

Classified

Health

September
1938

AUG 31 '38

AND HYGIENE

15 cents

HEALTH HITS THE HEADLINES

The National Health Conference

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JERRY, A YOUNG DELINQUENT

By I. T. Broadwin, M.D.

•

THE FRIGID WIFE

•

NEW FOOD AND DRUG LAW

By Arthur Kallet

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YOUR BABY'S HEALTH— HERE'S HOW!

Make-Up Box • Medicine Chest
Gonorrheal Arthritis • T. B. Cure



Healthy and Happy (see page 6)

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The Popular Health Magazine Written By Doctors

SEE IMPORTANT ANNOUNCEMENT ON BACK COVER

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Next Month

MIRACLE CURES — Faith healers, quacks performing so-called "miracle cures," etc., reap close to a billion dollars annually by preying on the unfortunate sick who seek a royal road to health. What is a "miracle cure"? Does it really cure? Does a faith healer really heal? These questions are fully discussed in this article.

LOADED SCALES AND CAREFULLY PACKAGED AIR—Do you really get a full pound when you pay for it at the grocers? How does the butcher load the scales against you? What percentage of air do you pay for when you buy that big bargain package? Read this article and learn how to shop wisely.

LIFE SPAN OF THE CHORUS GIRL —It's hard work to retain the shapeliness of limb and that youthful zest that is so necessary to every chorus girl. How do they do it? What do they eat? How many hours do they sleep? What exercises do they do? Are they born beautiful? Are they beautiful? Or do they only appear so across the foot-lights? Some of the most successful chorus girls of the stage help us tell you about it in this one.

WHY DO TEETH DECAY—95% of the people of the civilized world are afflicted with dental caries. Why do teeth decay? Are unclean teeth the cause of it? Have diet, saliva, endocrine glands, and acid-base balance anything to do with it? A complete discussion bearing on the whys and wherefores of the decay of teeth is described in this article.

TESTING CHILDREN FOR T.B.—The latest findings of authorities working in the field of tuberculosis are considered in this article. Various methods of testing children for tuberculosis are given in comprehensive detail. Should prove of great interest to anyone who has a child.

THE PROBLEMS OF THE OVERSEXED—is an interesting and sane analysis of the problem.

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Any Month

"ALL THE NEWS THAT'S FIT TO PRINT." That's the *New York Times*. It even maintains a censorship bureau to censor advertising copy so as to eliminate all falsehoods from the paper. With this we'll deal at another time. At present we are concerned with its editorial policy. From the *New York Times* of February 6, 1938, we cite the following headline:

"M. I. T. STUDIES MUD THAT WATER SWELLS"

"MISSOURI SUBSTANCE BEAUTIFIES SKIN AND PLUGS CRACKS IN DAMS," SCIENTISTS SAY."

The story, bearing a Cambridge, Mass. date line, states that: "The swelling mechanism of Missouri mud, used to make glass sparkle, beautify skin and plug cracks in dams, is under study by Massachusetts Institute of Technology research scientists.

"The problem is to learn the viscous properties of the mud, known as bentonite because it comes from the Fort Benton shales of the Upper Missouri Valley. The scientists said these properties must be exactly right for the mud to be used effectively.

"Bentonite's chief virtue, the scientists say, is its ability to swell when mixed with water. It is a product of the weathering of volcanic glass and is of unusual value in quickly remedying defects in concrete construction, being used to plug cracks in dams when nothing else works."

What the scientists have to say about Missouri mud is in single quotation marks, and we can find nothing there that recommends it for beautification of the skin. That part seems to be supplied by the *Times* for the benefit of cosmetic manufacturers who will no doubt take the hint, manufacture a beauty mud-pack, and advertise in the *New York Times*.

THE CAMPAIGN TO "SMEAR" THE National Health Program has already been
(Continued on page 22)

HEALTH AND HYGIENE is published monthly by the H. & H. Publishing Co., Inc., 215 Fourth Avenue, New York, N. Y. Subscription price \$1.00 for 9 months or \$1.25 for 12 months; Canadian and foreign, \$1.50 for 12 months. Single copies, 15 cents. Copyright, 1938, by the H. & H. Publishing Co., Inc. Entered as second-class matter March 27, 1935, at the Post Office at New York, under the Act of March 3, 1879. Text may not be reprinted without permission. HEALTH AND HYGIENE is a non-profit, cooperative organization and does not pay for articles.

Questions and Answers

Letters addressed to this department will be referred to one of our doctors. However, diagnosis and prescription will not be undertaken. All letters should be signed and accompanied by a stamped, self-addressed envelope.



G. Beyer

Carrot Juice Hokum

Portland, Maine

DEAR DOCTORS:

There is a woman—Mary C. Hogle, Scott Building, Salt Lake City, Utah—who publishes a book advocating carrot juice as having enormous value as a health builder. She claims carrot juice has all the vitamins, important minerals, carbohydrates, and some protein, and if taken in juice form will build up the body very fast. I have been taking about one pint per day for the last two weeks but do not seem to have gained in strength.

Is there any danger in drinking carrot juice or any benefits?—J. M.

Answer—We do not wonder that you have not gained in strength from using Mary C. Hogle carrot juice. It is true, as it is claimed, that carrots contain vitamins, minerals, carbohydrates, and some protein, the usual contents of most all foods. The juice as Miss Hogle prepares it, may contain some quantities of these substances but you may be certain it is chiefly water. Certainly her claim that this juice will build people up rapidly is unfounded. Practically all fresh vegetables and fresh foods in general contain these same substances. Many foods contain them in much larger quantities than carrots, and may be eaten with greater beneficial effect.

So far as we know there are no harmful effects from drinking carrot juice. However, the coloring matter of the carrots may stain some of the body tissues, such as the inner plate of the skull.

Air "Purifier"

Detroit, Michigan

DEAR DOCTORS:

There is an ozone machine that is supposed to purify the air. It costs about \$20 and runs by electricity. A friend of mine is considering getting

one to keep air pure in her bedroom, since she is troubled with asthma. Are these of any value?—L. R.

Answer—Ozone machines do not purify the air; they merely add a special form of oxygen to the air which still contains those substances to which the asthma sufferer may be sensitive. Since your friend's asthma may be caused by some such substance as dust or pollen, or to some organic illness, we suggest that she be examined and tested by a physician or at the clinic of a reputable hospital in order to get help.

Arthritis of the Spine

New Brunswick, N. J.

DEAR DOCTORS:

Is arthritis of the spine likely to be permanently crippling? What are the usual methods of treating this disease?—F. T.

Answer—Arthritis of the spine, as arthritis in any of the other joints of the body, requires patient search for all the possible known causes as well as persistent and energetic treatment. There are no short cuts to health, especially in such an ailment as arthritis.

Most sufferers from arthritis conjure up a picture of crippled, distorted joints, gradually failing health, pain, invalidism in bed or wheel chair or on crutches. This is untrue in about 95 per cent of the cases. Most patients with arthritis get well, if treated properly, and most cases are amenable to treatment.

In young sufferers from this malady a diligent effort should be made to ferret out all possible sources of infection. Tonsils, teeth, infected sinuses, infections of the genital tract, bladder, and kidneys are the most common sites of infection. Type of work, exposure to cold or dampness, posture, and several other factors must be considered. Treatment is predicated upon the individual case's cause, course, and response to treatment. Vaccines from infected areas are used, and injections to stimulate

the body defense, known as foreign proteins, are employed. Diathermy, bakings, massage, correct shoes in some cases, braces, and supports may have to be used singly or in combination, usually the latter.

The real problem in the average sufferer's case is how to pay for such "available methods" of treatment as those listed above. We know that most clinics are too overcrowded and understaffed to be able to provide adequate care for the individual.

Dormant Gonorrhea

Salem, Oregon

DEAR DOCTORS:

Can the germs of gonorrhea lie dormant for as long as sixteen years and then cause gonorrheal arthritis with stiffening of the knee and ankle joints? What is the most successful form of treatment for joints that have stiffened in this manner?—F. O. L.

Answer—It is quite possible for the germs of gonorrhea to remain dormant for sixteen years and to give rise to a gonorrheal arthritis at the end of that time, particularly at a time when the system is run down from lack of proper nourishment, alcoholism, worry, or fatigue. Several joints are often affected in the beginning of the attack and finally the disease settles in one or two joints, often resulting in ankylosis or stiffening of these joints.

Whether or not a gonorrheal joint becomes stiff depends more upon the severity of the attack than upon the type of treatment. Gonorrheal joints often swell and then become completely well again. When it is apparent that a joint is going to stiffen the proper treatment consists of putting the limb at rest in plaster so that the joint will stiffen in the best possible position. The best that can be hoped for is that the limb will be painless and straight. If the limb is more (Continued on page 21)

HEALTH HITS THE HEADLINES

By DEXTER MASTERS

Delegate to the National Health Congress

AT ONE SIDE OF THE BALLROOM in Washington's Hotel Mayflower a rostrum has been placed; in front of it are microphones, two stenographers with their silent shorthand machines steadily going; to the right a press table, densely populated and thick with notes. And curving around the rostrum from one end of the big room to the other, row after row of green covered tables.

At these tables sit nearly 200 delegates to the National Health Conference—representatives of medicine, trade unions, farm organizations, women's clubs, consumer groups, state governments, the federal government, universities, corporations, racial and sectional health groups. They have been in session daily since Monday morning the 18th of July. Now, middle of Wednesday morning, after two solid days and one solid evening of talk and discussion, they sit watching one of their number walking stolidly down an aisle to the rostrum.

It is Dr. Morris Fishbein. To all of the people in the room he is the editor of *The Journal of the American Medical Association* and spokesman No. 1 for organized medicine. To many of the people in the room he is the articulate voice of a reactionary and influential clique. What does he have to say?

"I have gradually become more bewildered and more amazed," says the editor of *The Journal of the A.M.A.*, "at the manner of approach to . . . the problems that have come before this audience and before the American people. . . ."

"I know, and the medical profession knows," says the spokesman for organized medicine, "that there are unsatisfied needs among the American people, but I know that only by the kind of development that is taking place in this country will we in the

A progressive national health program receives enthusiastic backing at conference held in Washington. Reactionary A.M.A. policies seen on way out.

future be able to answer those needs."

"The fundamental needs of mankind," says the voice of medical bureaucracy, "are food, fuel, clothing, shelter,

and a job, and medical care and dental care must always be subservient. . . . Let us concern ourselves first with . . . food, fuel, clothing, shelter, and a job. . . ."

Dr. Fishbein walks stolidly back to his seat. Off in a corner of the room one delegate leans over to another. "What a pity," he whispers.

And it was. In hotel corridors, in bars and restaurants where delegates gathered, on the trains pulling away from Washington, in a variety of words the same thing was said. What a pity . . . that the elders of the A.M.A., logical leader for a progressive attack on the nation's health crisis, should turn away from their responsibility. What a pity . . . that the government's drive on the inadequacies of medical care should be blindly blinked at by those whose cooperation could be so useful.

The social and intellectual bankruptcy that A. M. A. leaders—and not Dr. Fishbein alone—revealed during those three July days in Washington was just about

the only disturbing note in the conference. It is probably not too much to say that it signifies the beginning of the end of the A.M.A.'s importance, at least under its present set-up.

But if it is a sorry thing that the officialdom of organized medicine proved itself incapable and backward, it is a heartening thing that the policies making for this backwardness are now on their way out. They are necessarily on their way out because the government's program is too strong, too solidly supported to be stopped. The conference that heard this program marked, in the words of Sur-



Gangway!

geon-General Parran, "the ridge of the hill between the old indifference to health as a matter of national concern and a new understanding that health is the first and most appropriate object for national action." And as speaker followed speaker it became increasingly clear that those who could not or would not cross the ridge would be left behind.

The National Health Conference was called by the Interdepartmental Committee to Coordinate Health and Welfare Activities, which was appointed by President Roosevelt just three years ago. Under the progressive chairmanship of Miss Josephine Roche, the committee conducted an extensive survey of health needs throughout the country and at all income levels. And on the basis of the findings a national health program was formulated, designed to meet the most urgent deficiencies in medical services.

It was this program that the conference met to hear and to discuss. That the actual consumers of medical service were fairly represented—a none-too-common happening in the history of such undertakings—is a good measure of the sincerity and social consciousness of the committee's work.

THE NEED FOR A PROGRAM

Almost any part excerpted from the conference discussions would serve to establish the critical need for a national health program. Like items out of a "Believe It or Not" came such stunning facts as these:

In a Northwestern State . . . two-thirds of the total population did not have funds for medical and dental care . . . some counties had no physicians. . . .

In a Southern State . . . two counties are without physicians . . . numbers of other communities are miles away from any medical service.

In a New England State . . . the need for hospitalization for needy patients is rapidly reaching a crisis.

Forty million Americans are either the recipients of public assistance or have incomes so low that they cannot purchase medical care, yet they have more sickness and receive less medical service than persons with larger incomes. . . .

Among families on relief . . . acute illness is 47 per cent more prevalent and chronic illness 87 per cent more prevalent than among families with incomes of \$3,000 or over. . . .

Forty per cent of the counties in the United States . . . have no registered hospitals. . . .

No physician's care is received in 30 per cent of serious disabling illnesses among relief families and 28 per cent of such illnesses in families just above the relief level. . . .

In 1936, nearly a quarter of a million women did not have the advantage of a physician's care during childbirth; 15,000 of these were delivered by neighbors or relatives; 223,000 were delivered by midwives, most of whom are untrained and ignorant. . . .

Physicians who have studied the matter report that from one-half to two-thirds of maternal deaths are preventable. . . .

The scene needs to be visualized. Here, in an elaborately furnished, air-conditioned ballroom in a luxurious hotel in the capital city of the richest country on earth, a picture of desperate poverty and almost primitive health conditions was being drawn. And there was no one to dispute its accuracy, no one who could challenge the facts or the implications. The government-sponsored survey which had brought this information forth had covered 3,000,000 people. Nationally known and respected governmental department heads were standing here now presenting the data.

And from the floor, from delegates representing all kinds of organizations, came a stream of supporting data:

Mrs. H. W. Ahart, president of the Associated Women of the American Farm Bureau Federation: "A total of 31,000,000 people now live in areas with less than two general hospital beds per 1000 persons."

Dr. George W. Bowles, president-elect of the National Medical Association: "There are 200 nurses to take care of 9,000,000 Negroes in the South."

Dr. Louis T. Wright, chairman of the National Association for the Advancement of Colored People: "In certain areas infant mortality is 75 per cent greater among Negroes than among whites."

Miss Florence Greenberg, Educational and Legislative Chairman of the Council of Auxiliaries, Steel Workers Organizing Committee: "In our city of four and a half million people there is only one public hospital, only one public T.B. sanatorium, and only one public hospital for contagious diseases . . . there is only one overcrowded private hospital to serve the Negro community."

Professor C. E. A. Winslow of the Yale University School of Medicine: "The reason why this conference is called is that there are a great many million American citizens who can't have their doctor."

Miss Harriet Silverman, executive secretary of the recently-formed People's National Health Committee: "The deaths from causes associated with delivery [childbirth] have shown scarcely any decrease in twenty-two years."

STRONG PROGRESSIVE REPRESENTATION

Of the tragic conditions highlighted by these facts, and dozens of others like them, Dr. Fishbein had said that he and the medical profession were aware. True enough. A very impressive number of eminent American physicians and surgeons—men and women like Dr. Hugh Cabot of the Mayo Clinic, Dr. John P. Peters of Yale, Dr. Alice Hamil-

ton, foremost authority on industrial toxicology, Dr. C. E. A. Winslow of Yale, Dr. Thomas Parran, head of the United States Public Health Service—stood before the conference and made known their awareness. But they also made known their strong belief that the nation's health was a major, if not the primary, concern of government. And they also made known their general approval of the approach that the government and the conference were making towards a solution of the problem.

Their progressive viewpoint was galling to Dr. Fishbein and his cohorts. But it was representative of the conference; and the conference represented about as wide a cross section of the American people as had ever been called together.

COST OF PROGRAM

The general outline of the National Health Program presented to the conference is, by now, fairly well known. It embraces five recommendations. Three of them call for expansion of public health and maternal and child health services, increased hospital facilities, and medical care for the medically needy. Operating at maximum, these three items of the program would involve an annual expenditure of about \$850,000,000, with approximately half of the total being met by the federal government. Among the tangible benefits foreseen are the provision of 360,000 new hospital beds in rural and urban areas, the construction of 500 health and diagnostic centers in areas inaccessible to hospitals.

A fourth recommendation calls for "a comprehensive program designed to increase and improve medical services for the entire population," to be financed through taxation, or insurance, or both. It might cost, the delegates were told, "up to a maximum of \$20 per person a year, i.e., no more than is already being spent through private purchase of medical care."

Fifth of the recommendations was that some kind of insurance against loss of wages during sickness be set up, possibly "along lines analogous to unemployment compensation" for temporary disability, and "through the system of old-age insurance" for permanent disability.

Here, plainly, is neither socialized medicine nor abrogation of the right of American citizens to choose their doctors. And here is no headlong rush into rash experiment. The high priests of things-as-they-have-been make such complaints. Miss Josephine Roche was vastly more to the point when she termed the program "no final delineation of ways and means to meet a great national need but rather the earnest, carefully weighed conclusions

of technical experts in positions of public responsibility."

With this testimony the overwhelming majority of delegates agreed; of the program embodying those conclusions they were fully appreciative.

One physician delegate who ventured the opinion that the conference was a "premature infant," was answered by Professor Winslow: "I think this infant is older than he thinks, and I suggest that all it needs is a little administration of vitamins



Sam Berman

Dr. Hugh Cabot: "Many of the facts with which we are asked to deal are very distinctly in the realm of canned goods. . . . I take the liberty of suggesting that we get over this survey business and get on with the war."

C.I.O. and A. F. of L. and whatever kind of vitamins they make in the Farm Bureau. . . ." Thus, one of the country's most prominent public health authorities showed that he was conscious of the role organized labor can play in bringing about a better health set-up.

The objection of Dr. Fishbein that food, clothing, and security for the citizens of the country should be the primary concern of the government rather than medical and dental care, would be more convincing if the reactionary interests for whom Dr. Fishbein speaks had shown any sympathy or helpfulness towards the administration in its attempt to provide the nation with forward-looking social security legislation. But no, Dr. Fishbein and the others like him are the most consistent critics of the administration's efforts to raise the living standards of the people.

Dr. Parran gave an effective answer to the specious Fishbein argument when he said:

"As against this view that health reform should be secondary to economic reform the Technical Committee on Medical Care proposes health as the first and most appropriate subject for national action.

(Continued on page 23)

YOUR BABY'S HEALTH — HERE'S HOW!

By MARY CLARE DE MOUTH, R.N.

Visiting Nurse, Medical Center Branch, Henry Street Settlement

ONE OF THE MOST IMPORTANT FACTORS IN KEEPING the infant and maternal death rates higher than they ought to be is the lack of proper prenatal care. In an effort to help remedy this lack Mothers' Clubs have been formed in New York City by the Visiting Nurse Service of the Henry Street Settlement under the direction of Miss Katherine Faville. In these clubs women are taught how to take care of themselves and their babies.

This work is carried on with the cooperation of the doctor or clinic that the expectant mother is attending. Once a week these shy, anxious looking mothers-to-be come to the headquarters of the visiting nurses and the first lesson is begun. They listen wide-eyed as the nurse explains cheerfully:

"The baby is started and formed at the time of conception, when the union of male and female takes place. At this time all the markings and characteristics of the baby are formed and no burn, or scare, or bump will in any way affect the baby. From then on the baby receives its supply of blood from the placenta which is attached to the wall of the mother's uterus; this is not only its source of nourishment, but also its means of elimination. To protect it from injury, nature has provided a fluid in the uterus in which the baby floats around, and this is known as the amniotic sac. At the time of delivery this sac helps to dilate the cervix or neck of the womb. The amniotic sac is also called the "bag of waters."

PRENATAL CARE

Next the importance of a balanced diet is explained. It is pointed out that the demand of lime salts and other minerals must be considered during pregnancy in order to allow for the building of bones and teeth. The principal foods in which these can be found are: calcium from cheese, eggs, milk, oatmeal, and vegetables; phosphorous from cheese, eggs, meat, milk, oatmeal, and green vegetables; iron from egg yolk, meat, whole meal, green vegetables; chlorine from table salt, and iodine from fish and iodized salt. Vegetables to have their highest value should be steamed or boiled in very little water to preserve their soluble salts.

If the woman has been to her dentist and has been getting a balanced diet there is no need to worry about the old saying, "For every baby, a

tooth." The chief reason for tooth decay during pregnancy is improper diet. If the diet is insufficient in calcium and other minerals, development of the baby is hampered, and the mother is left with poor teeth.

BREAST FEEDING

We also stress the care of the breast. The prenatal care of the nipples is very important. It should be started between the sixth and seventh month. There is a secretion from the breasts during pregnancy which forms an imperceptible crust. If this crust is allowed to remain the skin underneath becomes tender and will be likely to crack after delivery when baby starts to nurse. The nipples should be washed carefully each day with soap and water. To dry them, apply vaseline, cocoa butter, albolene or lanolin so that it works into the small creases of the nipple. This care toughens the nipples and prepares them for nursing the baby. If a mother has flat or inverted nipples the treatment should begin earlier and be done more than once a day so as to make the nipples more prominent and easier for the baby to nurse. It is very important when caring for yourself or your baby to make sure your hands are clean by washing them before you start whatever you may have to do. Brassieres of the uplift or supporting kind are important to support the breasts. However, instead of the expensive, especially designed nursing brassieres, there are inexpensive ones which can be slit down the front, and hooks and eyes sewed on; these will serve the purpose just as well.

The feeding problem of a breast-fed baby is a simple one. The breast milk agrees with the baby, it is fresh, clean, and easily digested. Breast-fed babies seldom have trouble with diarrhea. There is usually no reason why a normal healthy mother cannot nurse her baby if she follows her doctor's advice. Many mothers find that they lose their milk when the baby is very young. One of the main reasons for this is that the breasts are not completely emptied after feeding the baby.

Nursing the baby is also nature's way of helping a mother return to normal. Cramps at this period may mean that the nursing process stimulates uterine contractions which help to make the uterus return to its normal size.

We always have a large display of baby clothes and patterns at the Mothers' Clubs. All these clothes open down the back, which makes it easier to dress the baby since it is unnecessary to handle and turn him as it is when clothes are put on over his feet.

The nurses also help and encourage the mothers to make their own layettes. It is much cheaper than buying layettes ready-made and any mother can make at least part of baby's clothes. However, should you prefer to buy the layette, be sure to get the two-year-old size. Infant clothes are soon outgrown.

Empty jelly glasses on a pie tin are as good receptacles for baby's supplies as any expensive

room, water must be carried to them and then taken away. They are harder to keep clean than an enamel tub and unless a sturdy one which will be expensive is used a large active baby is very apt to have an unsafe bath. There is also the problem of lifting and lowering the lid which is used as a table. This is hard to do and the baby will be as comfortable on a secure pad on the table. The pad can be a folded blanket on a firm pillow that is well protected in order to keep it dry.

Bathing the baby at first presents quite a problem but after some experience with a doll the expectant mother becomes more or less adept. You start with the nose and ears. The eyes and mouth

How to Make a Layette

The three essentials for babies' clothes are comfort, economy, and attractiveness. The following articles, which may be made from *Butterick Pattern* 6103, should be ready by the seventh month of pregnancy:

3 cotton shirts, open in front, two-year-old size; sleeveless shirts or "bands" for summer.

3 dresses, two-year-old size.

4 dozen diapers of bird's eye or outing flannel, size 27 x 27 inches.

Petticoat and dress that hang from shoulders and open down back; nainsook or outing flannel.

Flannelette nightgowns, 3 inches longer than dresses.

6 small pads of towelling; 3 thicknesses, stitched.

6 large quilted pads, 16 x 11 inches.

2 rubber pads, 16 x 11 inches.

3 lightweight blankets; 10c-20c each.

Denison's baby pads; 250 for 89c. (Convenient but not essential.)

utensil you may buy. Four jars are necessary: one for cotton, one for mineral oil to use in anointing the folds of the skin, a third for applicators, and a fourth for boiled water. Mineral oil should not be used to clean the baby's nose, since medical records show that lipoid pneumonia may be caused in this way. Covered soap dish and pin-cushion complete the outfit. Incidentally, an old bar of soap covered with a paper napkin makes an excellent pin-cushion because it lubricates the safety pin.

A large tub that resembles an overgrown dishpan, placed on the kitchen table, is best suited for bathing the baby. The temperature in the kitchen can be regulated on a cold day with the gas oven. In the kitchen the water is handy and the set tubs are there to receive the soiled bath water and the soiled baby clothes.

Bathinets in small city apartments where there is little room to move about, cause much unnecessary work. If they are not used in the bath-

are not washed unless the doctor orders it. Then come face and head. After this the baby is undressed and put in the tub. Soaping the baby with your hand is preferable to using a wash cloth. Use a cloth for rinsing. Dry with a soft towel or diaper.

By the time a mother has had ten lessons she has learned how to take care of herself and her baby. The one thing that is stressed at each lesson is that both parents should take an active part in preparing for the new baby. Where there are other children in the family, the event should be made equally important to all. This will prevent any jealousy between the children and the new baby.

We continue visiting the mother for six weeks after she returns from the hospital. At the end of six weeks the doctor gives the mother a complete physical examination and, if she is found to be well, our duties are over. During this six weeks' period the visiting nurse generally finds it necessary to go through (Continued on page 21)



THE MIRACULOUS ACCOMPLISHMENTS attributed to Aladdin's magic lamp in the fairyland days of our infancy become drab and commonplace in comparison with the fantastic miracles ascribed to cosmetics in advertising over radio, in magazines and newspapers. Beauty forums, theatres of the air, stage luminaries, movie stars, well-publicized society women, and every other form of "come-on" is used on coast-to-coast hook-ups to entice the fair sex to radio's medicine wagons. At a particularly interesting moment in the performance, the super-salesmen are insinuated into the program. These pseudo skin-specialists, hand-specialists, head-specialists, all employing the abracadabra of dermatology, cajole, persuade, plead, frighten, threaten and resort to any and every form of exhortation to bully milady into buying their particular product.

They prescribe elaborate beauty rituals which promise to achieve a metamorphosis in every ugly duckling and endow her with the seductive glamour of a cinema star. Is it difficult for you to charm a man? Use this lipstick and he is yours—absolutely guaranteed. Has your husband's love for you died? Use this beauty cream and it will re-awaken in him the poetic ardor of youth. He will woo you once again with that love which keeps a woman eternally young and lovely. Are you unemployed? Use this shampoo and the job is yours. You will never get that promotion and raise in salary you so well deserve unless you use this hand lotion. And so on *ad absurdum*.

That innumerable people are taken in by these slogans indicates that many of us still live in a childish world of make-believe, a sort of wishful state in which we endow ourselves with every desirable quality. This world requires the complimentary props of "a skin you love to touch" or the "allure of the orient." The manufacturers of patent nostrums are obviously aware of this.

It would be wise to consult sober and

authoritative opinion on cosmetics and to contrast it with the frenzy of misleading claims made by radio's super-salesmen.

During the hearings on the Copeland food and drug bill in December, 1933, Dr. Haven Emerson testified as follows:

"As President of the Public Health Association and a member of the Public Health Committee of the Academy [of Medicine], I advise you that we are constantly observing at the medical centers in New York, through the Department of Dermatology and Medicine, the victims of the injudicious use of self-beautification efforts, who come to us with many pathological conditions: patients with deformed faces, patients with poisoned bodies, patients suffering at long-time distance from the time when they used their medications from chronic poisoning, which they could not themselves suspect from their own symptoms at the time of using the cosmetic. A matter which I think should be emphasized in the discussion of this bill is the chronicity, the long interval between the time of the application of these preparations and the beginning of symptoms, which makes it impossible for the individual consumers to protect themselves as they would against some violent irritant applied to the skin. Lead, silver, and arsenic are common

types of chronic poisoning by cosmetics."

Not only is milady courting danger in the vain hope of developing the seductive charms of a Cleopatra, but the money she is made to squander in order to indulge in these hazards makes her the victim of what is perhaps the rankest of all our commercial rackets.

A partial analysis made by the Bureau of Health in the State of Maine, under the supervision of George H. Coombs, M.D., and issued February 21, 1935, informs us that the approximate retail cost of the ingredients in the products listed below is:

	Cost	Selling Price
Harriet Hubbard Ayer Special Astringent....	9c	\$1.75
Elizabeth Arden Venetian Lip Paste.....	2c	1.00
Coty Dusting Powder..	1½c	.75
Helena Rubinstein's Face Powder.....	10c	1.00

In order to protect our readers from this onslaught on their health and pocketbooks, we have organized a new department in which we will print information each month on the contents of your make-up box and the best nationally available cosmetics, considering price and quality.

Paul de Kruif Radio Programs

THOUSANDS OF RADIO LISTENERS HAVE BEEN ENJOYING AND PROFITING by the Federal Theatre Project Radio Division's weekly broadcasts of the dramatization of Paul de Kruif's popular books on the highlights of medical history.

The series entitled "Men Against Death" is on the air every Thursday night at 8 P.M. Eastern Daylight Saving Time, over station WABC and the coast-to-coast network of the Columbia Broadcasting System. The schedule for the coming weeks follows:

September 1—DAVID BRUCE: *Trail of the Tsetse*.

September 8—ROSS vs. Grassi: *Malaria*.

September 15—WALTER REED: *In the Interest of Science*.

September 22—PAUL EHRLICH: *The Magic Bullet*.

JIM SLAMMED HIS COFFEE CUP BACK IN THE saucer. A miniature brown tidal wave rose over the crest of the cup and splashed on the plaid breakfast cloth, a gift from one of Nancy's bridesmaids.

"What gets me is why you ever married me," he said stormily. Just for the novelty, I suppose. I can tell you're not in love with me. Admit it! Are you?"

"More coffee?" Nancy asked with cold politeness.

Jim got up from the table, his face beet-red with anger, and marched stiffly out of the room.

For a few minutes after Nancy heard the door to the apartment bang she tasted the fruits of victory. She knew there was nothing made Jim wilder than for her to appear calm and collected when he was in a rage. Then suddenly she burst into tears. Jim and she, married five months and one week, were either quarreling like a cat and dog or maintaining a studied politeness towards each other that made her want to shriek. She hadn't changed. It was Jim who kept insisting she didn't love him, found fault with her, and flared up at the least little thing.

Nancy got up, washed her eyes with cold water and started to clear up the apartment. Tears came again when she thought how sorry her friends would be to know she was so unhappy.

DAY-DREAMS OF REVENGE

As she automatically washed the dishes and made the bed, her mind dwelt on a series of imaginary adventures. She had gone home and refused ever to see Jim again. In her grief, she had run away to another town and found a job there. Jim would be frantic at her disappearance. Stricken with horror, he would read the newspaper articles, "White Slave Abduction of Young Wife" or "Female Torso Found in River," with the comment "possibly the attractive Mrs. James Wallace who disappeared a few months ago. Mr. Wallace refused to believe that the body could be that of his wife. He seemed overcome with grief. He admitted, to be sure, that they had quarreled the morning of her disappearance, but that he had not meant what he said."

Like one in a trance, Nancy straightened the slip cover on the davenport and plumped up the cushions. She'd give him another few weeks to

think about it before she'd let him know that she was alive and well but not particularly anxious to come back to him. Maybe after a few months with Jim begging practically on his knees—that was a good idea, actually on his knees—she would come back if he promised never to speak to her that way again. But he was to be on trial—definitely on trial—and then he would be nice again, really nice. Jim actually was terribly nice, and so good-looking in a rugged sort of way. Then maybe in a year or so they'd have a baby. She could just see his look

when he asked her what they'd name the baby and she'd say "Jim," of course.

Nancy's native commonsense roused her from this comforting reverie. It's idiotic for me to imagine such things, she thought. I remember when I was a little girl, imagining that I was dead and how sorry Mother

and Dad felt because they'd punished me. I've been doing exactly the same kind of day-dreaming only now I'm old enough to know better. It's time I really tried to figure out what's causing the trouble between Jim and me.

NANCY CONSULTS THE DOCTOR

Nancy sat down and tried to get into a quiet frame of mind. It seemed hopeless. Every time she tried to think things out impersonally, she'd remember an episode from one of their quarrels. It wasn't as if Jim and she hadn't had a chance to know each other. They'd been engaged for two years, years that had dragged because they were so eager to have this very home. And Jim had gone without so many things to save up for their furniture and honeymoon trip.

For a bare moment Nancy considered going over to her mother's for a talk. Her mother would be shocked, but would only tell her to try to put up with things. Nancy knew her father was not too easy to get along with, but her mother had never complained. Nancy would rather die, she decided, than tell her troubles to any of the girls in her group, good friends though they were. Imagine her telling Helen, who had caught her wedding bouquet, that Jim and she were already wretched together.

Nancy's face brightened. She would go see old Doc Carroll. He had brought her into the world, pulled her through every childhood ailment from mumps to scarlet fever, and she felt she could talk to him. It was not an easy thing to talk to another

person about, and yet Nancy felt that something must be done without further delay.

Dr. Carroll waited patiently until Nancy stopped crying. Then he assumed a more comfortable position in his swivel chair and waved an admonishing finger.

"This story about Jim and his sudden change in character is all very tragic, but I've lived long enough to know that it takes two people to make a marriage and two people to break one. Why



Henry Berger

Jim and Nancy had been married only five months, but they quarreled frequently.

does Jim feel that you don't love him any more? Has marriage been a disappointment to you, Nancy?"

Nancy flushed up to the roots of her blonde hair. "Well, not exactly. Jim and I were so crazy about each other but now—well, I don't know," she finished lamely.

Dr. Carroll smiled encouragingly. "We're old friends, Nancy, and you can be honest with me. Human experiences are apt to fall into patterns and, if I'm not mistaken, the pattern of Jim's and your misery is a familiar one. No marriage can be happy without a satisfactory sexual relationship. Is that the trouble?"

"I guess so," Nancy stammered. "Jim says I don't love him that way."

Dr. Carroll's manner became business-like. "Well, Nancy, from your recent examination, I know you are perfectly normal physically. Your difficulty is probably psychological. I'm sending you to a psychiatrist who can straighten things out for you." He reached for the telephone on his desk.

"There's nothing wrong with my mind," Nancy objected indignantly.

"Who said there was?" Dr. Carroll retorted. "Listen, Nancy, if you have a pain in your stomach, you come to me and I'll dose you for it. If you have ideas in your mind that are giving you mental indigestion, you go to a psychiatrist. That is, if you're smart," he added testily.

When Nancy reached Dr. Andrews' office she was trembling with fright and embarrassment. She didn't see how she could discuss personal problems with a complete stranger.

Dr. Andrews, a pleasant-looking, middle-aged man, asked her to sit down and then in a quiet, matter of fact manner began questioning her. Nancy's answers brought out the fact that most of the quarrels Jim and she were having had occurred the day after they had had sexual intercourse. This morning's quarrel was no exception. Nancy blushed scarlet when this subject was first brought up, but Dr. Andrews' attitude was so casual yet kindly that she felt reassured and answered his questions frankly.

Yes, she loved her husband very much. Yes, she felt passionate at times, but not usually when they were in bed together. It was more likely to happen if he held her hand in the movies, or if he kissed her while she was getting supper, or many times if she just thought about him during the day while he was at work.

GUILT FEELINGS

Before they were married she had often been greatly aroused while they were petting, and once they both became so worked up that they had had intercourse, just a few weeks before they got married. She had felt dreadfully ashamed after this, and more ashamed the next day when Jim had acted strangely, as if he too were ashamed. She had wondered whether he thought she wasn't a nice girl to give in that way. Then after their marriage when they had intercourse she would suddenly lose all feeling, and sometimes feel almost disgusted. No, she never refused him. Her mother had told her that it was her duty to do whatever her husband wished and that "it was the man's pleasure." She knew that such an attitude was old-fashioned but she was beginning to think at times that perhaps her mother was right.

About having children? Yes, they intended to very soon, as soon as Jim got a raise, and he expected one any day now. In fact, she had already

been to her doctor to be examined and see if it was alright for her to have a child. He had said that she was in fine condition and could go ahead any time. This brought up the matter of birth control and they discussed this at some length. Then as the time was nearly up Dr. Andrews told her he was certain that her frigidity was psychological. If there were anything wrong physically, Dr. Carroll would have discovered it. He said further that he thought she could be helped fairly quickly since her trouble didn't sound as though it were very deep seated. Arrangements were made for several more interviews the following week.

That night Jim had very little to say. He didn't refer to their quarrel, but he helped her wash the dishes, then read the paper a while in silence, and went to bed early. Nancy said nothing about seeing Dr. Andrews.

In Nancy's next few interviews with the psychiatrist they discussed her attitude towards sex, beginning as far back as she could remember. Her mother had told her a few things with some embarrassment at the time she began to menstruate, but prior to this she had been told very little. She had found out more from the girls she went to school with. She remarked spontaneously, however, that she thought her father was actually more puritanical than her mother and that she had often thought her mother would be more easygoing and natural if her father weren't so strict.

A PURITANICAL FATHER

Nancy went on to explain. "He has terribly high ideals, Dr. Andrews. I'll never forget how he talked about one of the girls I went to school with who got into trouble in her senior year at high school. Why, he thought that her parents ought to turn her out, and have nothing more to do with her. They didn't, of course, and, as a matter of fact, the boy married her before the baby was born. There was a lot of unpleasant talk for a while, but everything seemed to be going alright the last time I heard anything about them. She was a pretty good friend of mine and it made a tremendous impression upon me. Father insisted that I have nothing more to do with her, but I did see her on the sly and always felt very guilty about it. I think this sense of guilt made me act a little prudish, and I actually got the reputation of being a poor sport."

"I wonder," said Dr. Andrews, "if you see any connection between that incident and what happened to you."

"Of course I do. In fact, after that time Jim and I had intercourse before we were married, I

felt so afraid of father that I could hardly bear to sit at the table with him. I don't believe, if he had known, he actually would have acted the way he said he would, but the thought of it gave me awful panicky feelings. My father really is awfully nice, even though he is strict, and I have always been terribly fond of him."

"Is he anything like your husband?"

"Now that you speak of it, I realize that they are very much alike, though Jim really isn't the old Puritan that Dad is. I resented Jim's attitude tremendously. I don't think I have forgiven him yet for the way he acted the few weeks before we were married, after we had had intercourse. I thought he acted like a hypocrite. It was as much his doing as mine. I don't see why women should always get all the blame! I didn't see it when it happened to my friend either, yet that was Dad's attitude, and I don't see it now! I wonder if Dad didn't have the same attitude towards Mother and that was why she said it was the 'man's pleasure.' Maybe Dad made her feel so ashamed that she couldn't have any pleasure, and had to feel ashamed of herself if she felt passionate."

AN INHIBITED BACKGROUND

"No doubt that is part of it," Dr. Andrews agreed, "but not all, and I think you probably more or less realize it. The fact is that practically everyone is brought up to be ashamed of sex, so that very few people, either men or women, have

a really normal attitude towards it. Of course, sexual inhibitions are more vigorously impressed on girls than boys, largely because society at the present time offers more actual freedom in many ways, not only sexual, to men than to women. Your father is unnecessarily puritanical, not of his



Henry Berger

own volition but because of the way he was brought up, and the same applies to your mother. If either of them had been more natural, it would have helped the other one to be so. Each one's conflicts made the other's worse.

The same situation must apply to your husband and you. If he had not had some complexes about sex he wouldn't have made you feel so ashamed of yourself and stirred up all your latent resentment at being a woman. If you yourself had had fewer conflicts you wouldn't have been so ashamed and frightened in the first place, and, when you saw that Jim was upset, (Continued on page 23)

MEET JERRY, THE "INCORRIGIBLE"

By I. T. BROADWIN, M.D.

The story of a youngster whose life in a city slum bred in him a contempt for all authority but the use of force. A realistic and startling picture of the "dead end" that faces many young Americans today.

ON JERRY EVANS' FACE THERE WAS WHAT HE CONSIDERED a proper expression of repentance but inwardly he snickered contemptuously as the school principal admonished Jerry's mother for his delinquencies. Jerry considered truancy and quarreling with his teachers as only minor infractions of the rules. "What would they do?" he boasted to himself, "if they knew that I steal?"

"The teachers have become impatient with him," the principal continued. "When invited to join other children in their group activities he snickers and becomes disrespectful. He prefers the company of a small group of trouble-makers who have already appeared in Children's Court for committing minor thefts."

Jerry saw the look of pain on his mother's face and his inward bravado was dissipated by the fear that she would tell his father, who would then beat him. He scowled resentfully at the principal. To Jerry this kindly gray-haired man was only another adult who persecuted him. He had grown to hate and distrust all adults.

FEAR OF PUNISHMENT

Mrs. Evans became nervous. Every time Jerry screwed his face up in that way something happened. She looked apprehensively at the heavy glass paper weight on the principal's desk and into her mind flashed the memory of Jerry dashing into the kitchen, his face screwed up as he tried to choke back his sobs. He had grabbed a milk bottle and hurled it through the front window at someone in the street below. Fortunately the bottle missed the young tough that Jerry had meant to hit. The following day as she was returning from the store, she encountered Jerry quarreling with this same youngster who was about four years his senior. Jerry was shouting angrily, "I won't miss you again. Next time I'll bounce the bottle off your lousy head." She was worried because of the bad reputation Jerry was getting.

"Here he is eleven years old and he has already been left back several times. Psychological tests

given the boy indicate that he is capable of doing the work if he applies himself," the principal insisted.

Jerry took in the scene, undecided whether to run or to stay. He was a healthy, rugged child, made gutter-wise by the slum life in which he had grown up, and he knew that fighting with the principal would be like fighting with a cop.

Mrs. Evans considered telling the principal that Jerry had been stealing since he was six years old, that he often stayed away from home nights, and that he caused her untold trouble and anguish at home. But the thought of Jerry in a reformatory banished this idea from her mind and she pleaded:

"Give him another chance. I'll try hard to do what I can."

"I'm sure you will," the principal encouraged her. "You know, we can only do half the job; the other half is up to you and your husband."

"I'll do my best," Mrs. Evans assured him.

The principal turned to Jerry and inquired amicably, "Well, are you going to try to be a good boy, Jerry?"

"Yeh! Sure!" Jerry replied, his little mind busy with plans to stay away from home that night so as to escape the licking he was certain to get.

Jerry's mother took him firmly by the hand and hurried from the school. No sooner were they outside when Jerry whispered fiercely, "Are you gonna squeal on me? If you tell the old man I'll never come home."



Courtesy United Artists Corp. Photo from "Dead End"
Jerry played truant from school because he had learned early to play truant from home. From the gang he picked up a certain gutter-wisdom.

"I won't tell, but you're coming home with me," said Mrs. Evans firmly and tightened her grip on Jerry's hand. Jerry didn't believe her. He recalled other promises she had not kept.

THE GETAWAY

On the way home she thought the whole thing over. She could not tell her husband that she had been called to school again. He would hit the boy. Whenever he found out that Jerry had been stealing he beat him unmercifully. When she reprimanded Jerry the boy reviled her with filthy language. When she attempted in an affectionate way to appeal to him he would laugh at her and run away. She knew that his street companions committed petty thefts. Jerry had come home with articles stolen from the neighborhood push-carts and stores. He was never friendly unless he wanted something from her. He teased and fought with his older sister and younger brother. The younger one was learning to use his bad

language. What could she do? Whom could she turn to for help?

Jerry felt his mother's grip on his hand loosen and he jerked free. In a flash he was out of sight around the corner. She hurried on to the other children at home, angrily bewailing her fate and storming at this brat who caused her so much misery.

Meanwhile, Jerry wandered down to the Hudson River docks. He liked the river, the bustle of ships being unloaded, and the noise of heavy traffic. Walking along aimlessly, he got in the way of truck drivers who swore at him, and he cursed back at them. A fruitstand man turned his back and Jerry snatched an apple. Tired of walking, he hopped onto the tailboard of a moving truck where he sat munching his fruit and shouting invectives at other drivers.

Jerry was on his way to Bob Brown's shack. Bob was an old broken-down fighter who had once been a famous heavyweight. Robbed of his earnings by his managers, he was now a dock watchman. Jerry would sit enthralled by Brown's stories of famous fights. Occasionally, he boxed with Brown's son, Jim, who was being trained for the prize ring. The old man would watch them and coach them.

A CRAP GAME AND FIGHT

At the dock he was told that the watchman was home, sick. He then roamed the riverfront until he came upon a group of boys playing craps. Jerry knew some of them and also knew their dodge. They would start a game to attract others and when the strange boys' wagers were down they would shout that a cop was coming, grab the money, and run. Nevertheless, he decided to risk the dime he had wheedled from his mother. Crouching down in the circle made by the boys, he waited his turn at the dice. When the dice got around to him Jerry bet his dime, won, bet the twenty cents, won, bet the forty cents, and won. Then he picked up the eighty cents and dropped the dice.

One of the bigger boys grabbed him. Jerry dug a right into his stomach and the boy let go. Immediately the other boys formed a circle about them. Jerry ducked under a roundhouse right and shot a left to the stomach which doubled the other boy up. He then tried a left and right to the head, missed, and took a right on the nose which started it bleeding. Jerry realized that the other boy was bigger and had a longer reach. He knew that if he got in close enough to reach him with a left jab he might blunder into another roundhouse right. He circled about the boy cautiously. The onlookers began egging them on. Jerry feinted with his left

which drew the other boy's guard up, then dug his right into the stomach, and drove a left to the face. He followed up with a flurry of rights and lefts before his adversary could get set and the fight was over.

Jingling his winnings in his pockets, Jerry debated whether to go home or sleep on one of the docks. Thoughts of his father's unmerciful fists decided him for the docks.

One is led to wonder what the emotional needs were that made Jerry seek an outlet in such a pattern of behavior. What satisfaction did he derive from behaving in a way which seemed to give him so much unhappiness and punishment? We know what stealing, playing truant, mean. The definitions are supplied by the law and the dictionary. What, however, does stealing, lying, utter defiance, and lack of display of love mean in terms of this child's emotions? He is a problem child, a conduct disorder child, but do not all children present problems? Why are his problems so severe?

PARENTS AND ENVIRONMENT

To understand the problem we must have a clear understanding of Jerry's adjustments since the earliest years. As an infant he carried into life a mass of instinctual drives, emotions. These were displayed or rather acted out in the midst of those who cared for him at home, his parents, brothers, and sisters. Those who cared for him reacted in turn to his emotional expressions. His parents were also the product of an adjustment to life. What kind of adults were his parents? Had they in turn had happy childhoods or had they suffered through lack of love and understanding? Was the father an individual who was emotionally an adult who looked upon children as a responsibility of the highest type? Did he represent an ideal of manhood in the child's eyes? Was the mother an individual who found love in her husband? Was he a helpful mate? Was the mother harsh and demanding or did she take the easiest way, pampering the children and permitting them to be dependent upon her? These questions cannot be answered solely on the basis of a psychological study of the parents and the home. The social and economic conditions influence the emotions strongly and these in turn color the psychological picture of the individual.

The child says many things, but he does not say them in simple English. If one understands his behavior then one will understand the language he employs. All children present problems. The education and bringing up of children is a problem to both child and adult. Children are best guided and educated through love and understanding, not through arbitrary commands and punishment. To understand a child the adult must see things from the point of view of the child. This does not mean letting the child do as it pleases but it does mean

an appreciation and respect for the emotional life of the child. How were the problems, the normal problems, of Jerry understood and handled by his parents, and how were they in turn prepared by their parents and their social and economic environment to handle such responsibilities?

Jerry's father was thirty-five years old. He was left an orphan at about the age of five in the care of his grandfather who was a farmer in Michigan. His grandfather died when he was ten years old and he was shifted from relative to relative, made to work hard, and given very little consideration by any one. At the age of fifteen he succeeded in getting to New York City where he again had no home and had to work hard at all kinds of jobs. One thing did stick in his mind and that was that the only real friend in this world was money. He saved every cent, finally learned a trade, and took pride in the fact that he was able to amass a few dollars. He had no hobbies, no social interests.

HOW DISTRUST GREW

Jerry's mother was about thirty-eight years of age. She was born in a small town in Ohio and lost her father when she was about four. Her mother then placed her with her grandmother while she went to work as a domestic servant. Jerry's mother remained with her grandmother until she was fifteen, when she came to New York City to visit an aunt and remained. The years she spent with her grandmother were the happiest of her life because of the kindness and consideration she received.

If we pause here for a moment we already see the characters of Jerry's father and mother taking form during their adolescence. The father felt unloved and unwanted. The mother experienced some love and care. He may look forward to a harsh life in which he must con- (Continued on page 23)

THE NEW FOOD AND DRUG LAW

By ARTHUR KALLET

Director, Consumers Union of the United States

Is the new law, passed after years of legislative wrangling, adequate to protect the consuming public?

BELIEVE IT OR NOT, THE NEW FOOD, DRUGS, AND cosmetics law has finally been passed. Those who watched the five-year struggle that preceded passage often doubted that anything would come of it.

The struggle began shortly after the beginning of President Roosevelt's first term of office in 1933, when he directed the then Assistant Secretary of Agriculture Rexford Tugwell to draw up a new bill to replace the obsolete regulations which had been on the books since 1906.

New products, new processes, the tremendous development of advertising, had added to the failures of a law which was too weak to begin with. The old law didn't cover cosmetics at all. Advertising wasn't mentioned in it. With the exception of canned goods, it didn't permit the government to set up legally enforceable standards for foods. And taking advantage of its innumerable lacks and loopholes, the food, drug, and cosmetics industries were defrauding the public on a vast scale, selling products which were worthless, misrepresented, often dangerous.

Under this law, many products which had caused serious injury or even death were being sold with entire legality. Poor families with not enough money to buy milk for young children were being persuaded to buy worthless medicines for ailments which never existed except in the minds of advertising copy writers.

It was this situation which brought about the writing of the first Tugwell Bill, known in its later revisions as the Copeland Bill.

The things that consumers looked for in the new legislation were, primarily, adequate control of advertising, control of cosmetics, truthful labeling of foods, the prohibition of added poisons of any kind in amounts which might be hazardous in foods, and the administrative provisions necessary for proper enforcement of the law.

Most of these things were reasonably well taken care of in the original Tugwell Bill. Frequent revisions in the succeeding five years, however, weak-

ened the bill and changed the picture completely.

As time went on, consumers in increasing numbers played their part in the fight for a new law. In the main, however, the fight was between industry, advertisers, and publishers. Faced with a rising tide of consumer demand for better protection against dangerous, worthless, and misrepresented foods, drugs, and cosmetics, each commercial interest involved fought against any regulation likely to affect its own pocketbook. The special representatives of these interests in Congress formed the front line of the fight.

But in its desire to get a law passed which would read well to consumers, no one of these interests cared much what sort of regulations were clamped down on the others. The resulting bickering prevented final enactment of the law in previous sessions of Congress, even when both houses had passed different versions of the same bill.

The bill which the President signed on June 25, 1938, and which becomes operative on June 25, 1939, was, on the whole, satisfactory to almost everyone, including many consumer organizations. The industries covered by the new law, the government, and some consumers have hailed the law as a monument to the late Senator Copeland, who guided the bill through the years of congressional warfare.

And that is fair enough. The law is indeed a fitting monument to the physician-senator, who helped many a fake patent medicine advertiser to defraud the public, at the same time posing as a loyal friend of the consumer. Doubtless, the full story of Senator Copeland's highly paid services to business during his term as senator will some day be written. Insofar as his work on the food, drugs, and cosmetics bill is concerned, now that it has become law, our immediate concern is with the results, rather than with what brought about those results.

PROVISIONS OF THE LAW

What made the Copeland Bill sufficiently acceptable to business to insure its passage was the enactment (in March, 1938) of another law vesting jurisdiction over food, drugs, and cosmetics advertising in the Federal Trade Commission, thus barring control of the federal Food and Drug Administration. The Federal Trade Commission already exercised control over all advertising in interstate commerce; but previously it could complain only when advertising injured a competitor, not when it injured consumers. During the many years of Federal Trade Commission control, industry, advertisers, and publishers learned that the

Commission's bark was worse than its bite. They were willing to trust this gentle watch dog with the handling of food, drugs, and cosmetics advertising as it affected the consumer. They were unwilling to face the unknown dangers of advertising control by the Food and Drug Administration.

The President's signature on the Lea-Wheeler Bill, enlarging the powers of the Federal Trade Commission so as to include food, drug, and cosmetics advertising as it affects the consumer, in the opinion of trade journal editors, assured passage of the Copeland Bill, now stripped of jurisdiction over advertising.

As outlined by Secretary of Agriculture Wallace, whose department is charged with the enforcement of food and drug regulations, the new law differs from the old in the following important respects:

1. The new law has jurisdiction over all cosmetics except toilet soaps.
2. It provides for control of therapeutic devices over which there has been no control in the past.
3. It provides for regulation of drugs used in diagnosis of illness and of drugs intended for remedy of under-weight and over-weight.
4. It requires testing of new drugs for safety before they are put on the market.
5. It permits the Food and Drug Administration to promulgate standards for foods.
6. It increases penalties for violations.
7. It gives the federal courts authority to restrain violations by injunctions.
8. It eliminates the necessity for the government to prove fraudulent intent on the part of the manufacturer in the labeling of patent medicines.
9. It requires that drugs containing any one of a list of habit-forming substances carry labels warning against habit formation.
10. It requires listing of the names of active ingredients on the labels of drugs not listed in the *United States Pharmacopeia* or the *National Formulary*.

There is not space here for a detailed analysis of the new law and of the new provisions outlined by Secretary Wallace. Fortunately for consumers, the law does contain some provisions which represent important gains. Any control of cosmetics is a gain. Any requirement for the testing of new drugs for safety, no matter how feeble the requirement, is a gain. A provision for legally enforceable standards for foods is cause for consumer rejoicing. But, alas, there is so much in the new law which is on the debit side that one wonders whether the gains or the losses are the greater.

One can't ignore the fact that grade labeling does not appear in the law, and grade labeling is the only thing which gives the housewife any knowledge of the quality of foods she buys. One can't ignore the clause in the law which is almost

an invitation to leave added poisons in foods if it is required by "good manufacturing practice."

One can't overlook administrative provisions which may so hamstring the enforcement of the law as to make it of little value as a protective measure, and in important respects it may be a retrogression, rather than an improvement in control of frauds and hazards.

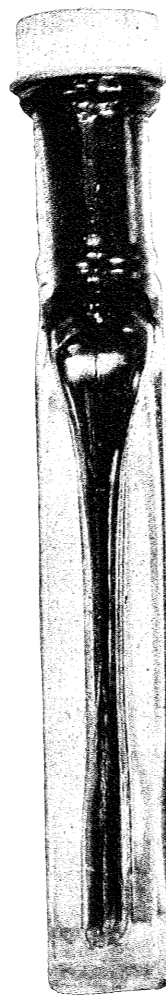
Worst of all, the law is so written as to open the way for manufacturers, distributors, and other

affected commercial interests to go to court to prevent enforcement in particular cases, and to waste the energies and funds of the enforcement agencies on innumerable useless hearings.

I can do no better than to quote from an editorial on the new law which appeared in the July issue of *Consumers Union Reports*.

"Its most dangerous weakness lies in provisions which jeopardize the enforcement of regulations set up by the Secretary of Agriculture, for it is around these regulations that true consumer-protection must be built. The vicious court review section in the previous draft of the bill was modified, as we predicted it might be. And the modification indicates that legislators are beginning to have a wholesome respect for the power of consumer groups, who had unanimously condemned this section.

"But the modification is not so important as it first appears, and as it was first heralded. Persons seeking an injunction to restrain the enforcement of regulations are now told to go to the circuit courts of appeal, of which there are less than a dozen, instead of to any one of the eighty-five district courts. But those acquainted with the character of the circuit courts will question that this represents a great gain for consumers.



What price glass?
A side view of a
vanilla bottle.

"The circuit courts are recognized to be the most reactionary section of the federal judiciary system. A large number of the judges are one-time corporation lawyers, long on the bench. In general, their decisions have been notoriously sympathetic to business as opposed to public interest, and there is no reason to believe that they will be otherwise in the field of food, drugs, and cosmetics.

"The law requires also that regulations shall be conclusive if supported by "substantial evidence"—the catch lying in the word "substantial." The findings of most administrative bodies are conclusive if supported by evidence with no stipulation that it be "substantial." And even with such a provision the courts frequently de-

(Continued on page 24)

TRUDEAU—CURED THE "INCURABLE"

THE LABORATORY'S BATTLE against tuberculosis has been the great disappointment of modern medicine. When, in 1882, Robert Koch's brilliant discovery of

the tubercle bacillus was announced to the world everyone believed that the event marked the beginning of the end of the "great white plague." Now there would be vaccines and chemical cures and antitoxins. The enemy had been dragged out into the open, and he could now be fought with his own weapons.

But half a century has passed and no such weapon has been forged. The bacillus has been chemically analyzed and extracts of it have been made; it has been grown under every variety of conditions to discover its weaknesses; the disease has been reproduced in laboratory animals and the infections and re-infections have been minutely studied. A hundred times success has seemed almost within grasp—and occasionally has even been announced as achieved. But still we have no bacteriological preventive, and no bacteriological cure for tuberculosis.

FEWER DEATHS TODAY

The laboratory's battle has been largely a failure but on another front in this war against death there has been grand success. Without the aid of specific preventive, or specific cure, the mortality from tuberculosis has been reduced by four-fifths during this same half century; the disease that fifty years ago killed, every year, 300 young adults out of every 100,000 of population, now kills only 60; this disease that had been called "the captain of the men of death" no longer heads the list of the causes of death. Had the old death rate persisted, every year at least a quarter of a million Americans would die who now live; and this redeemed quarter million owe their lives, in large measure, to the genius of one lonely, gaunt, pain-racked man who for forty years toiled in the Adirondack Mountains of New York—and saw his dream come true.

Few people start in life under circumstances so auspicious as did Edward Livingston Trudeau. He was born in New York City in 1848, into a respected, cultured, well-to-do family. His father and grandfather were well-known physicians. He spent his childhood in study in France, and, on his return, in the more expensive private schools. At

How one man—himself doomed to die of tuberculosis—healed himself and others by revolutionizing the treatment of the disease.

seventeen he accepted, without great enthusiasm, an appointment to the naval academy at Annapolis, and he seemed launched upon the set and patterned career of

an officer in the navy. Then two accidents occurred which changed his life completely and which affected the lives of millions of others. The first accident made him a doctor; the second made him a great benefactor of mankind. The first accident was that his older brother developed tuberculosis; the second was that he developed it himself.

PATIENTS SWEATED AND STARVED

He had a deep affection for his older brother and at the news that he had come down with consumption young Trudeau decided to postpone his entrance into the naval academy and to devote himself to the patient. Nurses were unknown in this country seventy years ago and the hospitals were merely filthy, crowded, ill-smelling dumping grounds for the dying poor. The sick were cared for in their homes and Trudeau felt it his duty to care for his brother. He fed him, amused him, fetched and carried for him, and, in order to be near him, slept in the same bed with him.

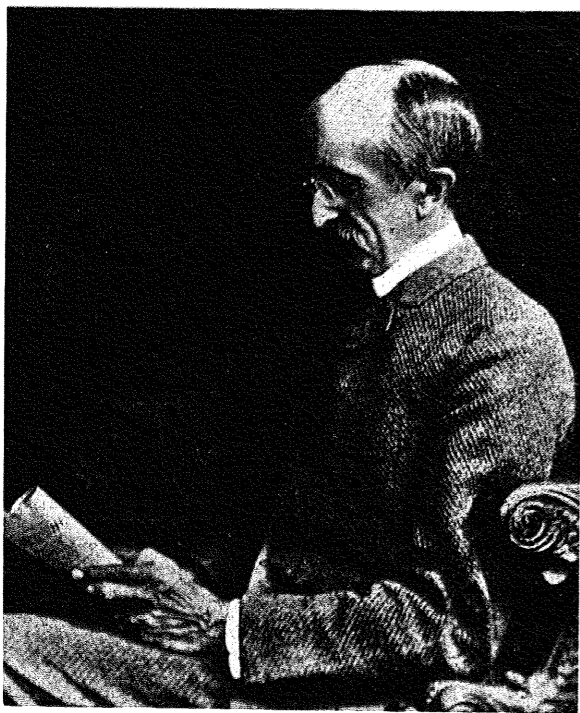
At this time no one acknowledged the infectious nature of tuberculosis. The disease was thought to be—and here we quote from an eminent New York medical professor of the time—"a non-contagious, generally incurable, inherited disease, due to inherited, constitutional peculiarities, perverted humors, and various types of inflammation." Treatment of the disease was on the same level. *Under no circumstances was the patient permitted to come in contact with fresh air.* "Fresh air chilled the feet," said the prevailing medical opinion of the time, "and it brought on the cough." *The patient's diet was drastically reduced in amount, and meat, milk, and eggs were denied him.* "Food," the doctors said, "especially protein food, tends to increase the fever." The patient's room was kept warm and moist, for cold and dryness were thought to aggravate the pain and the frequency of the cough. In brief, consumptives were starved to death in hermetically sealed, super-heated chambers. One may well wonder now that the disease was regarded as only "generally" incurable!

The long illness of his brother and his subsequent death sobered and matured young Trudeau, and he

decided upon a medical career. In 1871 he was graduated from the College of Physicians and Surgeons, finished a six-months' internship, and almost immediately found himself a success as fashionable physician to the wealthy of the city. It seemed as if a comfortable and prosperous future lay ahead. But then . . .

TO SARANAC TO DIE

Within a year, a few suspicious symptoms led him to the office of one of the great specialists for examination, and he staggered out a doomed man.



DR. EDWARD LIVINGSTON TRUDEAU

The left lung was badly involved and he was told that he must go south for the winter. He went and came back moribund. However, he determined that if he must die, he would at least not die as his brother had, roasted and suffocated. He determined that he would spend the summer, his last, in his beloved Adirondacks where, in healthier and happier years, he had hunted and fished. He would drink in the fresh mountain air, and eat what he wanted to eat. So against the urgent advice of his physicians, and accompanied by one friend, he had himself carried to the train. At Paul Smith's, near Saranac, the mattress and its shrunken human burden were carried into a lumbermen's boarding house, and the miracle began.

On the regimen that he had laid out for himself, a regimen that would have horrified every doctor in the world at the time, he gradually found himself gaining strength, and the symptoms abated some-

what. Hardly believing that this chain of events could have any cause and effect relationship, he yielded to the pleas of his wife and friends, and returned to the comforts of the city for the winter. The symptoms began to return, and the next summer he cut loose altogether. Taking his wife and child with him, he returned to the mountains for good. This time the coincidence was too striking to be ignored. By the following winter he found himself able to hunt and fish and tramp through the woods. There was no complete cure, since the infection had advanced too far for that, but at least he still lived. He began, in a small way at first, to practice his profession among the surrounding inhabitants, and with the renewed contact with healing came the dream—this new regimen, the exact antithesis of the old, must be given a thorough tryout. If it could save lives, the world must know about it.

Though he did not know it, the idea was not new. Several years previously, an English physician had established an outdoor sanatorium for the treatment of consumption, but so strong was the sentiment against it that he was soon compelled to close it and reopen it as an asylum for the insane. A German by the name of Behrmann, with his pupil, Dettweiler, had also for some time been quietly conducting a similar experiment on a small scale, but their published reports were ignored. Trudeau was in effect starting from scratch.

THE FIRST SANATORIUM

"Little Red," the first tuberculosis sanatorium in the country, was built by Trudeau and his friends in the year 1879. It was a cottage consisting of one room, fourteen by eighteen feet, and its entire contents were two cot-beds, a wood-stove, a washstand, two chairs, and a kerosene lamp, and it cost only \$400 to build. It was nestled against the side of one of the mountains that ringed the little village of Saranac. A few patients were sent to him from New York by his old friend, Dr. Loomis, and the experiment was on its way. Who could tell how it would succeed?

Every patient of the old days at Saranac speaks worshipfully of "The Doctor," a doctor tall, cadaverous from the disease that was still ravaging his lungs, dressed in a woolen sweater that reached high up around his neck, heavy trousers tucked into long woolen socks, and lumberman's shoes. "The Doctor" was indefatigable. Every patient's every symptom must be carefully noted, for the case-records must be able to stand up against every attack. How they have stood up is now history. "Little Red" is the true ancestor (Con't on page 22)

WHAT'S IN YOUR MEDICINE CABINET?

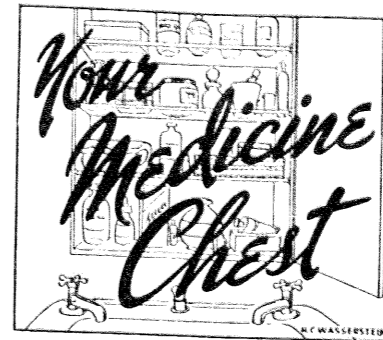
If it's like those in many homes, it may overflow with a miscellaneous assortment of bottles, boxes, and jars, yet fail to contain those preparations best suited to treat the minor injuries which occur frequently in every family. Actually, the things you need are few—but they should be carefully selected. A good antiseptic, an application for burns, an emetic, a stimulant, possibly a laxative, and a remedy to alleviate pain—these, plus a small stock of surgical supplies, are sufficient.

Of the preparations named, an antiseptic will be most frequently needed, especially in homes where there are children, and cuts, scratches, and skinned knees are common occurrences. Tincture of iodine is the best antiseptic to apply to such injuries. It is far more effective—and cheaper—than many widely advertised antiseptics sold under fancy names. It should be obtained in a 3½ per cent solution, and a fresh bottle should be purchased once a year.

There are several *don'ts* to remember when using iodine: don't use it near the eyes or in the mouth; don't apply it to a large cut or to a large skinned surface; don't apply it more than once. And remember—any wound should be washed well with soap and water before an antiseptic is applied.

Two other antiseptics which deserve a place in your medicine cabinet are boric acid and rubbing alcohol. A teaspoonful of boric acid in a glass of warm water makes a good eye wash to use when dust particles get in your eyes. Rubbing alcohol may be used to sterilize thermometers, to relieve the itching caused by insect bites, and as a rub with which to cool off a sick person who is feverish. Before purchasing rubbing alcohol read with care the label of the compound. It should state that the compound contains "70 per cent alcohol," not that it is "70 proof" which means that the compound contains only 35 per cent alcohol, half that required by law.

If it is felt necessary to have a laxative in the medicine cabinet—and there are many reasons why laxatives should be used only infrequently if at all—choose a mild one such as mineral oil, cascara sagrada, or milk of magnesia. Of these, mineral oil is the slowest to act and some people may object to it for this reason. As a general rule, however, the milder the laxative, the better. Cascara sagrada may be obtained in three forms: fluid extract, aromatic fluid extract, and tablets. The extract is bitter and therefore most people pre-



fer either the aromatic preparation or the tablets.

It is much wiser to use one of the three laxatives named than one sold under a brand name which gives no indication of its composition. Many of the proprietary preparations contain phenolphthalein, a drug which the average person can take with safety, but which causes serious disturbances in others. Some laxative pills contain strychnine—a dangerous poison. Many children have been fatally poisoned by eating chocolate-coated laxative tablets which contain strychnine.

Petroleum, better known to most people as vaseline, or a paste made of baking soda and water will help relieve the pain of a small burn. However, do not use an ointment on a serious burn. Until medical aid can be obtained, apply either picric acid gauze or a solution of tannic acid—five teaspoonfuls to a glass of boiled water. Tannic acid should always be fresh. Keep a supply of the powder on hand and dissolve it as needed. Very strong tea may be used if tannic acid is not obtainable.

Most people feel that they must keep some remedy on hand with which to relieve headache or other forms of pain. But again a word of caution: pain is only a danger signal indicating that something is wrong. The only intelligent procedure is to treat the cause. Aspirin is the least harmful drug to use in self-treatment of pain. Do not, however, take large or frequently repeated doses. Some persons are sensitive to aspirin. If a dose causes any adverse symptoms—such as nausea, skin eruptions, or swelling of the face and lips—discontinue its use at once. People subject to asthma, hay fever, and hives should not use the drug.

In buying aspirin or any other drug, you need not bother about its brand name as long as it is of U.S.P. quality. The difference in price between a widely advertised and unknown product, providing they are both of U.S.P. quality, is the cost of advertising to the

consumer and is no assurance of superiority.

Do not buy a pain remedy of unknown composition. Some of the remedies sold for the relief of headaches and other forms of pain contain drugs which if used over a long period of time may injure the heart, cause anemia, or otherwise impair the health.

Sirup of ipecac and aromatic spirits of ammonia are two substances it is wise to have on hand. A teaspoonful of sirup of ipecac followed by a glass of warm water makes a good emetic—that is, a substance which will cause vomiting. An emetic is the first thing to think of when someone has swallowed poison. Aromatic spirits of ammonia, one-half teaspoonful in water, is a useful stimulant in cases of faintness or shock.

In addition to these drugs, you should also have on hand a small stock of surgical supplies, including a clinical thermometer, a pair of scissors, a pair of tweezers, adhesive tape, gauze bandage, and absorbent cotton. It is imperative to keep gauze and cotton clean, and for this reason it is best to buy them in small quantities.

Many clinical thermometers are inaccurate. Your best assurance of obtaining an accurate thermometer is to purchase one which has been tested by the National Bureau of Standards. Such a thermometer will have the letters "NBS" etched on the end and numerals indicating the year in which it was tested. If you have difficulty in obtaining one at the drug stores in your community you may wish to send to Sears Roebuck or Montgomery Ward who sell NBS tested thermometers. Do not be deceived by the certificates accompanying many thermometers which, if read hurriedly, may give the impression that they have been tested by the Bureau. A careful reading often shows that the Bureau has checked only the standard used by the manufacturer.

Check the contents of your medicine cabinet to see if you have the preparations and supplies which have been listed. While doing so, it will be wise to throw away those things you don't need. Discard even preparations which have been prescribed by the doctor if they are not being used at the present. It is never safe to give a medicine prescribed by a physician for one sick person to another. In addition, many drugs deteriorate with age.

All preparations in the medicine cabinet should be plainly labeled and the cabinet itself should be well out of the reach of children.

RACHEL LYNN PALMER

The People State Their Case

THE NATIONAL HEALTH Conference, described by Dexter Masters in the leading article in this issue, will go down in the medical history of America as the point at which the people as a whole entered the fight against disease and death. Aided by a sympathetic and progressive administration, the conference laid the basis for a people's health movement that will sweep aside with its force the puny criticism and obstructionist tactics of the small but powerful minority of medical politicians who have too long had things their own way.

The Washington conference should be the signal for a number of local health conferences throughout the country. Such conferences would give additional support to the administration in the legislative struggle it is certain to have with the reactionaries when the attempt is made to enact its program into law.

Government Charges A.M.A. Monopoly

ON JULY 27, the Federal District Court in Washington, D. C., upheld the legality of the Group Health Association. Three days later the Department of Justice charged the District of Columbia Medical Society with violation of the anti-trust laws, and moved for a grand jury investigation. The charge grew out of the discrimination and intimidation which the medical society has practiced against physicians who have allied themselves with the Group Health Association, a cooperative, non-profit-making organization formed to arrange for the provision of medical service to a group of government employees whose low incomes did not enable them to obtain adequate medical care from private practitioners on the customary fee-for-service basis. All the doctors whose services have been contracted for by the Association are men about whose professional competence there has never been any question. Nevertheless the local medical society and the officials of its parent body, the American Medical Association, have been determined to wreck the organization.

To a great many observers the methods employed by the officials of the A. M. A. have seemed unscrupulous and dictatorial. As one commentator has put it, "It is all pretty dis-

graceful. A self-appointed minority, mainly composed of medical old guardsmen, is striving to prevent groups of individuals from doing what persons of great wealth are able to do as a matter of course: hire the best medical care within their financial means."

The many cooperative health groups already formed or in process of formation in various localities will take heart from the decision of the District Court and the action of the Department of Justice. For the first time the arbitrary power of the A.M.A. hierarchy has been challenged by a force that is fully capable of coping with this hierarchy and putting it in its place. The day is almost over when a small entrenched minority of doctors can dictate to the consuming public the terms on which they can purchase a vital necessity like medical care.

Move to Muzzle Fishbein

IT IS BECOMING IN-creasingly evident that many members of the A.M.A. are dissatisfied with the actions of this minority. The dissatisfaction is centering chiefly around objections to the conduct of Dr. Morris Fishbein, most voluble member of the bureaucracy. For example, the Medical Society of New Jersey has recently passed a resolution asking the trustees of the A.M.A. to instruct "said Editor [Fishbein] to confine his writings to official publications of the A.M.A. Obviously, the New Jersey doctors are ashamed to have the utterances of the so-called "spokesman of organized medicine" considered as representative of their opinions.

However, the A.M.A. must do more than curb the reactionary ardor of Dr. Fishbein and a few others before it can put its house in order. One member of the house of delegates of the A.M.A. recently said in a state convention: ". . . unless the A.M.A. is reorganized thoroughly, unless the A.M.A. hears from a few states in no uncertain terms, American medicine is doomed to disrepute. It is in disrepute today because of the A.M.A. . . . I hope the time is rapidly coming when the A.M.A. organization will be democratized—it will be democratized."

Such words, coming from within the A.M.A. itself, are heartening to those who want to see American doctors shake off the burden of bureaucracy that has long prevented them from the fullest utilization of their skill.

QUESTIONS AND ANSWERS

(Continued from page 2)

than slightly bent it should be straightened by a surgical operation.

However, a surgeon cannot succeed in making such a stiffened joint stable and movable, and at the same time painless. If a good range of motion is secured, the joint is usually unstable and painful.

Discharge from Penis

Detroit, Michigan

DEAR DOCTORS:

Is a discharge from the penis always a sign of gonorrhoea? What is meant by a "strain" in this connection? —F. J.

Answer—A discharge from the penis may be due to an infection of the urethra (urinary canal). Such a discharge may be gonorrhoeal or non-gonorrhoeal. The true nature of the discharge can usually be determined easily by an examination of the fluid under the microscope. A non-gonorrhoeal discharge is frequently thin and watery, whereas a gonorrhoeal discharge is usually thicker.

An infection of the urethra which is caused by germs other than the gonococcus (the germ of gonorrhoea), is often called a "strain" by the layman. In such cases the focus of infection is often in the prostate gland, and it is advisable to consult a physician in order to have a microscopic examination made of the discharge from the canal as well as of the secretion from the prostate. The treatment will then depend upon the findings of the examination.

Heavy Petting

Toronto, Ontario

DEAR DOCTORS:

I would appreciate your advice in the case of a man and woman whose engagement is necessarily prolonged for a year.

Is it harmful to either one, physically or psychologically, to indulge in "heavy petting"?—K. F.

Answer—This question cannot be answered positively "yes" or "no." The practice of passionate petting, stopping just short of intercourse is, of course, common, and probably, though there are no statistics on it, leads to no great harm in the majority of cases—certainly to no physical harm in any case.

Some individuals when they are frequently profoundly excited sexually without a subsequent orgasm, have anxiety attacks and become nervous. These attacks usually disappear when normal sexual relations are instituted, provided there are not other reasons present for the nervousness.

A situation like this is often complicated by various moral ideas, depending on the background of the individuals in question. If there were no more to it than the physical factors involved, the first two paragraphs would give a fairly complete answer. Frequently, feelings of guilt are so mixed up in the problem that nervous reactions primarily due to conflict occur, and are then often attributed to the physical relationship instead of the conflict. Naturally, we can make no pretense at solving a person's moral conflicts about such a problem.

See important announcement on the back cover.

Who's Who on Our Advisory Board

DR. GEORGE T. STAFFORD

GEORGE THOMAS STAFFORD, B.S., M.S., D.ED., is Associate Professor of Physical Education at the University of Illinois.

During the World War he saw service in France, working in the reconstruction hospitals. Along



DR. STAFFORD

with teaching he has been in charge of corrective work at the University of Illinois since 1923. He is vitally interested in his work with the physically handicapped and has had great success in his treatment of them.

George Stafford is the author of *Preventive and Corrective Physical Education and Individual Exercises*, both published by A. S. Barnes and Com-

pany (N. Y.) His most recent book, *Adapted Sports for the Physically Handicapped*, will be published by Prentice-Hall this fall. He is a contributing editor of the "Journal of Health and Physical Education."

Readers of HEALTH AND HYGIENE will remember his article entitled "Debunking 'Good Posture,'" which appeared in the April, 1938, issue.

He is interested in many sports and plays squash, badminton, and golf. He has done a great deal to make badminton popular in this country and has taught some of the best players of the game.

He is forty-four years old, is married, and is the father of three children.

YOUR BABY'S HEALTH

(Continued from page 7)

the ten lessons again by practical application.

With expectant and nursing mothers given expert and intelligent advice of this sort, the infants they bring into the world begin life with a greater chance for a normal and healthy development.

Any one interested in learning the location of the nearest Mothers' Club in New York City may secure the information by writing to the Visiting Nurse Service of the Henry Street Settlement, 350 Fifth Avenue. Telephone, CA 5-0900.

ANY MONTH

(Continued from page 1)

started by the Association Opposed to Socialized Medicine, Incorporated. Its figurehead is Charles L. Loffler, M.D. From a prospectus sent to all doctors, we learn that Mr. Morris A. Bealle, editor of *Plain Talk*, is writing a book for them attacking health insurance. From the same prospectus we learn that "Qk. Morris Fishbein would like to have even more power over the doctorate of the country than he now has. He would like to see State Medicine arrive—but only if he can bamboozle a gullible President into making him Secretary of Health and placing him in the Cabinet. State Medicine would require a Cabinet portfolio to administer it. Though he outwardly declaims against State Medicine, Qk. Fishbein has a 'health journal' known as *Health and Hygiene*."

Our only comment is that Dr. Morris Fishbein will certainly feel puzzled at being identified with our progressive magazine. If *HEALTH AND HYGIENE* is his "journal," he'll certainly fire the editor for the article on page 3 of this issue. As for us, we feel libeled at having Dr. Fishbein identified with us. We may also add that the truth of anything that Mr. Bealle and his cohorts may say in book or any other form can be gauged by the lies contained in the above statement.

THE MATERNITY CENTER ASSOCIATION reports that deaths among children under five years of age have declined markedly in the last decade, but the death rate of mothers in childbirth and of babies in the first month of life is still very high. This, in spite of the fact that the causes of these deaths and the methods of preventing them are known.

THE NEW YORK PRESS OF JULY 15, 1938, reported that John M. Lampert had died from taking pills to relieve him of the heat. Very often one comes across such items in the newspapers, telling of people dying from reducing pills, sleeping pills, and other concoctions, but the name of the pill is always omitted. Thorough reporting and competent editing would require mention of the trade names of the nostrums that caused these deaths. Indeed, any newspaper publishers interested in full use of the freedom of the press might be expected to feel responsibility for warning their readers against preparations that might kill them. Yet the omission

of trade names in such instances is so well established as a policy that most reporters don't even bother to seek the available facts, or put them into the story if they are at hand. The reason for this censorship has been discovered by an increasing number of newspaper readers. Because patent medicine advertising is one of the most lucrative sources of the newspapers' income, the publishers prefer to run the risk of having a few readers buried rather than offend their advertisers.

THE NEW YORK CITY DEPARTMENT of Health reports that there has been a marked rise in the number of trichinosis cases in the city. "The average layman believes that all meat is inspected by the United States Government for these parasites. This assumption is quite erroneous, as there is a large amount of meat which is not inspected at all, and at present no meat is inspected for *T. spiralis*. In the period from 1898 to 1906, inspection for this parasite was obligatory, and during that period about one per cent of the hogs were found to be infested." *HEALTH AND HYGIENE* for February, 1938, deals fully with this problem, and if you haven't a copy we suggest that you get one from our back number department. It's only ten cents.

★ TRUDEAU

(Continued from page 18)

of all of the hundreds of shining sanatoria that dot the country today, and Saranac is the tuberculosis center of America. And the disease that had been "generally incurable," has become curable, in its early stages, in three-quarters of the cases.

Trudeau not only founded the sana-

torium system for the treatment of tuberculosis but he also put tuberculosis work in this country on a scientific basis. In 1882 when he read of Koch's great discovery of the responsible germ, he rushed to New York to learn how to grow the tubercle bacillus. They couldn't teach him how in the medical schools because they hadn't thought it important enough to learn. Amazed at this indifference, Trudeau returned to Saranac to learn by the laborious method of trial and error. He finally succeeded in growing the germs, and his animal experiments are the pioneer work in the field. His success enabled him to check with rabbits his fresh-air-and-food theory in what has now become a classical experiment. He infected five rabbits with tuberculosis germs, kept them in the open air, and fed them well. Four survived. He infected five others, kept them warm indoors, and restricted their diet. Four died. He kept five more under the same conditions as the second group, but without infecting them. They grew thin and sick. What was true of man was true of rabbits.

But this was not all. He also spent years in checking the efficacy of the numberless drug "consumption cures" that were flooding the country. Patiently, he tried them out one after another on his infected laboratory animals, so that there could be no doubt of their fraudulence. He also performed the first American work on the chemistry of the tubercle bacillus, and the first American studies on immunity. From all over the country young doctors came to observe and study his work. He died in 1915.

Trudeau is in every sense the father of America's great contribution to the study of tuberculosis, the disease that he converted from a death-sentence for himself into an instrument for bringing the gift of life to others.

How Sanitary is Your Barber's Shop?

STRANGE THAT A PARTICULAR MAN WHO USES NO BRUSH BUT HIS OWN at home—makes no protest when the barber takes in hand the common hairbrush which has been used to smooth the locks of a dozen other patrons of varying degrees of cleanliness.

A woman's idea of a modern barber shop is one which is outfitted with all the latest appliances necessary for "hair-do's," where she feels that cleanliness and sanitation are reasonably observed, and where she believes she is taking home with her only a good haircut and not a dose of eczema or dandruff from the last patron.

A man's idea of a modern barber shop may perhaps best be formulated by the following remark:

"Say that shop's got everything—even 'Esquire'."

—New Hampshire Health News

THE FRIGID WIFE

(Continued from page 11)

you would have acted more naturally and so helped him to overcome his fears. You actually were very upset and horrified before you realized that he was, and this was a result of the combined attitudes of your father and mother, and not just of Jim's.

"I think, however, that your resentment towards Jim for the way he acted after that first episode is even greater than you have realized, and, perhaps in a way, you are taking your revenge on him through your frigidity. In other words, it is not only shame and fear, but also a way of paying him back for the way he treated you and made you feel. I am not trying to relieve him of any responsibility for the trouble, but just to show you that it is not all his fault, as you originally thought it was. I think if he had acted differently this trouble might not have happened at all, but I also think that if you had acted differently it might have been avoided.

"The important thing now is to adopt a more natural attitude. I can see that you have changed in the past week or so since you have been talking these things over, and my suggestion now is that you see how things work out for a week or two before seeing me again."

From her talks with Dr. Andrews, Nancy became aware that her coldness was also a way of paying Jim back for his attitude before they were married, and not merely a matter of fear as she had previously thought. And this awareness did much to resolve the difficulty. In the next few days things began going much better. Jim and she even managed to talk about sex quite frankly and without much embarrassment and shortly the actual relationship left little to be desired.

(In presenting this example of sexual maladjustment, as well as the one described in the article entitled "Sexual Impotence," in the June, 1938, issue, we do not wish to give the impression that the average case, treated by a psychiatrist, can be as easily cured. A severe case takes months, a year, or even more of intensive treatment. However, a psychiatrist could cure with relative ease many individuals, not particularly neurotic, who go through life sexually maladjusted, or, at least, suffer through several years of marriage before an adjustment can be made.)

HEALTH HITS THE HEADLINES

(Continued from page 5)

"The obvious reason for that decision is that we know how to proceed in the fight for health. Medicine has perfected its technique. . . . The political scientist and the economist have not similarly perfected their methods."

True, medical reform should not be made to wait upon economic reform; the conference was almost unanimously agreed upon that. But there were many there who recognized that the two were very closely related and that medical reform without greater economic security could not succeed. Outstanding among the exponents of this point of view was Harriet Silverman of the People's National Health Committee who presented a minimum program comprising nine basic principles and six proposals for immediate action, including measures for economic security, higher wages, and shorter hours as means to health.

The conference was a solid step towards wiping out the preventable part, and equalizing the rest, of the illnesses and premature death which cost this country \$10,000,000,000 a year—conservatively estimated. The next step will have to be concerted political action towards realizing the program's aims. Most of the delegates were in full agreement on that point, too.

JERRY THE "INCORRIGIBLE"

(Continued from page 14)

serve his energies and interests for himself. She is prepared to give love and attention to others for she has experienced it herself.

In New York City she found a job as a needle worker and lived happily with her aunt. Jerry's father courted her for a number of years but she never enthusiastically accepted him. He was presented to her as a hard working steady young man and she finally broke down under the constant nagging of her relatives and married him. It soon

became evident to her that what he sought was not a woman as a mate in life but a woman to baby and pamper him. It was as though she was to make up for the attention and care that he had been denied. It was a mother he sought and not a wife.

He complained of illnesses, made all sorts of demands on her, was extremely stingy, and would not consider the fact that she sought something else in a home besides mere household work. When he was displeased with her he would call her vile names. These altercations were heard by the children. She tried to do her best and catered to him. He never played with the children, listened to them, or took them places as she knew other fathers did. When she discussed this with him he admitted that he should spend more time with the children, particularly Jerry, but he never did. His invariable excuse was that he had no time, that he had no patience, that life had been hard on him and had made him nervous. He thought he ought to be more patient and not so ready to punish Jerry but his nervousness made him lose his head and hit the boy when he was annoyed. He complained that his wife pampered the children. She, on the other hand, felt impelled to play the maternal role, the more so since she received no help from her husband. Moreover, she was not inclined to give much love to her husband and therefore more love went to her children.

The father's self-centered attitude, unloving disposition, and his lack of ability to do things for others or give of himself to others was determined by the sad experiences of his childhood. In adolescence and adulthood he was still unconsciously carrying out a pattern of behavior laid down early in his life.

The mother's attitude of indulgence was based on her early ability to give of herself and to find pleasure in it. If Jerry did not dress himself she dressed him. If he did not like a particular article or food she gave him something else. He did not want to give up the bottle at a year and a half or two years,

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so she let him take the bottle until he was five. She did the same for the other children. She devoted herself to the oldest child, the girl, until Jerry was born and then concentrated her entire attention on him. When Jerry's younger brother was born she devoted herself exclusively to him and Jerry in turn felt neglected.

Over-indulgence on the mother's part and lack of a man's role on the part of the father left Jerry unprepared to take the necessary independent steps that we expect of a child. Instead of learning to do things for himself he was dependent upon mother to do things for him. If she refused, infant like, he went into a rage. When a child of eleven goes into a rage it is not like an infant tantrum. The eleven-year-old is physically stronger and can hurt when he punches or pushes. He has learned the use of language, and the example set by his father in the use of obscene terms is something he can imitate. The little boy has an innate and unconscious desire to imitate his elders.

Stealing is a form of behavior many children indulge in for a short time. It may be a means of teasing the adult or it may be brought about by a desire to get something which otherwise is denied. To the indulged, infantilized child any sort of denial is an act which the child interprets as a robbery committed against it. Jerry felt that he had been denied or robbed of love, of companionship, and the many things he wanted. He got his revenge in a simple, direct manner by stealing. True enough he could not steal love, as we adults know it. He could, however, shriek and yell until his mother gave him a few more pennies or permission to stay out late. To him, that was love. He had obtained something which did not belong to him by forcing his mother to give it to him. To the one who studies children there is very little difference between this and stealing. In fact, psychologically, this type of behavior is the hidden meaning of stealing. Stealing is simply an attempt to obtain what the child feels he has been deprived of. If mother pays too much attention to one child the other feels he has been deprived of that much affection. He cannot countenance any such loss. If Jerry misbehaved in a manner that attracted the attention of mother he had gained his point. If he was punished for it, he still had gained his point.

He played truant from school because he played truant from the first school, his home. His unwillingness to please his teachers and do good work in school

was due to the fact that his first teachers, his parents, did not encourage him to feel that the adult could be trusted or that they had an understanding of what goes on in a child. He did not do things to please his parents and therefore he will not do anything, except out of fear, to please his parent-substitutes, the teachers in school.

His mother claimed that she loved him and did not want to punish him. But did she keep her word? She wanted to but she felt exasperated because she got no cooperation from her husband. The result was that she punished Jerry and reviled him when he disobeyed. In doing this she was revenging herself on her husband who she felt was at fault. She could not, however, hit her husband, so she unconsciously used Jerry as a substitute.

This distrust of the adult had gone on for such a long time that Jerry could not shake himself loose from it. He identified all adults with his parents and treated them all alike.

(To be continued next month)

NEW FOOD AND DRUG LAW

(Continued from page 16)

mand a preponderance of evidence. This one word—not accidentally chosen, you may be sure—gives those courts sympathetic to business full freedom to disregard or minimize the importance of the evidence brought forth by the Secretary.

"In addition, the new law puts no restrictions upon the hearings that the Secretary may be forced to hold. It still provides that the Secretary "upon the application of any interested in-

dustry or substantial portion thereof" shall hold a public hearing upon any proposal to issue, amend or repeal any of his regulations. So the Food and Drug Administration is faced with the possibility of finding itself on an unceasing merry-go-round. Necessarily, a large part of the Administration's funds and forces would be tied up in hearings, and the enforcement of important sections of the law would be held at a standstill."

The law must be read with extreme care to detect the many loopholes cleverly written into it. In the labeling of drugs, for example, the casual reader would be impressed by the requirement that names of active ingredients be listed on drug labels. But careful reading brings to light the fact that if a manufacturer can show a judge that such labeling is "impracticable," the Secretary of Agriculture must exempt him from this labeling requirement. And this must be read with the realization that manufacturers will take their appeals for exemption to friendly, business-minded judges.

Let us not mistake the meaning of all this. It does not mean that the consumer's fight is finished. Consumers and consumer organizations must regard the passage of the Copeland Bill as the completion only of the first stage in the battle for honest consumer protection. The industries didn't want a new law at all. Consumer pressure forced them to accept it. That pressure must be continued and intensified until amendments and revisions, written by consumers and their representatives in Congress, blot out this monument to Senator Copeland.

Iodized Table Salt

RECENTLY THE NORTH DAKOTA REGULATORY DEPARTMENT HAS REPORTED upon the results of its analysis of various brands of table salt, inclusive of a number which purport to be "iodized." In the latter case the iodine is added in the form of potassium iodide. While the proportion of this is minute, it is sufficient, as regularly used on the table, to exert a definite therapeutic effect, hence such a salt should not be employed indiscriminately.

The quantity of potassium iodide commonly claimed to be added is 0.02 per cent, but the North Dakota analysis disclosed some rather substantial variations from this as to some of the samples. As that department points out, because of the definite amount of iodide medical authorities recommend in the treatment of simple goiter, such claims should be closely adhered to. Emphasis also is given the fact that iodides are contraindicated in connection with the *exophthalmic* form of goiter, also in incipient tuberculosis.

In order therefore that possible harm may not result, such a product should be properly sold to the public and the latter should be duly cautious not to accept a table salt purporting to be iodized, unless so advised by a physician.—*New Hampshire Health News.*