ether for a surgical operation, it was tried in a case of childbirth by James Simpson of Scotland in 1847. Simpson immediately reported his results and aroused bitter opposition chiefly on religious grounds. Did not the Bible say, "In sorrow thou shalt bring forth children"? Replying to his critics, Simpson pointed out that the Lord had used anesthetics at the first recorded operation, for *Genesis, II: 21* reads: "And the Lord God caused a deep sleep to fall upon Adam, and he slept: and he took one of his ribs, and closed up the flesh instead thereof." In 1853 Queen Victoria permitted the use of anesthesia at the birth of her own child, thus doing much to popularize the new procedure.

Today many anesthetic agents are used in obstetrics. Properly administered they are safe for mother and baby. Yet many mothers at the present time receive no relief from pain during labor because they give birth at home in remote districts and are attended only by poorly trained midwives.

THE CONTROL OF INFECTION

Childbed fever or, as it is now called, puerperal infection, is the chief cause of death from childbirth. Formerly it was a terrible scourge. Before the days of asepsis and antiseptics the disease swept through the great lying-in hospitals, claiming countless victims. To Ignatz Semmelweis of Hungary is due the credit for discovering the true nature of puerperal fever. His life was one long tragic fight to overcome the opposition to his teachings that infection was spread by the unsterile hands and instruments of physicians. The story of this



An eighteenth century midwife starting out on a case. Her equipment consists of a lantern and a bottle of brandy.

fight against ignorance is important enough to warrant separate telling. It was Dr. Oliver Wendell Holmes, better known for his literary than his medical accomplishments, who took up Semmelweis's fight in this country and won recognition of the fact that the strictest antiseptic procedure was necessary if mothers were to be spared from needless death in childbirth.

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

In recent years the status of maternity care

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

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

This is the second of a series of articles on the history of obstetrics. The third article in the series will appear next month.

Socialized Medicine in Tasmania

A SYSTEM OF "nationalized medicine" is soon to be set up in Tasmania, according to a dispatch in the *London Times* (April 18, 1937). Ten medical men will be appointed next year—the first of the state-appointed doctors. These doctors will be adequately paid and treated in the same way as other civil servants. Doctors and clinics will be made available to all citizens, and parents will take their children to state doctors in the same way in which they now send them to state schools.

Under the new system the doctors will be free from economic worries and fears, and will be able to give their services without fee according to the needs of the patients rather than according to their ability to pay.

Is a bowel movement a day necessary? A scientific discussion of the great American complaint.

The Constipation Complex

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

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

THE QUESTION OF FREQUENCY

A common bit of misinformation promoted by the drug barons is that it is necessary to have a bowel movement every day in order to maintain good health. The fact is, however, that frequency of bowel evacuation has not the slightest relation to good health. There are many people who have an exacuation once in two or three days and are in perfect health. There are also many whose bowels move only once a week and who do not suffer the slightest inconvenience. There is a case on record of a man who went for a period of more than three months without a bowel movement. Of course, after so long without a movement one

is certain to have some symptoms and this man, indeed, complained of some pain in the abdomen. He also belched a good deal, felt weak, and had lost some weight. However, after his colon was cleaned out by an enema he recovered rapidly and had no ill effects whatsoever.

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

WHAT NATURE DESIGNED

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

The second lesson that the study of bowel function teaches is that even when the bowels do not move and true constipation exists, there is no cause for alarm or for anticipation of calamity. The colon may be likened to a flush pipe existing outside of the body. Even if waste matter does accumulate in the colon the body suffers no harm. The bogey of auto-intoxication was laid low many years ago by scientific study. The fallacy was described in detail in the art-

icle *The Constipation Scare*, appearing in the May 1937, issue of HEALTH AND HYGIENE. The nonsense about auto-intoxication is now revived chiefly by drug manufacturers who want to frighten people into buying a product to cure an imaginary evil. In fact, laxatives tend to make the waste matter in the colon capable of causing harm. A firm stool in the colon is perfectly harmless; the trouble usually starts when fright causes a person to take a bottle of *Pluto* water or a dose of *Sal Hepatica* or *Ex-Lax*. Then the stool becomes loose and liquid and in this state bacteria multiply rapidly and any poisons they give off will be more readily absorbed. But even if the poisons get into the blood, they are quickly destroyed by the liver and kidneys.

FUNCTIONAL CONSTIPATION

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

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

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

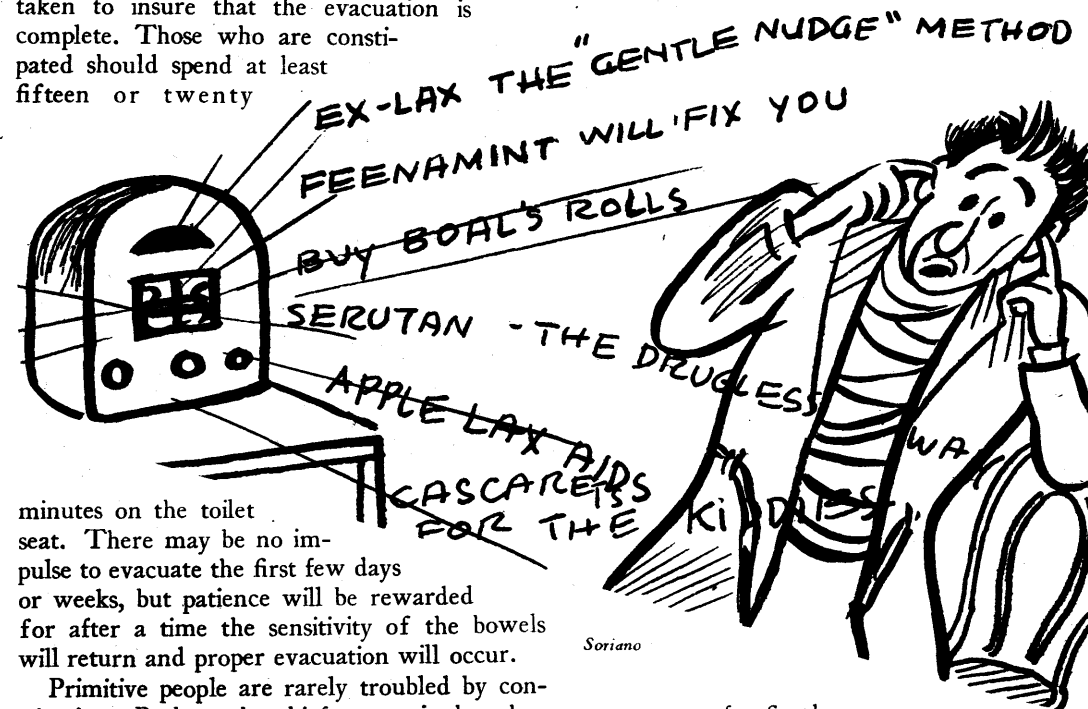
Another important cause of true functional constipation is inadequate or bad toilet conditions. It has been found in many housing surveys that there are hundreds of thousands of homes without private toilets. In many other hundreds of thousands of homes, offices, factories, and shops the toilet facilities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

EFFECTIVE TREATMENT

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

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

In all cases of constipation it is also necessary to re-establish good bowel habits. In the first place this means that whenever the call to stool is felt, it should be obeyed. As a rule it will be felt after breakfast for it is then that the bowels are on a trigger-edge and that the entrance of food into the stomach starts up a reflex whereby the waste material in the colon is driven onward into the rectum by contractions of the intestines. Sufficient time should be taken to insure that the evacuation is complete. Those who are constipated should spend at least fifteen or twenty



minutes on the toilet seat. There may be no impulse to evacuate the first few days or weeks, but patience will be rewarded for after a time the sensitivity of the bowels will return and proper evacuation will occur.

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

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

Drinking several glasses of water daily will

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

A great deal has been written about the importance of diet in the cause and treatment of constipation. A prevalent belief is that the use of concentrated, refined foods, with insufficient bulk or roughage, is responsible for the development of constipation. It is true that the diet of civilized peoples does contain a high

percentage of refined foods such as milled cereals, white bread, and sugar. The addition of bulky foods such as raw fruits, raw and cooked vegetables, and whole-grain cereals and breads will no doubt help some persons to overcome constipation. These foods furnish roughage and bulk which stimulate the colon to activity. It is also true that an equal or greater number of persons will not be benefited by going on a vegetable and fruit diet. If they are benefited at all the relief will be only temporary, for if the underlying fault in living or working conditions is not corrected the constipation could not be cured even if sawdust were eaten. In many persons the addition of more fruits and vegetables to the diet will aggravate constipation, or even cause colic or gas. The differences in the effect of roughage

(Continued on page 19)

PNEUMONIA SEASON IS HERE!

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

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

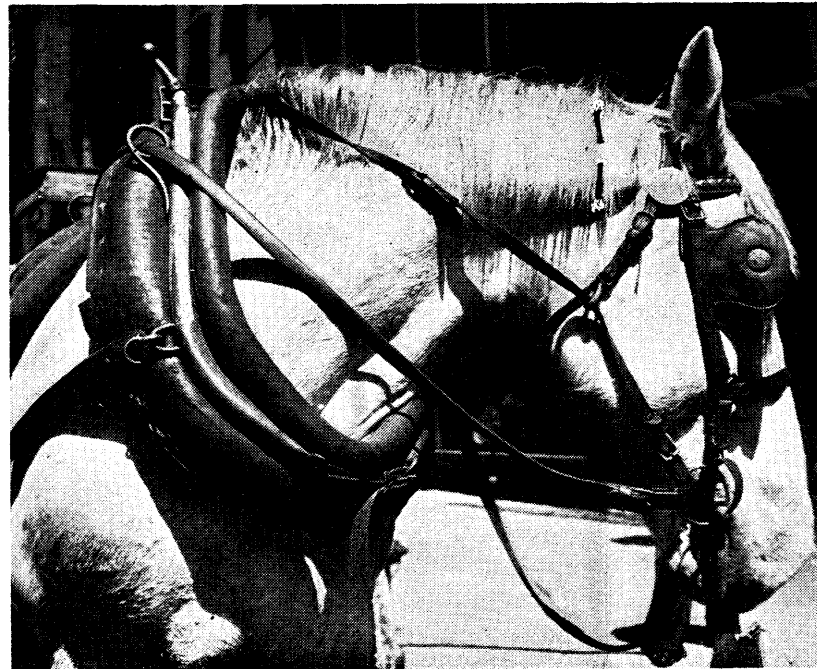
Why then, we may ask, does pneumonia still kill almost 100,000 Americans every year? This is a legitimate question, and it is because more and more people are asking it that we are just beginning to take steps that will reduce this needless slaughter to a fraction of what it is today.

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

A GERM DISEASE

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

The inflammation of the lungs may be scattered in small areas around the air tubes or bronchi, and may involve both lungs; this type is called "broncho-pneumonia." The small



Sol Libsohn

areas of the lung thus affected are called "lobuli" and because of their involvement broncho-pneumonia is sometimes known as "lobular pneumonia." On the other hand, the inflammation may involve one large division of a lung called a "lobe." This type is called "lobar pneumonia" and usually affects only one lung.

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

We are chiefly concerned here with lobar pneumonia. This is the disease which people have in mind when they speak of "pneumonia." It affects apparently healthy, vigorous children and adults without apparent cause. It comes

One of man's best friends, especially as far as pneumonia is concerned. Life-saving serum is made by injecting horses with pneumonia germs which stimulate the production of "antibodies" in the horse's blood.

suddenly and without warning. After a very severe illness, lobar pneumonia leaves the patient rather suddenly, and usually leaves no harmful after-effects.

TREAT A COLD WITH RESPECT

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

Many doctors believe that pneumonia is always preceded by an ordinary head cold. Cer-

tainly many colds are forerunners of pneumonia. Therefore, it is important to treat every cold with respect if one is to forestall pneumonia; one should get extra rest and preferably go to bed until the cold is cured.

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

THE SYMPTOMS

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

This is known as empyema and in such cases it is often necessary to make an incision in the chest to allow the pus to drain out.

Pneumonia confronts us with a desperately ill patient who is usually in the prime of life and who, if properly helped for a few weeks, will resume his place as an active member of society. This hopeful outlook should spur everyone concerned to intensive effort, and justifies every individual or social expense that can be made to save the victim of pneumonia.

The most important factor in the treatment of pneumonia is expert, zealous, and vigilant nursing. The patient is at the limit of his physical resources, and everything possible must be done to spare his energy and reduce his discomfort. He must be watched constantly by both doctor and nurse and treatment must change rapidly as conditions change.

LIFE-SAVING MEASURES

Drugs play a very minor role in the treatment of pneumonia. Many drugs are given for relief of cough, pain, restlessness, and other symptoms, and they may contribute to the patient's comfort. However, there is no drug which actually aids in overcoming the infection. Many drugs have been brought forward in past years, but to no avail. Recently, sulfanilamide has been used with claims of success, but further trial is needed before we can judge its value.

Two important advances in recent years have greatly improved the outlook for the pneumonia victim—serum and oxygen treatment. Both treatments are very expensive and out of the reach of most wage earners. Hence it is necessary that governmental agencies aid in providing these life-saving measures. In some large centers of population like New York City they have been made available to all, but other communities have failed to provide them. Citizens have a right to expect their health departments to provide these necessary facilities.

As we have seen, the pneumonia patient suffers from lack of oxygen. This puts a strain on his heart and also interferes with the proper functioning of the brain, liver, and other organs. With each breath, the patient takes in air of which 20 per cent is oxygen. Because pneumonia prevents a large portion of the lung from performing its normal function of aerating the blood, a concentration of 20 per cent

of oxygen in the air the patient breathes is not enough to assure a sufficient oxygen supply to the tissues of the body generally. If the patient is given air that is 50 or 60 per cent oxygen, his oxygen intake is tripled and thus the diminished lung function is compensated for.

Oxygen is best given by means of a tent which covers the entire bed. This is a very expensive procedure, but fairly effective substitutes may be used such as face masks or nasal tubes connected to oxygen tanks. Needless to say, such treatment increases the need for careful nursing and supervision.

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

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

TYPING IS ALL-IMPORTANT

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

(Continued on page 24)

The Constipation Complex

(Continued from page 15)

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

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

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

Enemas, like laxatives, should be used only as temporary aids in the re-establishment of good bowel function. They are no more harmful than laxatives, providing it is remembered that it is not necessary to use more than one or two pints of warm water and that irritating materials such as soap should be avoided. A teaspoonful of table salt to every two glasses of water is the most useful substance that can be added to an enema.

When the above facts are clearly understood by enough people, Americans will cease pouring millions of dollars annually into the coffers of the cathartic and laxative manufacturers. Then, besides having this money to spend for better purposes they will also find that their health has improved.

Radio "Education"

"There is a danger that radio and the movies will in time make us a nation of grown-up children. Radio must be prevented from stopping the growth of the American mind."—George Henry Payne, Federal Communications Commissioner.



Mastering an I.C.S. Course is not easy! It takes hard work . . . determination . . . courage . . . sacrifice of pleasure . . . family co-operation . . . everlasting stick-to-itiveness! The major incentive of these students is the knowledge that many of the country's leading executives fought their way to success up this same rugged road.—*Advertisement for International Correspondence School courses.*

Around 40, the gastric juices often begin to be scantier and weaker. Digestion slows down.

If unchecked, this slowing down can result in ill health and loss of energy—a feeling of age.

Fleischmann's Yeast brings people over 40 just the special help so many of them need, by stimulating the digestive juices to a more plentiful, more potent flow.—*Advertisement for Fleischmann's Yeast.*

Dr. Losee blamed short bed sheets for some foot ailments, saying that "the effort to pull the bedding up around one's neck and shoulders pulls the sheet so tight that there is pressure on the toes."—*Item in the New York Herald Tribune, reporting an address by Dr. Gordon P. Losee, President of the New Jersey Osteopathic Society.*

Women all over the State of New York have found the Milky Way Diet successful. They have discovered for themselves that by drinking fresh milk they can reduce safely and surely.—*Advertisement of the New York State Bureau of Milk Publicity.*

Our exclusive Bain Mousseux de Jeunesse—Magnificent bath champagne, adored by New York's pampered beauties. Quintessence of luxury poured into your tub for a deep sparkling froth. Women shopping tentatively order the smaller bottle . . . and return enchanted, clamoring for magnums. Packed as vintage champagne. Magnum in impressive wicker basket, \$5; Split, \$2.—*Advertisement for bath champagne (Bonwit Teller).*

We invite our readers to send in contributions to this department.

A Labor Party Looks to Health

Quick Action By A. L. P.

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

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

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

1. The inclusion of all workers and their dependents in the plan. Domestic, agricultural, migratory, and unemployed workers should not be excluded.
2. Medical care must be complete, including dental care, nursing, hospitalization, medication, laboratory tests, and special services.
3. The cost of insurance should be borne by those able to pay, not by those who are to benefit from the plan.
4. Physicians and other medical workers under the plan must be adequately paid.
5. Control of medical problems under the plan must be in the hands of medical experts. However, the lay beneficiaries of the plan must have a voice in the administration of the non-medical aspects of the plan.
6. Benefits must include payment for time lost from work because of sickness.

We may confidently expect that this

prompt action by the New York American Labor Party will draw renewed fire from those sources which have long regarded health insurance as an instrument of the devil. Chief among these is the ruling clique of the American Medical Association and its leading mouthpiece, the ubiquitous Doctor Morris Fishbein. Doctor Fishbein, who probably makes more public utterances through the press, radio, and speaking engagements than any other man in America, has never missed an opportunity to point out that health insurance would be a calamity, and as proof of this he has constantly pointed to the experience of European countries, particularly England.

Setting Up a Straw Man

Anyone who has taken the trouble to investigate this charge knows that Doctor Fishbein and his colleagues are misrepresenting the case. As the officials of the British Medical Association have repeatedly stated, the British medical profession is on the whole pleased with health insurance and would consider it a great misfortune if it were discontinued. And yet in spite of the British Medical Association's protests, editor Fishbein continues to print and point to the letters of the London correspondent for *The Journal* of the American Medical Association, as proof that health insurance is to be deplored. The fact that *The Journal's* London correspondent is a man over 70 years old who has not been a member of the British Medical Association for the last 30 years, and has lost touch completely with present-day British medicine, makes no difference to editor Fishbein as long as the London dispatches serve his purpose.

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

The truth about a stubborn and disfiguring skin disease that afflicts a great many people.

Psoriasis

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

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

CAUSE IS NOT KNOWN

Psoriasis must be listed among the diseases the causes of which are not known. There aren't even any plausible theories as to its origin. However, if there isn't much positive knowledge on the subject, there is quite a bit of negative information. The disease is not contagious. This is pretty definite, since no physician or nurse has ever caught it despite close contact with psoriasis patients. The same holds true for members of the patients' families. An affected husband or wife has never been known to pass

the disease on to the other partner. While it has often been announced that a specific germ has been found, none of these claims have ever been corroborated, and it is the general opinion today that the disease is not caused by a germ.

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

"CURES" USUALLY NOT PERMANENT

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

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

The psoriasis rash may behave in a number of ways. It may occur early or late in life. There may be few or many spots. The blemishes may clear up spontaneously for no apparent reason and stay away for varying lengths of

time. A disease which fluctuates in this manner, apparently of its own accord, may easily deceive any one who attempts to judge the value of a particular type of treatment that happens to be employed. It is for this reason that so many quack remedies as well as honest medical cures have seemed to be successful. People swear by this or that remedy because one or two cases were apparently cured by it. All "cures" fail, however, when tested by scientific investigation. None of them will cure large numbers of cases which are carefully observed by unbiased doctors experienced in handling psoriasis.

SALVES AND OINTMENTS

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

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

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

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

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

Injections of various kinds, including an extract made of ground-up scales from the psoriasis spots, have all failed and are useless.

X-RAYS AND DIET

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

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

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

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

There are two chief reasons why research in psoriasis has yielded almost no results. First, nature conceals the cause of the disease cunningly so that there are no arrows pointing in

the right direction for the correct solution of the problem. Secondly, funds have not been available to attack the problem effectively. What research is done in this field is scattered, haphazard, and ineffectual. While there is, of course, no guarantee that full-time, adequately paid investigators would discover the cause and cure of the disease, at least such systematized investigation would offer greater possibilities than the present chaotic method.

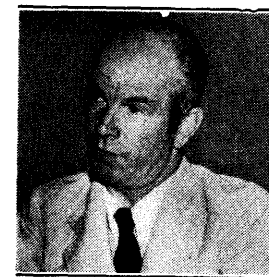
To sum up, although there is no specific cure for psoriasis, effective treatment can often be obtained from competent physicians but certainly never from quacks or patent salves.

Who's Who on Our Advisory Board

Dr. Norman Bethune

NORMAN BETHUNE, M.D., F.R.C.S. (Eng.), was born in a Presbyterian manse in Gravenhurst, Ontario, in 1890. His father was the Reverend Malcolm Nicholson Bethune.

Having received his primary education in Ontario public schools, Norman Bethune was an undergraduate in medicine at Toronto University when the World War broke out. He joined the first Canadian contingent in 1914 as a stretcher bearer attached to the Second Ambulance Corps. He was wounded in action at Ypres in April, 1915, invalidated home in December of that year, finished his medical course and immediately re-enlisted, joining the Royal Navy and serving until the Armistice in 1918 as **Surgeon Lieutenant on H.M.S. Pegasus.**



Dr. Bethune

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

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

Doctor Bethune is internationally known in his special field of chest surgery, is a member of the

Council of the American Association of Thoracic Surgery, an author of note, and the inventor of many new surgical instruments.

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

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

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

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

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

Next month: Paul de Kruif

Are You Safe at Home?

IV.

Fire Hazards in the Kitchen

BURNS and scalds cause about one-fourth of all injuries in the home, and more than half of these accidents happen in the kitchen. Children under fifteen years of age are the chief victims.

Children's curiosity about foods cooking on the stove sometimes results in serious burns and scalds. Accidents may often be prevented by the simple precaution of turning the handles of all pots and pans towards the back of the stove. Children should be warned constantly of the danger of interfering with objects on the stove.

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

A pilot light, coal fire, or any open flame is dangerous when using inflammable liquids for cleaning. This danger is so great and gives rise to so many fatalities each year, that it is best never to use inflammable cleaning fluids such as benzene or gasoline; rather, use carbon tetrachloride. Most of the commercial non-inflammable cleaners are carbon tetrachloride.

Frilly dresses or aprons are unsafe as well as impractical in the kitchen, since they are easily ignited.

It goes without saying that matches should be kept out of children's reach. The metal wall-matchbox is extremely practical.

The National Fire Protection Association gives us the following practical advice on the care of stoves and heating apparatus:

Set stoves and heaters on substantial bases, well away from walls. Place a sheet of metal under stoves on wooden floors. Protect any nearby woodwork with sheet metal or asbestos. Keep smokepipe clean, in good repair, securely supported, and at least a foot from woodwork or combustible material. Oil burners should be cleaned and overhauled annually. Fireplaces should be protected by substantial screens.

One of the commonest kinds of fires in the kitchen—food or grease burning in a pan on the stove—can best be put out by placing a metal cover on the pan or vessel. Don't try to put out such a fire with water, for if you do the grease will spatter violently and you may be burned.

Pneumonia Season Is Here!

(Continued from page 18)

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

The task of the doctor in treating a case of pneumonia is to discover immediately the particular type of pneumococcus he is dealing with. This is done by mixing samples of the patient's sputum with immune sera of different types and examining the mixture under the microscope. A reaction is seen in one mixture and not in the others, and in this way the type of pneumococcus responsible for the disease is identified. The doctor now procures immune serum of the indicated type and injects it into the patient's veins at frequent intervals. In a successful case the crisis occurs within some hours; consequently, the duration of the illness may be shortened from seven or ten days to two or three. More important than this, however, is the number of lives saved by the serum treatment. Latest reports show that at least half of the deaths from pneumonia could be prevented by prompt and proper use of sera. The greatest success thus far achieved by serum treatment has been in pneumonia of the types designated as types I, II, V, VI, VII, VIII, and XIV. Although much work has been done in the field, no one has yet succeeded in producing a serum that is effective against type III pneumonia, one of the more common varieties. A peculiar feature of type III pneumonia is that each germ is enclosed in a large mucous capsule, and it is believed that it is this protective covering that prevents the serum from reaching the germ.

WHEN DELAY MEANS DEATH

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

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

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

Until this year not even the New York City Department of Health, which has done some of the most notable work in the field of pneumonia research, provided typing facilities on a twenty-four hour basis. This meant that if a citizen of New York City was stricken with pneumonia on a Saturday afternoon, he could not have his case typed in the City's laboratories until Monday, a delay which necessarily proved

fatal in many instances. A series of articles by Karl Bostrom in the *New York Post* focussed public attention on this deplorable situation and did much to secure appropriation of public funds to remedy it. Today, technicians are on duty day and night, ready to begin typing procedure immediately when specimens are brought to them, and as a result many lives will be saved.

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

How to Take a Hot Foot Bath

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

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

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

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

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

1. A towel.
2. A blanket.

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

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

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

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

If, after having had the foot bath, the patient seems exhausted and perspires freely, the face may be bathed with cool water or a cold compress placed on the head.



Irving Marantz

Questions and Answers

(Continued from page 2)

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

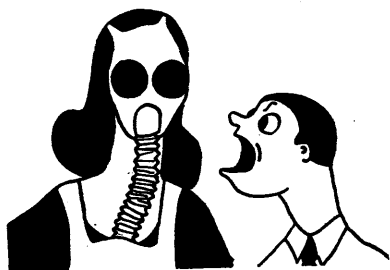
Garlic as Medicine

Lowell, Massachusetts

DEAR DOCTORS:

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

Answer—The essential substance in garlic, as far as its use in medicine is concerned, is allium. Garlic was used frequently in ancient medicine, and it is still popular in some medical circles of Europe. Crushed garlic has been used for poultices from time immemorial. In Ireland, the farmers take it



as an infusion with whiskey for colds and bronchitis. At one time garlic was used in the treatment of tuberculosis, and in Europe today it is still used to reduce high blood pressure.

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

Concentrated Wheat Germ

Cleveland, Ohio

DEAR DOCTORS:

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

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

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

Only when there is disease due to the lack of vitamins is it necessary to take vitamin preparations, and the existence of such diseases can be determined only after examination by a reputable physician.

Sterility and Birth Control

Denver, Colorado

DEAR DOCTORS:

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

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

If after the discontinuance of such methods a woman fails to become pregnant, failure will not be due to the long-continued use of contraception. In determining the cause of sterility it should be borne in mind that the husband is at fault in more than 30 per cent of the cases.

Scientific birth control information may be secured at the Maternal Hygiene Clinic of the Colorado General Hospital in your city.

Stamyl Tablets

Richmond, Virginia

DEAR DOCTORS:

Stamyl Tablets have been recommended to me for use in securing relief from gas, belching, improper bowel movements and all discomforts caused by improper digestion and assimilation of food.

Can you tell me if these tablets are effective and whether they are harmful or habit forming?

—H. S.

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

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

The tablets are shot-gun mixtures, the exploita-

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

Thumbsucking

Rockford, Illinois

DEAR DOCTORS:

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

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

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

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

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

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

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

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

A Correction

In the Questions and Answers department of the December issue we made the statement that the blood spot in the yolk of an egg was a sign that

the egg had been fertilized, and that such an egg was not strictly fresh. A great many readers have written to say that this statement is incorrect, and, upon investigation, we find that it is.

Blood-spotted eggs may be, and often are, laid by hens who have been entirely segregated from roosters. Blood spots are caused by the rupture of a small blood vessel in the hen at the time that the yolk of the egg breaks away from the tissue to



which it is attached during its growth. An egg may therefore have a blood spot and still be perfectly fresh.

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

Scientific Shaving

(Continued from page 9)

The Journal of the American Medical Association as an instrument useful in massaging the scalp and face, filing and polishing the finger nails, and in "dental hygiene," as well as in shaving, were found to have poor performance.

Essentially, then, the rules for a good shave by the time-honored method are: Plenty of water, plenty of soap, plenty of time, and a sharp blade. But regardless of how scientifically we go about it, shaving is still an awful nuisance. Nevertheless, it is probably better to put up with the annoyance of the morning shave, than to have to make up your mind every night as to whether you'll sleep with your beard over the blanket or under it.

TO ALL SUBSCRIBERS

If you are planning to move, please notify us of your new address as early as possible in order that you will not miss a single issue. The post-office does not forward magazines, and duplicate copies will not be sent out. Please mention your old address as well as your new address.

Syphilis—a Challenge

(Continued from page 4)

that Chicago's people demand the blood test, then the city fathers cannot deny them.

You do not have to demand the money to save the thousands of lives syphilis now destroys, or to avert its tragedy and sorrow. You do not beg for the blood test, you demand it on the grounds of business.

For this is what you can tell your mayor and councilmen: "It's costing Chicago millions of dollars more every year to maintain this horrid luxury of syphilis in the city, than it would cost our healthmen to wipe it out forever."

So, young comrades in this fight for life, the eyes of America are on you now. Strain your nerves to bring back the ballots! We have no worry about whether the votes will be yes or no. We only worry whether you can help us smash this one enemy—*Indifference*.

If you can do that, one important step in the wiping out of this blight of syphilis will have been taken.

* * *

The kids discharged their duty well. They delivered hundreds of thousands of ballots to apartment houses and tenements and there was a tremendous increase in the return of votes immediately after their delivery by these youngsters. Chicago voted 20 to 1 in favor of its citizens being given a free blood test, in strict confidence, by their own physicians. The blood testing is now gathering momentum daily. Its result is going to be the first accurate estimate ever made of the incidence of syphilis in a large cross section of a great

Fill out, clip and mail this ballot today with
three cents in stamps to

HEALTH and HYGIENE

215 Fourth Avenue New York City

SYPHILIS CONTROL BALLOT

Will you, at no cost to yourself, submit to a diagnostic blood test for syphilis, either by your own physician or by one in your community whose name we will provide? Place an X in the proper square below.

YES NO

Name

Address

City and State

Please send me extra ballots.

American city. All found infected will, if unable to pay, receive free treatment for the disease. The example of Chicago is one that other cities would do well to follow.

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

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

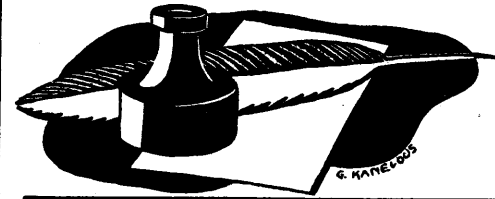
Anyone who would like to receive a blood Wassermann test free of charge can do so by filling out and mailing to us the ballot on this page.

Mother Love

(Continued from page 7)

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

PURELY PERSONAL



READER-EDITOR CORRESPONDENCE

S. M. OF BROOKLYN WRITES: "Many times I have wanted to let you know how much your magazine has helped me. This month there are two articles which particularly seemed to hit the spot.

"I have become a mother, and your article, *Childbirth Through the Ages*, certainly is vivid. I have been showing it to my friends since I received it and then relating to them some of the things that went on in the hospital ward that I was in. It seems that in some respects we are still in the middle ages!

"The other article which dovetailed so neatly with this one was *The 'Private' Life of an Interne*. During the time I was in the hospital I saw one interne constantly. He looked so haggard I wanted to get up and give him my bed. Believe me, he needed it."

THE CRONY ORGANIZATION, INC., 3008 Neptune Avenue, Brooklyn, has been very active in distributing HEALTH AND HYGIENE Syphilis Control Ballots. They write: "To date we have helped over 200 people to obtain free tests for syphilis and we have set 1,000 as our goal. We feel that organizations in other communities could profitably follow our example. Please state that we are ready at all times to help any other club or organization to formulate a similar drive against syphilis. We would appreciate receiving ideas or suggestions from any of your readers."

We are glad to see neighborhood organizations like the Crony taking up this problem in such an effective manner.

T. D., A PHYSICIAN FROM FORT LUPTON, Colorado, writes to tell us that he thinks Irving Sturman did *The Thomas'* system of hair restoring an injustice in the article he wrote exposing them (August issue). T. D.'s objections are:

1. Mr. Sturman did not submit to the treatment recommended by *The Thomas'*. Therefore, he cannot judge its merits.

2. \$94 is not too much to pay for good results in curing falling hair.

3. Mr. Sturman played a mean trick on *The Thomas'* by telling them that his hair was falling

out when, in fact, it was not. In view of the fact that Mr. Sturman himself said that his hair was falling, *The Thomas'* cannot very well be accused of high-pressure salesmanship in attempting to sell him their treatment.

4. If regular doctors will not give scalp treatments, who is to do it? At least give *The Thomas'* credit for "guaranteeing to try."

All of which strikes us as somewhat dubious logic. We can only say that (1) Mr. Sturman learned on the advice of a competent dermatologist, before going to *The Thomas'*, that there was nothing wrong with his scalp or hair; why, then, should he have taken the treatment? (2) \$94 is too much money to pay for curing "falling hair" that is not falling; (3) anyone, even a Thomas "t.ichologist," should have been able to see that Mr. Sturman was spoofing when he said that he was losing his hair; (4) maybe the doctors in Fort Lupton won't give scalp treatments, but we know a number of them who will—for a lot less than \$94, too.

THIS MONTH'S PRIZE FOR the best letter describing a reader's reaction to HEALTH AND HYGIENE goes to F. H. of the Bronx, New York City. F. H. finds the *Questions and Answers* department the most consistently interesting. We cannot quote F. H.'s letter in full, but part of it follows:

"I am sixteen years old. It was only a little while ago that I became interested in nursing. I am the student nurse in school and the nurse calls me her 'right-hand man.' I am very proud to be in that position.

"Three or four days ago a girl who was burned in the chemistry lab came down to the Emergency Room. I was there and the teacher told me to 'fix her up.' I did, and it wasn't such a bad job.

"Your magazine is responsible for some of this interest. I have now decided to be a doctor, and will do all I can to make this dream come true.

"One of the subjects in debating class was 'Cosmetics.' HEALTH AND HYGIENE furnished all the material I needed, and needless to say I won the debate. I am a Girl Scout and had been trying to avoid taking my First-Aid test for three months. However, my training in the infirmary and reading your magazine conquered my fears. I took the test, and was one of the three highest ranking. Not bad, is it? For History I had to make a speech about the hazards of industry and occupational diseases. Well, there again Old Helpful H. & H. came to bat."

EACH MONTH WE WILL GIVE a free, autographed copy of Arthur Kallet's *100,000,000 Guinea Pigs* or Carl Malmberg's *Diet and Die* to the reader who sends us the best letter telling us what he likes—or doesn't like—about HEALTH AND HYGIENE, and why.

Facts and Fallacies about Masturbation

By FRANKWOOD E. WILLIAMS, M.D.

Late Medical Director, National Committee for Mental Hygiene

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

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

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

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

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

Such scientific knowledge as we have on the physiology and psychology of sex, has been developed in

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

comparatively recent times. It is as absurd to attempt to build moral principles out of the knowledge of the physiology and psychology of sex in the early Christian era, as it would be to try to build an automobile out of

their knowledge of physics. Nevertheless, this is the situation in which we are at the present time.

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

THE PHYSIOLOGICAL FACTS

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

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

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

Since, in our society, sexual intercourse is often not possible because of the delay in marriage and general

moral disapproval of sexual relations before marriage, the desire that will most commonly arise in the adolescent or unmarried adult will be to masturbate, which is the means he has learned for relieving the sexual tensions that are making him uncomfortable. There is nothing surprising about this, and there is nothing unhealthy about it. There is no other sort of relief available at the moment; and, unless we are to accept the religious view that one adds to his character through suffering, there is no reason why the individual should continue to suffer and thus be unable to apply himself to important activities.

Semen stored in the seminal vesicles has no value other than for impregnation. If it is not used for this purpose, it may as well be discharged. The old view that semen, if left in the seminal vesicles, is absorbed and added to the physical strength of the individual, is *not true*. It is true that there is an internal secretion from the testicles which adds to the strength of the individual; but the absorption of this goes on automatically, quite without the knowledge of the individual, and has nothing to do with the ripened semen in the seminal vesicles. The semen at this point is an excretion, and has no more value to the individual than any excretion. If it is not to be used for the purpose for which it was designed, there is no reason why it should not be gotten rid of—if its pressure causes discomfort.

It is true that if semen is not discharged through sexual intercourse or masturbation it will be eliminated slowly or at intervals by a process of nature itself. Some of it will pass out with the urine, while larger amounts will be discharged at intervals through "wet dreams" (nocturnal emissions).

SEXUAL STIMULATION

However, nature is laggard in this matter. The machinery is better designed for an earlier period, when there was less personal responsibility than today. An individual's time today is crowded with important things to do. The amount of semen that passes out through the urine is so negligible as to give little relief. In the interval of a week, ten days, or two weeks between nocturnal emissions, the individual may be so uncomfortable because of sexual tension that he may find it difficult to apply himself to the work he needs to do. Few people therefore can keep themselves sufficiently free of uncomfortable sexual tensions to do work most efficiently by relying upon these methods. Sexual intercourse, or when this is not possible, masturbation, is utilized therefore for relief.

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

As the individual grows older, sexual fantasies

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

These thoughts, fantasies, and desires of the individual are likely to cause him difficulty. But he should not misjudge the nature of the difficulty. The difficulty is a *social* one, not a physical one. The conflict that arises should not be over whether he

should have such thoughts and feelings—for, of course, he should—but rather over what can be done about them.

In our unnecessarily complicated society, it may not be possible for him to do anything about them directly. He may, therefore, have to take care of them indirectly through masturbation. If so, there should be no



Irving Marnitz

conflict about it. Masturbation, in such instance, is merely a temporary substitution of one act for another—an act not altogether satisfying, but sufficient for the immediate purpose.

The one thing that should not be done is to feel guilty, or to attempt to deny the presence of sexual feeling or desire, or to put out of the mind any sexual thoughts or fantasies. This does not mean, of course, that at any given moment of the day—when a sexual thought arises—one may not for the moment dismiss it, and continue to apply one's self to one's work. It means merely that one should not attempt to do this days or weeks on end. Such a course only ends in increasing the need, so that the individual finds himself fighting sexual thoughts and fantasies most of his waking hours—and is so distracted that he can not do anything else. There is no end to this, and it is foolish.

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

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

It is not possible to enter here into an elaborate discussion of the so-called "will" that figures so much in moralistic discussions of masturbation, for example, that one's "will" is weakened by giving in to a desire to masturbate, and strengthened by refusing.

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

The same holds true in the matter of sex or masturbation. One may rightly use one's will not to engage in sexual activity too much, or to masturbate too frequently. But, again, what is too much or too frequent is an individual matter, for which no general limit can be set.

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

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

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

A REALISTIC APPROACH

We must be as realistic about sex as any other matter. To be realistic about sex means to welcome one's sexual feelings and desires as evidence of one's normal and healthy equipment for life. One will not fuss and sweat over the problems created by one's sexual desires, but will settle these problems in as direct and practicable a way as possible at the time—and then go on about the more important tasks.

For most people, the sexual desires will lead eventually to sexual relations with the opposite sex. If masturbation is the only outlet until this is achieved, very well. Indeed, masturbation may be entered into even after marriage as, for example, when the wife is absent or ill, or intercourse for any reason is at the time impossible.

The only caution that needs to be stressed in regard to masturbation—and this need not be taken too seriously—is that, in an occasional individual, masturbation may become a permanent substitute for normal sexual intercourse. When this occurs, however, it is not alone or even primarily because of

masturbation—but is due to a variety of psychological factors that have entered into the sexual life of the individual.

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

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

STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., REQUIRED BY THE ACT OF CONGRESS OF MARCH 3, 1933, OF HEALTH AND HYGIENE, published monthly at New York, N. Y., for October 1, 1937. State of New York,

County of New York, ss.
Before me, a Notary Public in and for the State and County aforesaid, personally appeared Carl Malmberg who, having been duly sworn according to law, did depose and say that he is the editor of HEALTH AND HYGIENE and that the following is, to the best of his knowledge and belief, a true statement of the ownership, management (and if a daily paper, the circulation) etc., of the aforesaid publication for the date shown in the above caption, required by the Act of March 3, 1933, embodied in section 537, Postal Laws and Regulations, printed on the reverse of this form, to wit:

1. That the names and addresses of the publisher, editor, managing editor, and business managers are:
Publisher, H. & H. Publishing Co., Inc., 215 Fourth Avenue, New York, N. Y.

Editor, Carl Malmberg, 215 Fourth Avenue, New York, N. Y.
Managing Editor, None.
Business Manager, Sadie Franklin, 215 Fourth Avenue, New York, N. Y.

2. That the owner is: (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and address of stockholders owning or holding one per cent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a firm, company, or other unincorporated concern, its name and address, as well as those of each individual member must be given.)
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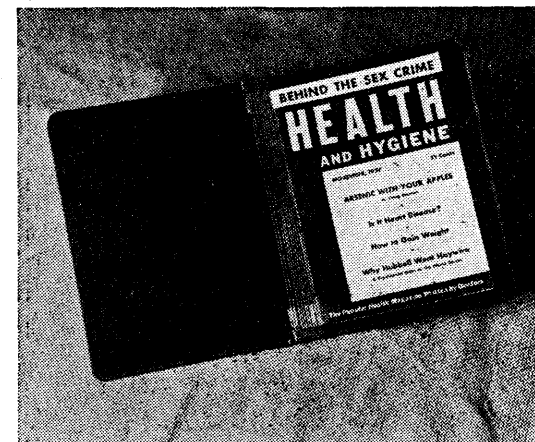
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3. That the known bondholders, mortgagees, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages, or other securities are: (If there are none, so state.) None.

4. That the two paragraphs next above, giving the names of the owners, stockholders, and security holders, if any, contain not only the list of stockholders and security holders as they appear upon the books of the company but also, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting, is given; also that the said two paragraphs contain statements embracing affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner; and this affiant has no reason to believe that any other person, association, or corporation has any interest direct or indirect in the said stock, bonds or other securities than as so stated by him.

5. That the average number of copies of each issue of this publication sold or distributed through the mails or otherwise, to paid subscribers during months preceding the date shown above is (This information is required from daily publications only.)
CARL MALMBERG, Editor.

Sworn to and subscribed before me this first day of October, 1937.
MAX KITZES.
Signature of editor, publisher, business manager, or owner.
(SEAL) (My commission expires March 30, 1938.)



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Sept., 1936—Infantile Paralysis, Heart Disease, Good Housekeeping's Phony Seal.

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Nov., 1936—Serutan, Influenza, Hypnotism Explained, Tonsils.

Dec., 1936—Bromo-Seltzer, Pity Your Feet, Bowel and Bladder Training of Children, Pink Toothbrush.

Jan., 1937—Pyramidon, Menopause in Women, Food Rashes and Hives, Nervous Bowel, Cold Liver Oil.

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