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HEALTH AND HYGIENE

SEPTEMBER, 1936 **15 CENTS**

Good Housekeeping's Phoney Seal

Why Some Men Are Impotent

Infantile Paralysis

The Truth About Dixie

by Elizabeth Lawson

Purely Personal

IT SEEMS that whenever three people congregate these days the conversation invariably drifts to the new Soviet laws on abortion. That at least has been our experience. Much of what we hear is simple nonsense. Quite a few of our friends, however, are honestly upset. In all these discussions, the medical point of view is rarely mentioned. What do doctors think of these new laws? Next month we will print a lengthy article in which the doctors will try to clarify the whole problem of abortions and its social implications. We don't think anyone will want to miss it.

EDITING a monthly magazine becomes a darned hard job at times. And we have never envied the people who must meet a deadline every week. But when letters come in praising the work you have been doing, you don't mind the friendly little wars with the printer, or feeling your heart slide down to your stomach when a doctor at the last minute calls to say that he won't have that important article in on time because Mrs. Jones is waiting to have her baby delivered. We'd like to print all the nice letters our readers take the trouble to send in. But modesty and the lack of space stand in the way. Next time you are moved to write, however, don't tell us how good we are but how to improve these thirty-two pages. And as a reward, the writer of the best letter will received a free, autographed copy of *100,000,000 Guinea Pigs.*

IF YOU can't think of any suggestions and still want a free copy of *100,000,000 Guinea Pigs*, here is how it can be done. Get us eight new subscribers and the autographed book will be sent you along with our gratitude.

ELIZABETH LAWSON, whose "Truth About Dixie" appears in this issue, is a labor journalist who has done most of her work in the South. She was formerly editor of the Southern Worker and the Liberator. At present she is engaged chiefly in the study of American history and is giving a course on "The South—Past and Present" under the auspices of the League for Southern Labor.

In This Issue

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Editors: **EDWARD ADAMS** *and* **JOHN STUART**

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Editorial:

The South - Romance and Reality

Hookworm, Malaria, Pellagra —Three Menaces

"DIXIE" is a song which expresses the romantic feeling customarily associated with the South. In the imagination of many writers, the South is a land of happy Negroes, singing at their work in the cotton fields owned by gracious, kind colonels. These fantasies have been fostered and encouraged by plantation landlords and politicians since before the Civil War. Since the rise of modern industry in the South, especially the textile industry, the new powers of the South, the manufacturers and bankers, have also promoted that belief. They have in addition contributed the notion that Southern white labor is contented with whatever it can get in wages.

In this issue of HEALTH AND HYGIENE, Elizabeth Lawson shows how false this picture of Southern life is. She describes the ravages of three major diseases for which medical science has long known the cause and cure. The cause and method of eradicating hookworm disease has been known since 1900, yet thousands of Southern children and adults suffer from hookworm infestation. The cause, prevention and treatment of malaria have been known since 1902, yet 51,210 cases were reported from the South in 1932, rising to more than 100,000 in 1934, the last year for which statistics are available. In Mississippi alone, 75,546 cases were reported. The cause and cure of pellagra have been known since 1920, yet four to five thousand Americans die every year from this disease, and the Metropolitan Life Insurance Company estimates that at least 125,000 Americans are suffering from it. These are economic diseases associated with poverty, squalor, uncleanliness and lack of sanitation and medical care. These are class-conscious diseases, for they maim and kill the most impoverished section of the Southern population—the working class.

There is one aspect of the health estimate that we must emphasize—we can never know the exact number of people suffering from these diseases in the South because of the lack of adequate personnel and funds available for public health service. United States public health physicians, working on the problem of pellagra, estimated that, because of lack of health and diagnostic facilities, the number of reported cases represents about one-half of the actual number of cases. This holds as well for all other reported diseases.

The picture that Miss Lawson has drawn is alarming enough, yet it is not complete. Lack of space keeps her from telling of the high infant mortality in Southern working-class families, or the ravages of tuberculosis, syphilis, and malnutrition. In her article Miss Lawson could not even begin to describe the misery of the Negro population who suffer severalfold more from these diseases than do white workers. The typhoid fever death rate among the whites in the Southern states is nearly four times that of the Northern group of states, while among the Negro population it is more than nine times as great. The tuberculosis death rate of Negroes is more than five times greater than that for whites. This overwhelming preponderance among Negroes is found in every disease and disability.

United Action Necessary to Improve Conditions

THE crude misrepresentations about the South are being exposed and attacked not only by these health facts but even more effectively by the ever-increasing struggles of the Southern working class. The great textile strike of 1934, the strikes in Alabama coal fields and factories, the heroic struggles of the sharecroppers, have awakened the nation to the realities of Southern life. They are destroying once and for all the sentimental illusions about the South as a land of happy-go-lucky workers living comfortably under the beneficent patronage of kindly landowners and manufacturers.

Americans in other parts of the country must not consider the South with its destitution, disease and struggles as isolated from their own economic conditions. Low wages, poor livin

(*Continued on page 32*)

Infantile Paralysis

This is the season in which infantile paralysis may become an epidemic. Parents should be on guard for the first signs of this serious disease. As yet no reliable preventive measures are known.

INFANTILE PARALYSIS (acute poliomyelitis) is a moderately contagious disease which occurs usually in epidemics. This disease is in many instances associated with paralyses of varying degrees of severity. Most frequently it is seen during the summer months. Occasional so-called sporadic cases may occur when there is no epidemic.

Although the sudden appearance of paralysis in children who had been in apparently good health had been observed for a long time, the true nature and characteristics of this disease have been gradually recognized within the past ninety years. In 1840 Heine, a German orthopedist, noticed that in these cases there was a period in which the child had fever before the paralysis set in. Medin, in describing an epidemic in Sweden in 1889, made the first sysmatic description of this affliction, and pointed out that there is probably a generalized infection of the whole body, in addition to the involvement of the nervous system. Of course, it is the involvement of the nervous system, particularly of the spinal cord, which causes the paralyses. Wickman, a Swedish physician, called attention in 1905, to the fact that in a good many instances, the patient may have symptoms of infantile paralysis, without any paralysis occurring. Such cases he called abortive cases.

Naturally a good deal of work has been done to determine the cause of the disease. In 1909, Landsteiner and Popper were able to produce infantile paralysis in monkeys by the injection of a mixture of the spinal cord of patients who had died of this illness, into the abdominal cavities of these animals. Flexner and Lewis in this country, also produced the disease in monkeys by the injection of such mixtures into the brains of monkeys, and were also able to transfer the disease from monkey to monkey. The symptoms caused in these animals were much more severe than those occurring in human beings, and most of the animals died. Practically all attempts to find germs in the spinal cords of people or animals dying of this disease have failed. A few research workers have claimed to have found germs in these cases, but these findings have never been confirmed by other workers. Flexner and other workers have shown that the disease is caused by a "filterable virus"; that is, when mixtures of spinal cords are filtered through very fine filters, the particles of the substance causing the disease are so small that they pass through. These particles cannot even be seen under a microscope.

It has been shown that when the blood serum of patients who have recovered from the disease is mixed with the virus, the resulting mixture will no longer cause the disease when injected into monkeys. In other words, there are immune substances present in the blood of people who have recovered from infantile paralysis, which protects them from the disease. The serum has no effect when injected into the animals after symptoms of the disease have set in. We must remember, however, that the disease is much more severe in monkeys than in human beings. It has also been observed that more than 80 per cent of adults living in cities have an immunity against this disease. The possible explanation for this will be mentioned later. The nasal secretions also have the property of neutralizing the virus of poliomyelitis. This is probably one of the very important ways in which most of us are protected from the disease. During a cold this protection is lost. The blood serum of patients recovered from infantile paralysis is called convalescent serum and is used in the treatment of the disease in very early stages.

NOW how does this disease spread? It is general felt that the virus is present in the secretions of the mouth and nose of people suffering from the illness, and in some instances, in the mouth and nasal secretions of carriers. Thus the virus is probably spread by coughing and sneezing.

It settles in the nose and throat of the ex-

posed person, who if he is not immune, may develop the disease. Recently it has been shown that the virus spreads along nerves, and that the probable mode of spread is along the nerves extending from the bain to the nose, that is, along the olfactory nerves. From the brain it travels down the nerves into the spinal cord. For some reason the virus attacks especially the so-called anterior horn cells in the spinal cord. These nerve cells activize the muscles, and when they are affected, the muscles which they supply become paralyzed. The parts of the body paralyzed, therefore, depend upon the nerve cells which are affected.

This brings us to the symptoms and the treatment of this disease. In cities, children especially between the ages of one and five, are the ones most likely to get the disease during an epidemic. In rural communities, adults are just as prone as children to develop the disease. The incubation period, or the length of time between the exposure of a patient and the time his symptoms develop, is not definitely known. Estimates vary all the way from one to ten days, the average being considered one week. At any rate, anyone exposed to a case of the disease, is usually isolated for two weeks. According to the present conception of the disease, the first symptoms to appear are those of a generalized infection. In other words the nervous system is not as yet involved. The patient may have some fever, a sore throat, and generally does not feel well. These symptoms may last for a couple of days. In a large proportion of instances, these are the only complaints which the patient has. This is the probable explanation for the fact that over 80 per cent of adults living in cities are immune to infantile paralysis, despite the fact that they do not give a history of ever having had infantile paralysis. A doctor seeing such a case in this stage, could not recognize it as being poliomyelitis, unless he knew that the patient had been exposed to an active case. This type of case is known as the abortive type of poliomyelitis.

Thus we can see that when we include the abortive type of poliomyelitis, the disease does not have serious consequences in a large proportion of instances. A small proportion of cases have involvement of the nervous system, and develop further symptoms. Of these, some cases seem to become well for two to three days and then develop more symptoms. Others remain ill and gradually develop more symptoms. The patient then usually complains of a severe headache. He vomits one or more times, has a fever which is usually not very high, he may complain of dizziness, and may be rather irritable. There may be pains in the back and limbs. Sweating may be a prominent symptom. Frequently the patient is constipated, although in some instances a diarrhea is present. Frequently also, the patient goes without passing his urine for many hours.

It is during this stage of the disease, that the doctor can recognize it before paralysis has set in. This stage is known as the pre-paralytic stage of poliomyelitis. Since we know that after symptoms appear in the experimental disease in monkeys, treatment is useless, we can understand how important it is to recognize the disease in this stage. Examination reveals certain typical findings. The neck muscles become weak early, so that when the patient is lifted from the bed by his shoulders, his head drops back. This is known as head drop. In about half the cases, the patient has a stiff back. Frequently fine twitchings of the muscles can be seen. The neck is frequently rather rigid, and the pulse is very rapid. The muscles are very tender, and the patient complains when they are squeezed. Consciousness is retained.

With such symptoms and findings, especially during an epidemic, the physician should very strongly suspect the disease. Fortunately there is a way of confirming the diagnosis. If a spinal puncture is done, by sticking a long, hollow needle into the spine, and some of the spinal fluid which surrounds the spinal cord is withdrawn and examined, certain changes are to be found. There is an increase in the number of cells which are present in this fluid. The albumin present is also increased.

THE experimental observation that the blood serum of people who have recovered from the disease has the power to neutralize the virus of poliomyelitis naturally led to the conclusion that convalescent serum should be useful in the treatment of the disease. However, it has also been learned that once symptoms set in, the serum is of no use in the arrest of the disease in monkeys. It was, therefore, felt that to be of use in human beings, the serum would have to be used early in the course of the disease. Recognition of the disease in the pre-paralytic period is, therefore, of paramount importance. In some of the larger cities, so-called serum centers have been established. Of course this is only possible where money is available for such purposes. In such places blood is obtained from persons who have recovered from infantile paralysis.

Now in some of the recent epidemics, doctors have had the opportunity to use convalescent serum in cases during the pre-paralytic stage. There is as yet no general agreement that convalescent serum is of any value in preventing paralysis or death, even when used during this early stage of the disease. For example, in the last epidemic in New York occurring in 1931, there was not enough serum to treat all cases recognized in this early period so that untreated cases could be studied. Analysis of all cases treated and untreated, showed that approximately the same number of treated cases as untreated cases developed paralysis, and approximately the same percentage died in the two groups. However, the writer's personal experience, gained in working for a serum center during an epidemic, seemed to indicate that convalescent serum is of definite value.

In a large number of instances, after a few days, the patient may recover completely without developing any further symptoms than those mentioned in our description of the pre-paralytic stage. A small percentage develop paralysis after three to four days. The extent of the paralysis depends upon the amount of damage which has occurred in the spinal cord. Most frequently the lower limbs are affected. The greatest amount of paralysis that occurs, usually appears in the first twenty-four hours of the paralytic stage, although paralysis may spread for a week after it has first appeared. The serious cases are those in which the muscles of breathing, the chest muscles and the diaphragm, or in which the brain stem are involved. In the latter instances, the vital centers which control breathing and the blood circulation may become damaged, thereby causing death. In this type of case, the so-called bulbar type of poliomyelitis, early symptoms are incessant vomiting and difficulty in swallowing. The patient is severely ill almost from the beginning, and over half of such cases die. Where there is marked involvement of the muscles of breathing, the patient can be kept alive and even saved, if he is placed in a machine known as a respirator, recently invented by Dr. Drinker of this country.

Treatment of the ordinary paralyzed case consists of keeping the involved limbs completely at rest during the acute stage. At this time movement is painful. These limbs should be kept in such positions as to avoid unnecessary deformities, and which will make future treatment easier. For example, in the case of foot involvement, the feet should be propped up, so that dropping of the feet does not develop. The physician's supervision is, therefore, important. Many of the paralyzed muscles may completely recover their functions.

After the acute stage has subsided, treatment consists of massage, electrical stimulation, and exercises particularly under water, where movement of the limbs is easier than in the air. Of course a good deal is accomplished by the orthopedic surgeons, both by the proper use of appliances, and by corrective operations.

During an epidemic one should of course take precautions against unnecessary exposure to the disease. This means staying away from crowds, and from close contact with people who are ill.

Many mothers want to know if there is any way of vaccinating against infantile paralysis. As was said above, poliomyelitis or infantile paralysis is caused by a virus. The difficulty in vaccinating against infantile paralysis has been that killed virus, when injected into the body, has no power to produce immune bodies against the disease, while the living organism, no matter how weakened, was still dangerous.

Recently several workers in this field claimed that they had found a solution to the problem of vaccination against infantile paralysis. Dr. Wiliam Park, of the New York City Health Department, claimed that he found a way of killing the virus with formalin, yet retaining its vaccinating power. Dr. Kolmer of Philadelphia, claims to have found a way of keeping the virus alive yet harmless and incapable of producing disease, and capable of giving protection. Kolmer treats the vaccine with products derived from the castor-oil bean. Doctors Flexner, Olitsky, and Cox of the Rockefeller Institute have denounced both of these methods of vaccination. They say that Park's killed virus is harmless but also worthless. They claim further that Kolmer's vaccine gives immunity but can also give the disease to a susceptible individual. They claim that only living poliomyelitis virus has immunity-producing powers, and that no method exists at present for making the living virus harmless. Our advice to our readers is to await developments.

Mending Broken Bones

Fractures are common occurrences which may result in deformities or serious disabilities if not properly treated.

EVERY doctor who treats fractures and has testified in court in behalf of his patients has had the annoying experience of hearing some slick defense attorney (representing an insurance company or employer) try to discredit his testimony about the serious after-effects of an injury. Experienced lawyers have often succeeded in impressing juries with the misleading half-truths that nature often heals broken bones perfectly if they are simply left alone without treatment; that it may be difficult in six months or a year to tell a healed bone from an uninjured one; that a healed bone may be as perfect in shape and as healthy as it was before the fracture occurred. A jury of twelve uninformed laymen may, if the plaintiff's lawyer happens to be less impressive than the big corporation's high-power attorney, give a worker inadequate compensation for his disability due to fracture. This is entirely possible because the average layman has a very distorted or at best a very confused notion of the many serious and complicated factors involved in the fracture problem.

Whether or not a broken bone is set and heals properly may often be of secondary importance. The most important factor is whether or not the injured bones and joints are restored to *normal* usefulness. Another vital question is, does the injured person suffer from damage to nerves, arteries, muscles, spinal cord, brain, lungs, and other organs as a result of his fracture? A fracture near a joint may heal beautifully, yet result in stiffness of that joint or of others more removed. A fractured spine may leave the patient totally paralyzed from the hips down. A fractured skull, though healed perfectly, may result in paralysis of an arm, leg, or both, loss of the power of speech or impaired mental ability. The common fracture of the hip often sustained by old people after a simple fall takes a long time to heal, but the most serious danger in this injury is that these elderly people frequently die of pneumonia due to lying on their backs during many weeks of treatment. Of course the actual healing of the bone is also very important. Serious deformity or disability can result from improper healing or lack of healing.

Aside from highly technical problems involved in fractures, what are some of the simpler facts that the worker should know about this subject? The purpose of this article is to point out some of these facts as well as important principles about the first-aid treatmen of fractures. The problem of preventing fractures is not within the scope of this article. This, in our highly mechanical and motorized society, is a problem of safety regulations in shop, factory and traffic lanes. Workers must demand adequate protection from dangerous machinery, safeguards against falling from dangerous heights, and protection from injury by fast-moving vehicles, both as pedestrians and as workers on such vehicles.

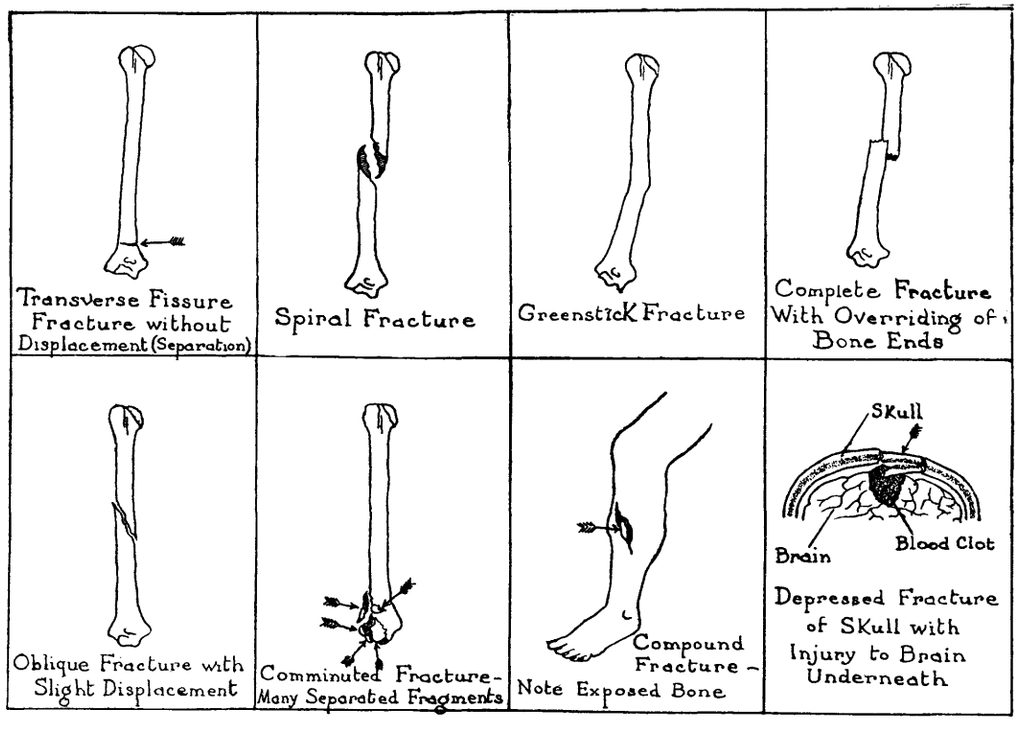
A FRACTURE is any break of a bone. A *fissure fracture* is merely a crack running from the surface of a bone into it but not completely through it. A *simple fracture* is one in which there is no connection between the bone and the surface of the body, that is, either no break in the skin has occurred, or if there is a wound, it does not extend to the depth of the bone. A *compound fracture* is one in which there is a connection between the bone and the outside, either because of a deep wound or because a sharp fragment of bone is forced out through the skin. Compound fractures are always very serious because of the possibility of infection (a great handicap to proper healing) and the threat of blood poisoning. A *greenstick fracture* is the term for the bending of a bone without an actual break or separation. This occurs commonly in children whose bones are of pliable consistency.

Only rarely is a *crack* or *snap* heard or felt when a bone breaks. The earliest and most reliable symptoms are severe pain in the region of the break and the inability to use the limb properly. *Deformity* is also important. It may take the form of actual bending of the limb, shortening, swelling, or the appearance of a lump. Furthermore, certain fractures about the hip are recognizable by observing that the foot is pointing outward peculiarly. Occasionally a *clicking* sound is heard or a *grating* sensation is felt when the broken ends of a bone move upon each other. The X-ray picture is, of course, the last word in the diagnosis of fractures and occasionally is the only means of detecting certain fractures which do not show any of the other symptoms. Workers should insist on early and proper X-rays even in mild injuries, for often a diagnosis of sprain is made when X-rays may reveal the existence of an unsuspected fracture of the bone underneath.

It is true that in most cases nature makes provision for good healing of bone by a wonderful mechanism of repair. The surgeon's job is, in general, to aid repair as best he can and to restore the injured part to its normal usefulness as far as possible. Even before this is attempted, the first considerations are to prevent or treat shock and to prevent aggravation of the injury by *proper first-aid treatment.*

IT IS the bystander who is first called upon to do something for an injured person before medical assistance can be obtained. The chief thought in the mind of the individual who is trying to help a stricken person should be *not to do any more harm than has already been done.* If possible, one should leave a man lie where he is, even if he is in the middle of the street, until he can be moved with proper support for the injured limb. For any motion of the broken bone ends may do serious damage to the soft itssues, blood vessels, nerves or muscles which are attached to the bones or lie close to the bone. Or the situation may be made worse by actually enlarging the fracture, making an incomplete fracture a complete one or converting a simple fracture into a compound one by forcing a fragment of bone through the skin.

The ideal treatment is to *"splint 'em where they lie"*—a slogan adopted by the Fracture Committee of the American College of Surgeons in a campaign to educate doctors as well as laymen in the first-aid handling of fractures. The next best thing is to carry out the moving of the patient to the nearest hopital with as complete support as possible for the injured limb and as gently as can be managed. This involves doing by hand what the splint should do,



VARIOUS TYPES OF FRACTURES

namely, the application of traction, that is, a firm, steady pulling force on the foot or hand while the patient is being lifted or carried. It is therefore wise for someone to pull hard and steadily on the injured man's foot or hand while someone else holds the man's hips or chest firmly so that the entire body is moved together as one piece without motion at the site of fracture. While observing these precautions, a makeshift pillow splint may be applied in which the patient can be transported safely.

Another important measure is to keep the patient warm with blankets while awaiting the arrival of a doctor or while he is being moved to a hospital. This is done to prevent or treat shock.

Compound fractures require special consideration. The doctor cleans the skin around the wound, any exposed bone, and the wound itself, by a special operative technique. The ideal immediate emergency treatment is to cover the wound with sterile gauze pads or with a clean towel, disturbing the patient as little as possible. Antitoxin to prevent tetanus (lockjaw) is given in all such cases.

FRACTURES without separation of the ends of the bone require only light protective splinting and adequate rest to permit healing. Separated or displaced fractures are treated with three objectives in view:

1. *Reduction.* This means the setting of the broken bone so that the ends are brought together as perfectly as possible. It is extremely important that setting should be done *as soon as possible* after the shock of the accident is overcome, even if X-rays are not immediately taken. An anaesthetic is usually given to overcome the spasm of muscles which pull the bones further apart and to eliminate pain. Sometimes an apparatus is used to apply weights to the part overnight or for a day or so in order to pull the bone ends into place.

2. *Maintenance of reduction.* Once the bone ends have been set into place the doctor arranges that they remain fixed in that position until healing is complete. This is sometimes accomplished by bandaging or strapping the limb in a certain fixed position, but usually a splint of plaster of Paris or a mechanical apparatus is required. In some instances it may be necessary to apply the force of weights by means of a complicated pulley system and ropes attached to the skin by adhesive tape. Or such a system is sometimes applied to a steel pin driven through a bone at some point in order to get proper pull (called skeletal traction). Finally, in those cases which require operation for reduction, it may be necessary to use some internal appliance for this purpose, such as screws driven into the bone, or plates, bands or wires placed around the bone fragments. These are sometimes left in place permanently without harm or may be removed later at a second operation after complete healing has taken place.

3. *Treatment of the soft tissues* is the third objective and is designed to aid restoration of full ues of the injured limb. As soon as it is safe (when union of the broken bone has well started), the soft tissues are treated by massage, heat or electricity to promote circulation and the part is made to move more and more each day until full function is restored. These measures prevent stiffness of joints and weakness of muscles.

FINALLY we return to the all-important subject of compensation to the worker for injuries while employed. After years and generations of exploitation and crippling of workers in industry, employers have been forced in most states to protect workers from such losses, at least to some degree. The worker should acquaint himself at once with the rights he has under the law and with the necessary forms and red tape he must go through in order to report accidents, to apply for proper care and to collect compensation for loss of employment and disability due to injuries. In New York State the injured worker has the right to choose the physician, surgeon, or specialist who is to treat him. This has served to remove some of the former vicious practices where workers were often forced to go for treatment to biased physicians employed by the insurance companies or employers. And even today instances have occurred where workers have been "advised" (with the threat of losing their jobs) to accept treatment from doctors designated by employers or insurance companies. The worker should remember that in New York State he may choose his own doctor, but he must also ascertain that the physician he has chosen has been qualified by the State Department of Labor and the County Medical Society and enrolled on their lists as a specialist in traumatic surgery.

Heart Disease: A Class Burden

Because people in the lower income groups cannot afford to take the necessary precautions, heart trouble threatens not only their health but also their livelihood.

FROM the point of view of the worker, heart disease is today one of the most pressing of health problems. The many campaigns for the control of cancer and tuberculosis have impressed people with the significance of these diseases and have helped to control them. Relatively little attention, however, has been paid to the question of heart disease from a public-health standpoint.

Heart disease as a cause of death has assumed increasingly great proportions in this part of the world until it now leads all other causes. The number of deaths from diseases of the heart in the registration area of the United States in 1932 was 268,696, representing a death rate of one out of 500 of the whole population. This figure is over twice that for cancer, the second greatest cause of death. Furthermore, heart trouble is responsible for twenty per cent of the total number of deaths from all causes. In other words, one out of every five deaths in this country is due to heart disease.

The result in deaths is not the most important part of the problem, however. In fact, heart disease is a scourge not because it causes death but because it primarily disables the victim. This can be seen by examining the figures for the number of cases in this country as well as the figures for the ages at which most of the deaths occur. It has been estimated that approximately one out of every fifty persons in the population has a heart ailment. Comparing this figure with the one out of 500 in the population who die from it, we see that one hundred times more people have the disease than die from it. Deaths from heart ailments are generally in the older-age groups. While the largest number of deaths from tuberculosis occur in the age group from twenty to twenty-four years and those from cancer in the sixty-five to sixty-nine years group, the largest number of deaths due to heart disease occur in the seventy to seventy-four years group. Therefore, the sufferer with heart disease frequently lives a relatively long time, but unfortunately with a more or less limited capacity for work. This produces economic and social problems of great importance.

OF greatest importance to the worker, however, is the relationship of the frequency of heart disease to the economic and social conditions of the people. The burden of heart disease, both in its occurrence and in resulting deaths, and in loss of livelihood, falls more heavily upon the unskilled wage-earner and the underprivileged than upon the higher income groups. Thus bankers, manufacturers, clergymen, and so on, have a much lower percentage of deaths from heart ailments than industrial workers. The difference is particularly marked when the death rates from heart disease are analyzed by age and economic groups as shown in the table below, on occupational mortality in 1923, taken from the report of the Register-General of England and Wales.

Age	Unskilled Workers	Skilled Workers	Higher Income Groups
25-34	55	37	18
35-44	91	61	43
45-54	181	127	112
55-64	454	394	401
65-69	946	907	977

As the Register-General remarks: "It is evident that in early and middle life heart disease as a whole is found to be especially fatal to the poorer classes, and . . . it is to be presumed that even if all classes were equally subjectable to this disease its effects . . . would be more serious to those least in a position to take the necessary precautions."

Why is this so? Why do the exploited groups suffer most from heart disease? Favorable influences to reduce the incidence of the disease, especially in young people, are good food and healthful, uncrowded living conditions. Such conditions do not exist for a vast percentage of the population. Furthermore, the majority of workers cannot pay the huge cost of the medical services (physicians, nurses, hospital and convalescent care) needed for the proper treatment of heart disease. Added to this is the sad state of the worker who loses his job because of his heart disease, or who is either re-

fused employment or put on "light work" with less pay.

The cardiac (the person with heart disease) requires as much work as possible. His mental and physical health, endangered by fear of permanent disability and ultimate dependence on charity, require that he be occupied. And a survey of the industrial histories of eighty cardiacs carried out by Miriam Lincoln in 1924 showed conclusively that cardiacs are able to work. They are able to do many kinds of work ranging from light clerical to the heavy labor of longshoremen in certain cases. But no hard and fast rules can be laid down as to the amount of work a person with heart disease can undertake. It is largely an individual matter. Only after physical examination and a study of each case can cardiacs be properly placed in jobs. Better adjustment in industry for the cardiac could be achieved by making available medical, social and industrial counsel, including vocational guidance and education for suitable and remunerative work.

Prevention of heart disease is also a highly complicated social, economic and medical problem. Unlike tuberculosis or diphtheria, the other two diseases most dreaded by workers, heart disease is not due to a single germ, but is a complex condition resulting from many causes. Although fifteen causes are listed officially, there are only four common causes of heart disease: namely, rheumatic fever, high blood pressure, hardening of the arteries, and syphilis.

The minor causes of heart disease, accounting for from ten to fifteen per cent of the total number of cases, include birth defects, thyroid disease, injury, acute infections such as diphtheria, and others.

THE seriousness of rheumatic fever becomes apparent when it is noted that this condition, starting as it frequently does in children under ten years of age, produces a damaged heart by repeated infections in later years. This brings disability or death in the best years of the victim's life. Although the immediate exciting cause of rheumatic fever is not definitely known, there are certain predisposing factors which play an exceedingly vital part. Since these factors are insufficient food, poor living quarters and exposure to cold and wet, rheumatic fever as a cause of heart trouble is especially prominent among the poor. It is against these social factors that efforts for the control of this disease should be directed.

Because rheumatic fever is chronic, and similar in many respects to tuberculosis and other infections, a number of convalescent homes have been established for the care of children suffering from it. There is evidence to show that these homes are beneficial to patients who are fortunate enough to be placed in them. The number of relapses among such patients are fewer than among children who have never been in these homes. It is also unfortunate that sanatorium care is not continued over long periods and that it reaches but few of the afflicted. The effects upon rheumatic fever patients living in a sub-tropical climate have been tested in Porto Rico and in Florida. Groups of children suffering from the disease were transferred from New York and Boston to both these places. Marked reduction of symptoms occurred while the children were in the sub-tropical climate, but relapses were frequent after their return to their home cities. The benefits of such a change of location suggest, of course, the desirability of making possible the permanent transfer of patients to the helpful climate. As yet, little has been done on a large scale in this direction.

One of the most common and significant of all types of heart disease is that due to high blood pressure. Because of the strain of maintaining the circulation of the blood under high tension, the heart sometimes enlarges to a marked degree. This is a common condition which sometimes results in heart failure. About 70,000 people die annually in the United States from heart failure due to high blood pressure. In spite of this, the relationship between high blood pressure and heart disease is not fully realized. The average patient thinks only of his blood pressure and frequently neglects the associated heart condition, sometimes with serious consequences. Little has been done in public health education to make the worker aware of these facts, so that proper treatment for the heart in high blood pressure cases might be instituted on a wider scale and thereby might avert much disability. High blood pressure in itself requires little treatment. It is to the consequences of the high pressure, chief of which is heart disease, that treatment should be directed.

Hardening of the arteries, or arteriosclerosis, is a frequent cause of heart disease in middle-aged and old people. The small arteries which bring blood to the heart muscle, that is, the coronary arteries, frequently are impaired by arteriosclerosis, often with no apparent harm to the heart. However, where the arteriosclerotic (hardening) process goes on to the extent of narrowing a coronary artery (called coronary occlusion), the artery may eventually be plugged by a blood clot and a large area of the heart muscle may suddenly fail to receive any blood supply. The name for this is coronary thrombosis. This is the usual cause of sudden death in persons of middle or old age whose previous health was good. However, coronary occlusion itself does not always cause sudden death, as was once thought. As a matter of fact it does so only infrequently, and fortunately so, because this condition is very common today among people over forty.

BECAUSE of the remarkable ability of the heart to withstand disease, a person may live many years after an attack of coronary occlusion, especially if he receives proper treatment. Because of the obscurity of this condition, however, and the variety of its manifestations, it often passes unrecognized and consequently does not receive correct care. The medical profession is becoming more aware of the dangers of the condition and is recognizing it more frequently than it has in the past. Public health education should endeavor to teach workers the peculiar symptoms of coronary occlusion so that they may not neglect to apply for medical aid as early as possible. A sudden agonizing pain in the middle of the chest, under the breastbone, sometimes radiating to the left arm and sometimes accompanied by marked weakness, is the typical symptom. This frequently may also appear even when the coronary arteries are not yet occluded, although they are affected by arteriosclerosis. In these instances the pain sensations are likely to follow upon undue excitement or over-exertion, when, because of narrowed coronaries, the heart muscle does not receive an adequate blood supply to meet the demands of the added exertion. This condition, called angina pectoris, should serve as a warning to the worker.

Syphilitic heart disease is a particularly serious condition. The circulatory system (heart, veins and arteries) is involved in about half the cases of syphilis. Such syphilis of the heart results in more than one-third of all the deaths from syphilis. The aorta, which is the main artery leading from the heart, is the area first attacked by the disease. Damage to the heart itself occurs secondarily. Many years elapse, usually twenty to thirty, between the initial infection and the occurrence of heart disease due to syphilis.

The problem of preventing syphilitic heart disease is bound up with the public health problem of syphilis generally. Syphilis is the most prevalent of the major communicable diseases. While most other communicable illnesses last for short periods, syphilis may last years and is therefore most prevalent at any particular time. Deaths from syphilis exceed the deaths from any other contagious disease.

Although there are available weapons in drugs like the arsphenamines and bismuth, with which syphilis might be stamped out within a generation, or at least reduced to a minor problem, syphilis in this country is actually increasing. The reason for this lies partly in the economic inability of patients to continue treatment until cure is effected. The increase of syphilis is also due to the insufficient facilities for inexpensive or free treatment and the inadequate amount of public health education on the subject. Very little is said about syphilis by public health officials, although everywhere the facts protrude like a sore thumb. Largely as a result of this conspiracy of silence, not enough money is allocated by health departments for treatment and prevention. Furthermore, as long as prostitution exists we shall have syphilis, and the existence of prostitution is a result of social and economic conditions which capitalism cannot solve.

An adequate public health approach to the syphilis problem should include: a uniform system of registration of cases and sources of infection; laboratory diagnostic facilities; adequate clinical services for people of small means, on a full payment, partial payment, and free basis; free distribution of drugs to physicians as well as to clinics; payment of physicians for treatment of those unable to pay; nursing and social service to help families make adjustments; the return of recurring cases to the clinic for treatment; examination and treatment of people with whom syphilitics have had intercourse; education to include training of the necessary public health personnel, as well as educational propaganda for the public. These measures are indispensable for control of the disease and its equally serious effect on the heart.

Good Housekeeping's Phoney Seal

A Hearst publication hands out Seals of Approval to products making fraudulent claims.

GOOD HOUSEKEEPING is a typical Hearst publication. In fact so typically Hearstian that it only requires a bit of surface scratching to bare the fraud that seems to be this man's only stock in trade. For associated with *Good Housekeeping* is a phoney Bureau of Standards which serves manufacturers as an advertising come-on to mislead an unsuspecting public. To quote from the magazine itself, "Every product advertising in *Good Housekeeping* is guaranteed by us. . . ." Also, "Products which come within the testing scope of Good Housekeeping Institute or Good Housekeeping Bureau must be tested and approved before they may be advertised in *Good Housekeeping*. Advertisers of these products in *Good Housekeeping* may use the Bureau or Institute Seal of Approval in their advertisements. . . . *Good Housekeeping*, further, examines every advertisement offered to it for publication and makes every effort to assure itself that essential claims are justified."

This series of assurances conjures up visions of laboratories, earnest scientists peering through microscopes, row after row of test tubes, conveyor belts carrying away the bodies of countless guinea pigs and rabbits who have died in order to make the world a safer and happier place for *Good Housekeeping* readers. Surely it is not unreasonable, after such comforting guarantees to expect the products advertised in *Good Housekeeping* to meet some modest standards of honesty. And one would have to be cynical indeed to question the reliability of those carefully selected wares which have met the innumerable acid tests and have won the Seal of Approval.

But suppose we were to find that a long series of the guaranteed and doubly-checked products, and the claims made for them, have been condemned as frauds by Federal agencies, by such bodies as the American Medical Association, the American Dental Association, the New Hampshire State Board of Health, by authorities at Harvard, the University of Pennsylvania, and elsewhere? Suppose, further we could prove that such guaranteed products are not merely worthless but in some cases dangerously poisonous and even fatal? And finally, suppose we could show that in some instances, *after the companies themselves had admitted in written statements* the falsity of the claims, *Good Housekeeping* nevertheless continued to publish those same false claims—what should we then think of *Good Housekeeping's* Bureau, its Institute, its Seal of Approval, and its guarantee?

We believe we can prove all these points. Let us examine the evidence?

WELCH'S Grape Juice has earned the *Good Housekeeping* Seal of Approval. The advertisement states that drinking a glass of *Welch's* before meals and before retiring will produce loss of weight. This is true—if the meals consist of a glass of water and half a dog biscuit. *Welch's Grape Juice* contains considerable quantities of sugar. Whether one takes sugar in the form of grape juice, or candy, or potatoes, it is a food. If this food is not used up by exercise or by the ordinary life processes, it will be stored in the body as fat. For this reason, *Welch's Grape Juice* could very well be used to help an individual *put on weight*, instead of losing it. Any physician or student of physiology will confirm this fact—despite Irene Rich's testimonial to the contrary.

The advertising for *Libby's Pineapple Juice* makes a number of claims which would automatically bar it from any honest advertising medium. It is, however, acceptable to *Good Housekeeping*. One such claim is that it, too, will produce a loss of weight if taken regularly. What has been said concerning *Welch's Grape Juice* is equally valid here—it can be used to put on weight. Another false claim is that *Libby's* will prevent or cure colds. A careful search of medical literature fails to reveal the slightest evidence to support this claim. *Good Housekeeping* also accepts advertisements for *Libby's Canned Fruits*. The U. S. Bureau of Agricultural Economists recently examined *Libby's Pineapple* and described it as being below standard, tough in texture and poor in flavor.

Gerber's Strained Foods for babies receive the unqualified approval of *Good Housekeeping*. But the Federal Food and Drug Administration recently obtained a judgment against *Gerber's* on the ground of misbranding. The label gave the impression that certain vegetables were present when actually they were absent, or present in completely insignificant amounts. No less than 154 cases of canned vegetables were involved in this particular instance.

Kraft's Cheeses are advertised as "The World's Finest." But we find that the Food and Drug Administration recently condemned 15,000 packages of *Kraft-Velveeta* because the advertising claimed a butter-fat content of 43 per cent, while analysis showed the presence of only 25 per cent. The difference was water. On another occasion *Kraft-Phenix Cheese* was fined $100 because its product was adulterated and misbranded. *Good Housekeeping's* Bureau of Standards seems to find nothing objectionable in these facts.

Ovaltine is a preparation for which a number of highly imaginative virtues are claimed. Readers of HEALTH AND HYGIENE will recall the expose of these fraudulent claims. *Ovaltine* is acceptable as a flavoring agent for milk and it has a certain food value because of the carbohydrate (sugar) it contains. But sugar and chocolate can be bought for much less than one pays when they are bought as *Ovaltine*. To state that this mixture of sugar and flavoring agent will "restore vitality" and "help nature create and maintain the natural sensation of hunger" is to show an utter disregard for the truth. Even if it were true that *Ovaltine* would restore lost appetite—which it will not—it would be essential to determine the *cause*, not merely to treat the *symptom*.

TURNING from the foods to the cosmetics, we meet a different problem. Our criticism so far has been based largely on the worthlessness of the products for the purposes for which they are advertised. A much more serious situation is found in connection with certain dangerous preparations, whose safety and efficiency are guaranteed by *Good Housekeeping*.

Ambrosia, The Pore-Deep Cleanser, for example, has earned the Seal of Approval. The New Hampshire State Board of Health reports that analysis of this product showed the presence of *carbolic acid*. It is not surprising that "you feel Abrosia tingle," as the advertisement puts it. Carbolic acid is undoubtedly of value in cleaning floors and toilets but it has no place in a beauty preparation.

Similarly we find that *Lucky Tiger Shampoo* is poisonous. The American Medical Association reports a number of cases in which this preparation produced severe inflammation of the scalp, marked eczema, dermatitis venenata (a type of chemical irritation similar to poison ivy) and other complications. The Federal

A preparation containing carbolic acid carries Hearst's Seal of Approval.

Trade Commission has ordered the *Lucky Tiger* company to cease its false and mislading advertising, but this appears to make no difference to *Good Housekeeping*. One investigator reported that this shampoo contained arsenic. Nowhere in the advertising do we find any hint of the dangers.

Golden Glint Rinse Shampoo, which has the Seal of Approval, was investigated by the Bureau of the American Medical Association concerned with frauds and fakers. The report is that it consists of ordinary soap and a number of hair dyes. There are few dyes which can be safely used without testing the individual's susceptibility. Medical literature is full of such cases of poisoning. Yet the advertising describes it merely as a shampoo with no hint of the presence of dyes in it.

In addition to these dangerous cosmetics there are others for which fanciful claims are made.

Vita-Ray Cream sells for $1 a jar. The advertising leads one to believe that it is swarming with vitamins. While it may be true that the stuff does contain Vitamin D, there is not the slightest evidence that vitamins in this form can have any beneficial effect. The Bureau of Investigation of the American Medical Association has examined this cream and denies that it possesses any virtues not found in ordinary creams. In March, 1936, the company signed an agreement with the Federal Trade Commission to stop making false advertising claims. But the June number of *Good Housekeeping* carries the same false statements—and the Seal of Approval goes with them!

The "vitamin cream" fraud is encountered again in *Colonial Dames Cream.* Besides the fraud in connection with the vitamins, other misrepresentations are that it will reduce large pores, that it will erase premature wrinkles, and that it will refine the texture of the skin. There is no cream or lotion in the world which can produce these results according to leading dermatologists.

Fleischmann's Yeast is a faithful advertiser. Readers of HEALTH AND HYGIENE will recall the numerous proofs that the claims made for yeast as a tonic and medicine are fraudulent. Suffice it to say that Dr. H. H. Hazen, one of the leading skin specialists in the country, not only denies that yeast is of any value in the treatment of acne (pimples) but he quotes a series of cases in which yeast actually *produced* pimples in patients previously free of this condition. The claim that yeast will relieve fatigue and irratability are equally false. As the American Medical Association puts it, yeast has no value as a medicine except as a source of Vitamin B "which would better be obtained from one's food."

Yeast Foam Tablets are also accepted by *Good Housekeeping's* Bureau of Standards. Dealing exclusively with the acne angle, the only new feature is a certificate by a notary public that the advertisement is based on actual experience. If we remember correctly, the fee for notarization is twenty-five cents. The Northwestern Yeast Company must impress the Fleischmann Company as petty compared with their own highly paid "specialists."

Amolin Deodarant Powder, with the Seal of Approval, was found to consist of nothing but boric acid powder with traces of thymol added to give it a pleasant odor. If you like boric acid as a deodarant (there are much more effective preparations) you can buy it for a fraction of the cost of *Amolin.*

Freezone is another preparation in which the Federal Trade Commission was interested. Although the company was forced to admit that its advertising makes false claims, we find the same fake advertising in *Good Housekeeping*.

WE now come to toothpastes. We find that the most authoritative body in the country, the American Dental Association, denies that any toothpaste which is safe enough to use every day will cure or prevent pyorrhea or gum diseases. No toothpaste can safely whiten teeth. The most that can be expected of toothpaste or powders is that they will be of some aid in mechanically removing food particles and residues from the teeth. Nevertheless we find a long list of toothpastes, the claims for which are diametrically opposed to the opinions of the country's leading dental authorities.

Colgate's has earned the Seal of Approval with a little white lie: that it will give you a dazzling and brilliant row of teeth. The same for *Forhan's*. *Ipana* claims to be able to "keep pyorrhea, Vincent's disease and gingivitis (inflammation of the gums) in the background." *Listerine* toothpaste is also guaranteed to "make teeth white and brilliant." *Pepsodent* ignores most flagrantly all the rules of honest advertising. Examination of this toothpaste has repeatedly demonstrated the presence of coarse, gritty material, with hard and sharp particles which can scratch and seriously injure the enamel of the teeth. This type of substance is known as an abrasive. The Dental Formulary (standard text-book) states specifically that "toothpastes should not contain gritty substances." The Formulary also points out that injury to the teeth is largely the result of the use of such pastes. Nevertheless *Good Housekeeping* guarantees the safety of *Pepsodent.*

THE field of antiseptics has been particularly well fertilized by advertising fancies. Much has bene made of such statements as "12,000,000 germs killed in seven seconds." Granting that this statement refers to experiments actually conducted in the laboratory and not in some advertising writer's imagination, nothing is said to indicate what kind of germs were killed. It is perfectly possible for a given antiseptic to kill germs which cause rust in hay --but what will that antiseptic do to the germs of typhoid fever or meningitis? Furthermore, it is perfectly possible to so weaken germs (by preliminary heating and in other ways) that a harsh look will almost kill them. Finally, even if the germs were of a dangerous kind and not weakened in advance, attacking them in a glass test tube is not the same as attacking them in the mouth, nose or throat where they are buried deep in the tissues, protected by mucus, and where the saliva or mucus so dilutes the antiseptic as to make it quite ineffective. One bacteriologist of repute has stated that mouth washes have "little or no power to kill the bacteria or molds present on the tissue to which they are applied." It has repeatedly been demonstrated that germs can actually grow in some of these "antiseptics."

Bearing these facts in mind let us examine the claims for antiseptics guaranteed by *Good Housekeeping*. *Listerine* is one of the most widely advertised and bears the *Good Housekeeping* Seal of Approval. The American Medical Association calls the claims for this product supremely ridiculous, and says that the antiseptic power of *Listerine* is "infinitesmal." The bacteriologist who supposedly made the tests concerning the germ-killing power of *Listerine* was asked to supply his records of the experiments. *He refused.* He simply replied that the tests had been carefully made under scientific direction, and he offered no evidence except his word that the experiments had been carried out.

Similar worthless claims are made for the germ-killing powers of *Pepsodent Antiseptic* and *Vapex*. Some interesting experiments have been *on Hexylresorcinol,* also known as *S. T. 37*. One advertisement stated that *S. T. 37* would kill bacillus pyocyaneus (one type of germ) in less than fifteen seconds. Two physicians who checked this claim found that the germs were still alive after two full days and night's contact with *Hexylesorcinol!* Other bacteriologists have demonstrated the fact that this stuff is completely unreliable in its ability to destroy staphylococcus aureus (a common pus-producing germ). Still other experiment on 410 patients at the University of Pennsylvania demonstrated that *S. T. 37* would sterilize tissues in only about one-fifth of the cases.

Finally, a word about *Lysol*. The use of this powerful poison as a douche ("Feminine Hygiene") was discussed in a recent number of HEALTH AND HYGIENE. In brief, even very dilute solutions of *Lysol* may produce serious complications, as stressed by Prof. Homans of Harvard. Deaths from the use of *Lysol* in the female organs have been reported in the U. S. Dispensatory, in the Journal of the American Medical Association, and the book "Medical Jurisprudence, Forensic Medicine and Toxicology." Purely aside from the fact that no douche is a reliable contraceptive and that douching is entirely unnecessary in a healthy woman, there is more than sufficient evidence to prove the great dangers of *Lysol.*

What, then, shall we conclude concerning *Good Housekeeping's* Institute, its Bureau, its Seal of Approval, and its guarantee? In no instance do we find any reliable evidence of an honest attempt to check the claims made for the products. In every instance these same products have been condemned by individuals or agencies whose honesty and authority are beyond question. In some cases *Good Housekeeping* continues its Seal of Approval and its guarantees of the claims even after the companies themselves have admitted the falsity of the same claims.

Perhaps the entire matter is best summarized by pointing out again that *Good Housekeeping* is a Hearst magazine; that the standards of *Good Housekeeping* must necessarily be the standards of Hearst; and that as Charles Beard stated, "no honest or decent man would touch Hearst with a ten-foot pole."

THIS PICTURE OF A TENNESSEE LEAN-TO TELLS A SMALL PART OF THE STORY OF THE SOUTH'S POVERTY AND DISEASE.

THE TRUTH ABOUT DIXIE

By ELIZABETH LAWSON

FEDERAL RESETTLEMENT ADMINISTRATION PHOTO

THE people of the South are a sick people. There are more anemic people in the South than in any other part of the country. In deaths from tuberculosis, typhoid, influenza and pellagra, the Southern states uniformly exceed the national average. The South also has the nation's highest death rates for infants and for women in childbirth. And there are three diseases—pellagra, malaria and hookworm—that are almost exclusively Southern. A Northern physician with a wide practice may pass his entire career without seeing a single case of these diseases.

At the outset, let us get rid of the idea that the Southern climate leads to disease, that it depletes vigor and vitality. This idea originated with the slave-owners, and was nothing more nor less than a rationalized defense of slavery. The slavocracy said that white men could not stand the Southern heat; that only the importation of Negro slaves would solve the South's labor problem. The argument, of course, was not based on the facts, for poor white people by the millions *did* work in the South, even in pre-Civil War times. But slave-owners used this apology for their system nevertheless; and the idea behind it—that the Southern climate is an unhealthy one—persists to the present day.

Actually, there is nothing unhealthy about the South's climate. The reasons for that section's heavy sickness and mortality rates lie elsewhere. They are to be found in the economic and political backwardness forced upon the region by its ruling class. Southern factory hands and plantation workers get wages that are 15 to 50 per cent lower than wages in the rest of the country. This makes for nutritional disease, and lack of sanitation and medical care. The persistence of the Black Belt and its plantation economy has throttled the growth of cities and towns, and the South remains too rural and too sparsely settled to maintain proper medical facilities. If the forty-eight states are ranked on the basis of the number of physicians to population, six Southern states will be found among the lowest dozen. In percentage of counties having hospitals and in ratio of hospital beds to population, the last ten states are Southern states. There are few good sanatoria in the South, and only two that are recognized as suitable for training doctors in the care of pulmonary tuberculosis.

Poor educational facilities and a high rate of illiteracy keep the Southern people from knowing the cause and cure of disease and from caring for themselves even to the limited extent that their finances will allow. Some day, someone should investigate the extent of the profits reaped in the South by those human harpies, the patent-medicine companies. I have no exact figures at hand, but I know from observation that the South is the country's greatest patent-medicine region.

And then there is the Jim-Crow medical system, which causes Negro victims of tuberculosis, for example, to be housed in comfortless tents—when they can get care at all. It is

this same Jim-Crow system that is responsible for such horrors as the death of Juliette Derricotte, Dean of Women at Fisk University, who, injured in an automobile accident at Dalton, Georgia, in 1931, was left without medical care for hours and then taken over dirt roads to a Negro hospital in Chattanooga. There was a hospital in Dalton supported by public taxation, but it was for whites only.

No, the high disease and death rates of the South cannot be laid to the climate. They must be laid directly at the door of the ruling class, with its policy of wage-differentials, its plantation economy, its backward educational system and its Jim-Crow laws.

THE three regional diseases of the South—pellagra, malaria and hookworm—are directly traceable to poverty. All three are anemia-producing diseases, and, together with the stretch-out system, are responsible for the appearance of Southern workers, who are almost universally pale, thin and tired. These ills are widespread: health authorities have estimated that in certain cotton-mill towns, 80 per cent of the workers have pellagra; in many rural areas, practically all the children and adolescents have hookworm infection; and in the swampy regions malaria is so common that its absence is more remarked upon than its presence.

Pellagra is a dietary disease due to lack of essential foods such as fresh meat and vegetables. It is produced by the typical Southern diet of fatback, grits, gravy, corn-bread, molasses, beans and turnip-greens. In Burlington, N. C., scene of the dynamite frame-up which has sent five textile workers to the penitentiary as part of the mill-owner's campaign to smash the union, there is a mill properly called the Aurora, but known to all the workers as Turnip-Green, because the wages it pays cover very little else in the way of food. Mill workers and farm workers in the South seldom see fresh meat, eggs or milk.

The common symptoms of pellagra are a red rash, burning and redness of the mouth and tongue, anemia and listlessness. The disease also attacks the intestinal tract and the nervous system. In its last stages, it may produce insanity.

The cause of pellagra was not known until 1914, when Dr. Joseph Goldberger went South to do research work in the disease. Dr. Goldberger and others noticed certain facts: that the doctors and nurses handling pellagra patients never got pellagra, and that it was, therefore, apparently not contagious; that its incidence was almost entirely among the poor, families with incomes over $1000 almost never contracting it; and that pellagra takes its heaviest toll in the years of worst depression and poverty.

Experimenting in the Baptist and Methodist orphanages in Jackson, Mississippi, Dr. Goldberger noticed that the youngest children, who had milk to drink, never got pellagra; that the oldest children, who earned a little money and bought extra food, were also immune; but that the children of the age-group between oldest and youngest, who received neither milk nor pocket-money, were pellagra victims. The doctor obtained funds to give all the children milk and fresh meat for a year. The year 1915 brought a particularly high rate of pellagra to the South; but in the two orphanages in Jackson there was not a single case. Dr. Goldberger had discovered the cause of pellagra, a lack of essential foods, especially protein. Pellegra is thus one result of semi-starvation. As the French doctor, Lalesque, put it: "Pellagra attaches itself to poverty as the shadow to the body."

Hookworm, another disease typical of the South, produces such severe anemia that it is often called "the lazy sickness," or "the big lazy." When a physician found that the disease is caused by an intestinal worm, the conversative members of the medical profession made a joke of the matter, saying that "the germ of laziness has been found." They were soon forced to admit that the cause of the disease, known in the South in earliest slave days, had at last been discovered. The infection is due to a species of worm that lives in the small intestine of man. The source of the infection is human waste matter, deposited on the ground in the absence of privies. The larvæ of the worm, which need oxygen to grow to adulthood, pass from the body and develop on the ground. When grown, they enter the body through the skin of the foot. We must remember in this connection that a very large proportion of the South's rural population—particularly the children—have to do without shoes.

Once inside the skin, the worms make their way by a devious route to the small intestine, where they suck blood from the intestinal walls. Not only do the worms stuff themselves with blood, but in moving from one place to another to feed they cause innumerable wounds, from which blood flows. The disease is characterized by progressive anemia, weakness, impaired development in the young, and by digestive and nervous disturbances. It lowers resistance to other diseases; it also dulls the intellect. So terrible is its affect on growth that hookworm victims of 20 often have the development of children of 12 or 13. A man of 22, a hookworm victim treated in the New Orleans Charity Hospital, was found to have the bony development of a child of 11.

Hookworm also leads to perversions of appetite, such as clay-eating and dirt-eating, and the characteristic Southern habits of tobacco-chewing and snuff-dipping. This does not mean that every person who chews tobacco or dips snuff has hookworm; but the customs began with hookworm victims and then became social habits which were imitated by other persons not infected. The persistence and prevalence of these customs in the South are due to the persistence and prevalence of hookworm.

The remedy for hookworm is, quite obviously, adequate sanitation and shoes.

Malaria, the third of the typically Southern diseases, was first believed to be caused by bad air. It is characterized by chills and fever, and produces severe anemia. The germs of malaria are carried by the female mosquito of a breed that inhabits the tropics and sub-tropics, and the bite of such a misquito is the only possible way of contracting the disease. The breeding places of the mosquitoes are the swampy lands characteristic of a backward system of agriculture. Innumerable cotton plantations are completely surrounded by swamps. Better economic conditions in agriculture lead to the clearing and draining of more land and a decrease in the incidence of malaria; but Southern agriculture is retrogressing. The remedy for malaria is to drain the swamps and screen the houses. The task is by no means impossible. During the digging of the Panama Canal, the entire Canal Zone, once a notorious malarial center, was completely freed of mosquitoes. Again, during the World War, the sites of the Southern military camps were carefully drained. The demands of commerce and of imperialist war are heeded, but a plea for the bitter needs of millions of Southern whites and Negroes falls on deaf ears.

THE tragedy of hookworm, malaria and pellagra is just this: their causes are known, their cure and prevention are—theoretically—very simple. The victims of the diseases require no long course of treatment; many severe cases have been cured in a week's time. But most of the South's sick people never get the needed treatment, and cure will not prevent reinfection. The addition of even a small amount of meat and fresh vegetables will prevent pellagra; sanitary privies and shoes will prevent hookworm; the draining of swamps and the screening of houses will prevent malaria. There is no guess-work about it; the results of these preventive measures are one hundred per cent certain.

But in practice—it is another story. The great physician Goldberger, ending his epoch-making pellagra report, said: "The surer it is that pellagra is only a hidden hunger, the more hopeless it seems to try to wipe it out. After all, I'm only a bum doctor, and what can I do about the economic conditions of the South?" And I want to remind you, when you think how easily pellagra can be prevented by the use of protein food, to think also of what happened in Camp Hill, Alabama, in 1931. In that year the newly-organized Share Croppers Union put forth a five-point program, and one of the demands was the right of the croppers to have their own gardens and a few chickens, so they would not have to buy everything at robber prices from the plantation commissary. The answer of the landlords was to make an armed attack on the union. The union leader, Ralph Gray, was hunted down like a wolf, wounded on the public highway, and shot dead in his home.

Science has found the cause of the ills of the South; the South's great, growing, militant labor movement, aided by the workers of the whole country, must wrench from the mill-owners and plantation overlords the conditions that will make it possible to give the Southern masses the benefit of this science.

"Facts and Frauds in Woman's Hygiene"

A review of Rachel Lynn Palmer's and Dr. Sarah K. Greenberg's book published by Vanguard.

MRS. PALMER and Dr. Greenberg are to be commended on a book which is both a powerful attack on the patent-medicine business and worthy of being placed next to Arthur Kallet's *Counterfeit* and *100,000,000 Guinea Pigs*. Packed with useful information, written in a lively, entertaining style, it gives the facts about the feminine hygiene racket, naming the names, and proving its statements. There are few women who would not save money and discomfort, to say nothing of avoiding needless worry and possible harm, from reading this book.

Beginning with such a simple but constantly recurring item as the choice of a menstrual pad, up to the more serious subjects of birth control, vaginal discharge, sterility and change of life, The book gives clear, concise, easily followed information.

The authors deflate the extensive advertising claims of *Kotex*. They quote the findings of Consumers Union, which tested over twenty brands of sanitary napkins, rating them according to whether they were absorbent, comfortable, and had a moisture-proof backing. In these tests, *Kotex* received a poor rating. It was found "that moisture penetrated the napkin almost immediately." The "equalizer" about which the Kotex Company makes such a fuss in its advertising was nothing "but a piece of corrugated crepe paper inserted in the middle of the pad."

Sanovals, a napkin distributed by the Kress stores, were found to be much cheaper and at least as good. "The three which rated best and most economical were *Veldown*, *Modess* and *Belfair*." Of these, *Veldown* was the best by a small margin. For women with an exceptionally heavy flow, they recommend the *Venus*, although they point out that "women with limited funds who have need of extra protection can make up their own napkins of a good grade of cotton and gauze for less than a third the price charged for the *Venus* brand."

The authors warn against the numerous menstrual pain remedies, many of which contain amidopyrine, a drug that can cause a dangerous and often fatal disease in susceptible persons. Among the better known remedies that contain or that have contained amidopyrine, they list *Kalms*, *Lydia Pinkham's Tablets*, *Midol*, *Allonal*, *Amidol*, *Amidos*, *Antabs*, *Compral*, *Dysco*, *Hexin*, *Nod*, *Yeast-Vita*, *Peralga* and *Pyramidon*. They tell of the woman who died of *Orangeine Headache Powder*, advertised as a "reliable physician's prescription." They quote the newspaper item about the sudden death of Mrs. Joe Winburn, wife of the Baptist pastor at Mansfield, Georgia, who died of an "overdose of *Capudine*, leaving five small children, the oldest being nine."

They take up the question of douching and show how "women are led to believe that daily douching is necessary to maintain good health and body cleanliness." They prove that "the average normal woman does not need to douche" and that "douching it is not necessary for cleanliness. . . ." "Douching with strong antiseptics or disinfectatnts may be harmful" and they warn particularly against such substances as *Zonite* and *Lysol*.

On the subject of birth control, they show that douching is not an efficient birth-control method. The Rhythm of Sterility and Fertility as a method of birth control does not work. The safe period is not safe. Unreliable methods such as withdrawal are condemned. They deflate the claims of such contraceptive products as the various suppositories, such as *Boro-Pheno-Forms*, *Vagiforms*, *Valgene*. They debunk the tablets that are supposed to prevent conception by producing a foam, such as *Pariogen Tablets*, *Hygeen Tablets*, *Keros Vaginal Tablets*, and show how often these things fail to give protection. They tell of the danger of depending solely on the vaginal jellies like *Birconjel*, which *claims* that it is recommended by the leading birth-control clinics, but which fails to mention that these clinics condemn reliance on a vaginal jelly without also using at the same time a contraceptive device properly fitted by a physician.

They attack with justifiable vigor the drugs that are taken to produce abortion. They tell of the poisoning that has resulted from *Chichester Diamond Brand Pills*, which have long ago been exposed as fraudulent; and of the plea of guilty that the manufacturer of *BX Monthly Relief Compound* entered when prosecuted by the Food and Drug Administration. (The punishment was a fine of $50.) They expose other drugs in this class, such as *Periodics*. The Snyder Products Company, which makes *Periodics*, advertised: "Don't be discouraged or alarmed because nature fails you." Then they go on to say: "Women are quick to understand the real purposes of Snyder Products." The United States Post Office was not impressed and recently issued a fraud order against the company. "At the hearing evidence was brought forth to show that *Periodics* contains no ingredients capable of producing a delayed menstrual flow, whether pregnancy or some other cause be responsible for the 'delay.'"

Amusing is the authors' quotation of the sly advertising of *Neofem*, which *warns* against the use of this drug during pregnancy "as it may easily cause a miscarriage." This drug which costs $5 is simply a poor laxative (phenolphthalein) together with such ingredients as alcohol, glycerine and a little licorice for flavoring.

They end this chapter with the statement of Dr. Frederick J. McCann that (1) "no drug can be relied upon to produce an abortion except in a woman who already has a strong tendency to abort naturally"; (2) "doses which do not endanger the woman's life fail"; (3) "doses which succeed endanger life or are fatal."

OUR high praise of this book must not let anyone conclude that it is without flaw. Unfortunately, it contains some mistakes, a few omissions and inadequate handling of some subjects. The actual errors are few and unimportant. These are chiefly in the psychiatric sphere and are small technical points. On the whole, this aspect of the book is handled skilfully and accurately. A serious defect, in a book that deserves and probably will get a wide sale, is the bald statement that masturbation is one of the causes of vaginal discharge or leukorrhea. This statement is made without any qualification or explanation. Masturbation is a subject that has been surrounded with a tremendous number of false notions. Needless fears and serious mental conflicts have been encouraged by false statements about its harmfulness.

By far the greatest harm done by masturbation is from the worry about it. Well-informed doctors are agreed that masturbation is a normal phase of the sex life. Now it is true that occasionally very excessive masturbation may bring on a little vaginal discharge. But without making the necessary qualifications, the stark statement that masturbation is a cause of leukorrhea is bound to add to needless fear and worry.

Quite disappointing is the very limited treatment of the social setting of the sale and manufacture of patent medicines and other frauds. The authors point out the fact that manufacturers are permitted to make profits at the cost of the health and lives of the people. They do not show, as did Kallet in his book *Counterfeit* that this is bound up with our entire economic system and is an inherent part of it. They say nothing of the unemployment, low wages and inability of the masses to buy good medical care which is such a powerful force in making them clutch eagerly at the fine promises of a quick, cheap cure from the patent medicine.

Those who have been steady readers of HEALTH AND HYGIENE will have noticed that most of the subjects treated in this book have already been taken up in previous issues of this magazine. It is a fact that some of the chapters sound much like transcriptions of articles from HEALTH AND HYGIENE. Of course this does not mean that the authors got their material from HEALTH AND HYGIENE. The similarity is undoubtedly due to the fact that both are treating the same material from a similar point of view.

In view of the fact that HEALTH AND HYGIENE has already printed extensive material on this subject, treating much of it in a very similar manner, it is a little surprising that the authors make no mention of the magazine. Even when the writers refer to other health magazines they do not mention HEALTH AND HYGIENE, which is, it seems to us, the only magazine that treats of these things honestly and fearlessly. We hope that in subsequent editions this omission will be corrected.

We have placed this book on our recommended lists and offer it together with a year of HEALTH AND HYGIENE for $2.50.

The Prostatic Age

In elderly men the prostate gland has a tendency toward becoming tumorous. The work of the kidneys is hindered and body poisoning may result. Medical treatment should be sought in the early stages of this disease.

WHEN a man approaches the age of sixty he reaches what we term the "prostatic age." At this age, if he has to pass his urine more frequently and becomes aware of the fact that he has a urinary tract because of annoying urinary symptoms, he should consider the situation a serious one and consult a physician at once. Prompt discovery of the cause of the symptoms and early treatment would save much unnecessary suffering.

For some reason in man's later years, the exact cause of which is yet unknown, the prostate gland has a tendency to become the seat of a bening tumor. When we say the tumor is benign, we mean that it does not extend either locally to neighboring tissues or to any distant part of the body. Unfortunately, however, the prostate is so situated in the urinary tract that its enlargement causes a mechanical obstruction to the flow of urine from the bladder. As shown in the diagram, the urine is execreted from the kidneys (A) from whence it flows through the ureters (B) into the bladder (C) and at necessary intervals the bladder evacuates itself through the uretha (D) to the exterior. The prostate (E) is located at the neck of the bladder and when this gland becomes tumorous it blocks the passage of urine from the bladder and prevents the bladder from completely emptying itself. Therefore, an individual suffering from prostatism never completely empties his bladder and there is always a quantity of urine left there, which we term "residual urine." For this reason the individual has to pass his urine more frequently than is normal, and this is especially so during the night.

When such a condition occurs, the kidneys work at a great disadvantage. The urine no longer flows in an uninterrupted stream and the fluid pressure becomes greatly increased in the urinary passages. The kidneys must compensate for this increased pressure in order that they may eliminate the waste products of the body. They must therefore work under abnormal conditions which cause pathological changes in the kidney tissues. If nothing is done to relieve the back pressure to which the kidneys are subjected, they will in time definitely diminish in their functional ability and many of the poisons, which would usually be eliminated, are retained in the blood stream and body tissues. If this continues, these poisons cause a condition which we term *uremia*. Uremia may exist in varying degrees of severity and will cause the eventual death of the individual if it is not corrected.

There is no reason, however, for anyone suffering from symptoms of prostatism to feel that his condition cannot be helped. As a matter of fact, tremendous progress has been made toward the curbing of this disease. It must be impressed upon every man who is suffering from a prostatic tumor that the sooner he seeks medical aid the more certain he is of relieving his condition. One can readily see the importance of this advice. The longer a man permits this annoying condition to continue without receiving relief, the greater will be the damage to his kidneys and other important organs. In fact, if he delays any great length of time before seeking relief, it may be impossible to do very much for him due to his poor physical condition.

The time to treat a prostatic tumor is in its early stages, when the kidneys, heart, and blood pressure are in good condition. Then a good result can be obtained.

THE treatment of a prostatic tumor is essentially surgical. Until very recently, an operation upon the prostatic gland was a serious surgical procedure and the mortality rate was more than 50 per cent. Within recent years, however, tremendous progress has been made in the knowledge of this condition, and at the present time the results are excellent. We realize now that men suffering from prostatism are well on in years and should be handled with gentleness and good judgment.

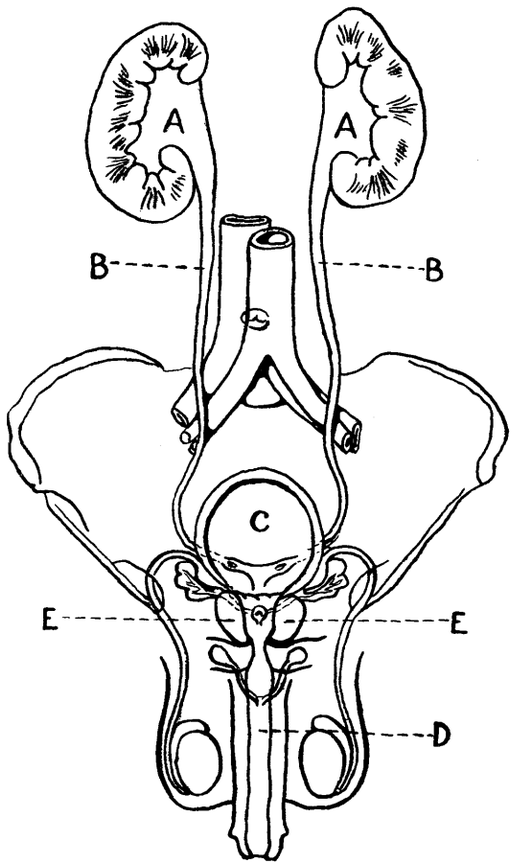


DIAGRAM OF THE URINARY TRACT; (A) KIDNEYS; (B) URETERS; (C) BLADDER; (D) URETHRA; (E) PROSTATE

The technique of the operation cannot be described in an article of this kind. There is one point, however, which is interesting to note: the surgeon, by removing the prostate which has been an obstruction in the urinary tract, reestablishes good drainage so that the burden of back pressure on the kidneys is relieved and they function more normally.

The most recently advanced operative procedure directed against the prostate gland is where the electric-cautery is used as a means of removing the obstructing portion of the prostate gland. The procedure is a new one, and while many excellent results have been reported, it is still in the experimental stage. Most conservative urological surgeons depend upon the more established methods, but there are certain types of prostatic obstruction which can be favorably treated by this method.

The question often asked by patients who require an operation upon their prostate gland is whether this operation will render them impotent. One must remember that this problem is not a very important one at the age of sixty or more, but apparently some men are greatly concerned about their sex life at this age. It may be said that 50 per cent of the cases do retain their potency.

In conclusion, it should be impressed upon men that when they reach the age of sixty they should be aware of the physical defects that may develop at this time. It becomes most important that any difficulty with the urinary tract which may reflect upon the normal functioning of the kidneys, heart and blood vessels should be given immediate attention.

The so-called "men's specialists" who advertise in newspapers, prey upon prostatic sufferers and other potential victims, take their money, and aggravate the condition. These fakers, although they may have medical school degrees, have been repeatedly exposed in literature published by the American Medical Association. One such faker, a Dr. Hodgens of Chicago, charged a gullible patient $12 for a bottle of quack medicine supposedly imported from Paris. This same doctor told a perfectly healthy investigator from the *Chicago Tribune* that he was suffering from prostatitis and offered to cure him for $35. This diagnosis was based on an examination of water, ammonia, and anilin which had been submitted by the "patient" as a sample of his "urine." This is typical of the type of "service" rendered by such fakers. If sufferers from prostatic ailments cannot afford the attention of a reputable private physician registered with the County Medical Society, they should visit the clinic of a recognized hospital.

Why Some Men Are Impotent

Rarely is impotence due to physical causes. The problem is mainly a psychological one involving few or many mental factors. Fear may be a basic cause of this condition.

IN previous articles we have discussed difficulties in sexual adjustment and emphasized the fact that although on rare occasions organic disease or defect may be responsible for the condition, the great majority of such cases are due to psychological factors. (Frigidity in Married Women, March, 1936; Frigidity in Women, May, 1936; Sex and the Woman, June, 1936; and Sexual Weakness in Men, July, 1936.) The effect of childhood training was described in some detail in the May article and while this took the matter up from the point of view of the woman, the same mechanisms hold for men; we urge that the reader interested in this subject read these four articles, inasmuch as, for reasons of space, it is impossible to go over the same ground again. In the July article we discussed the fear of failure and of doing wrong as it affected the potency of men, and in the present article we wish to continue in more detail with descriptions of the different fears causing partial or complete impotence in men.

The fear of failing in the eyes of the woman is important, but equally important is the fear of failing in the eyes of men. All men have a great desire to prove themselves to their fellows or to excell them in what they consider manly accomplishments. This does not mean that men as a rule boast of their sexual accomplishments to other men—many men are secretive about their sexual activity, except with their most intimate friends—but there is always one boaster in any group, and also there is so much general talk of sexual activity, usually in the form of smutty stories, that without altogether realizing it, the average man often sets up as his standard the heroic and fantastic accomplishments of the braggart or the hero of the story. And even though a man may perhaps never intend to brag openly of his own accomplishments, he wants to feel able to do so, and often in his imagination sees the admiring or envious looks of his friends as he tells of his performances. Of course, with such standards in his mind failure is almost inevitable, and the fear of failure which interferes with successful performance is inevitable. A moment's consideration will show how false these standards are. What are the characteristics which earn the real respect of other men? Is the man who is most respected a gay Lothario who boasts of his affairs? Or is the respected man the one who shows courage and determination in his daily life, of whose sex life we usually know nothing? If a man is looking for a friend, for whom does he look? Is it a sexually strong man, or one who will carry his share of the load, who can be depended upon in emergencies and won't turn tail at the first sign of danger? Compare it to drinking. All men have a sneaking admiration for the man who carries his liquor well, or can drink everyone under the table, but real respect and admiration are given for more important accomplishments.

SEXUAL intercourse is a means of satisfying the sexual instinct and that is all. When a man tries to make of sexual intercourse a means of proving his masculinity to men or women, or tries to make it a kind of competitive game, the natural aim of the sexual act is lost sight of, and the man is expecting something from intercourse which can be obtained only through other activity.

Many men are afraid of women, and particularly afraid of the sexual act. The roots of this fear are to be found in childhood when most boys have been threatened or punished for sexual activity, but it occurs particularly when the mother has been especially severe and in addition has been the one who usually administered punishment. If in addition the father in the family has been rather weak or ineffectual this exaggerates the fear still further, since the boy's first knowledge of a man and woman living together (his parents) has offered an example of the woman successfully dominating the man, and it is hard for him to realize that this is only one case and not the general rule. When he grows up he then, in a way, sees a trace of his mother in his sexual partner and, often without consciously realizing it, is afraid. Other men are afraid of hurting the woman and this again arises chiefly from childhood experiences, which may have been the chance observation of his parents' intercourse, which to him appeared to be a fight, or perhaps because his questions about menstruation were answered in such a way that instead of being reassured that it was a natural and harmless process, his original suspicion that it was due to an injury was confirmed, and he naturally concluded that the mysterious sexual business was the cause of it.

It is important to emphasize the fact, however, that while the childhood experiences have, in every case, played an important role in determining the adult potency, the present situation the man is in is also of great importance, and depending on the circumstances, may be the determining factor in the situation. For example, a man having relations with a very aggressive, domineering woman may actually be somewhat afraid of her; or a man who is angry at his partner may be afraid of hurting her because he actually wants to. This last is of great importance because most people are very unwilling to admit anything of the kind to themselves, and yet if it happens to be true, but is kept unconscious, it has a great effect. The fear of hurting the woman (because unconsciously he wants to) naturally stirs up the fear that the woman will hurt him, so that both factors come into play.

A frequent question is "What is the use of making such an unpleasant fact (that he wants to hurt the woman) conscious? Why isn't it better, even if it is true, to deny it or repress it?" To act intelligently in any situation we must know the facts, otherwise it is like trying to drive an automobile blindfolded. Suppose the man does want to hurt the woman, when he knows it, he can then make up his mind whether he is going to do it or not, but whatever he decides, it is clear that sexual intercourse will not hurt her. It is only as long as he keeps his wish hidden from himself that the unconscious can take charge of the situation and make him impotent in order to avoid hurting her. It may be very painful to find out or admit that one wishes to hurt someone, but it is also very painful to be impotent. The real solution lies in first admitting the true state of affairs and then taking appropriate action. If he wants to hurt her, why does he want to? Perhaps she can alter her behavior in such a way that he no longer will feel that way, perhaps some misunderstanding is at the bottom of it and a frank discussion will clear it up, or perhaps he is really dissatisfied with his marriage, and the only solution is a separation. In many cases of this kind the situation is so complicated that the man is unable to figure out by himself just how he does feel and the help of a psychiatrist is necessary, but in other less difficult situations once the person is given an idea of how his trouble might have arisen, and is willing to be frank with himself, he can figure the whole thing out unaided.

FEAR due to something quite unconnected with sex may result in impotence. Often this is of a temporary kind and disappears as soon as the cause of the acute anxiety disappears. But sometimes once impotence has developed it does not disappear even though the thing which seemed to bring it on in the first place is no longer present. Thus anxiety due to economic insecurity may result in impotence. What has happened in this case? Practically everyone in modern society has some neurotic traits, which show themselves as relatively unimportant symptoms, such as occasional nervous indigestion, headaches, shyness, a tendency to worry more than the situation warrants, and so forth. These neurotic symptoms and a host of others, one or more of which may be observed in anyone, are due to two factors: first, faulty childhood training which has made the individual slightly neurotic; and second, his present emotional difficulties, minor marital difficulties, and so forth, which, acting through neurotic channels, produce the symptoms. The average individual is not seriously disturbed by these

symptoms, and they are cited merely as evidence of the underlying tendency to neurosis in everyone. However, when a man loses his job, or sees that he may lose it, he naturally is worried and justifiably so. In addition to this he is more irritable and critical both of himself and others. This at once affects all of his personal relations and exaggerates all his nervous traits. Former minor quarrels now become major fights. Headaches, formerly two or three a year, now occur two or three times a week. Occasional premature ejaculation now becomes the rule. As soon as the nervous symptoms become really disturbing he begins to worry about them, and will often say that he is now more concerned about his health than about his job. Once this state of affairs has become established, it is often the case that an improvement in the economic situation has little or no effect on his nervous symptoms, since they were never really caused by the economic worry but merely stirred up by it. Under these circumstances it will help him to see whether some of the factors described in the first part of this article are at work.

Although impotence, partial or complete, is primarily due to nervous factors, other things often help or hinder; among these are the general health, fatigue, behavior and attitude of the sexual partner, frequency of intercourse, and so forth. Often the two people involved are so reticent about talking the matter over that they fail to adopt some simple procedure which could easily be discovered if they discussed it frankly, or else some annoying characteristic of one partner or the other, which in itself may be very trivial, is made important by the effort to ignore it. It is impossible to go into details here, but if each person will make an effort to put aside feelings of shame and prudishness and discuss the matter openly with his partner a great deal can be accomplished. It may turn out that there are certain things of which they are both ignorant, and in this case they should consult the family doctor or a psychiatrist.

Cosmetic Problems

Freckles

For the many readers who have been asking questions regarding the care of the skin and hair, HEALTH and HYGIENE'S skin specialist will discuss such problems every month. All questions must be signed and accompanied by a self-addressed, stamped envelope.

THE happy, healthy young boy or girl is often pictured with a face full of freckles. It is hard to think of the carefree country boy at the old swimming hole without immediately visualizing the freckles on his face. In youngsters, therefore, freckles can hardly be considered blemishes.

It is an entirely different matter when freckles appear on the face of the fastidious young woman. She feels that freckles are ugly and is hardly consoled by the fact that people will think of her as the healthy, outdoor type. That young women are greatly concerned about their freckles is best indicated by the large sale of freckle removers.

Freckles (lentignes) vary in size from a pinhead to a tackhead, and are occasionally larger. Their color ranges from a faint yellow to brown—sometimes dark brown, or even black or occasionally greenish. As a rule freckles appear on the exposed parts of the body—the face and hands. They may occur on any part of the body and in some instances are limited to one small area such as the lips.

Even though in some cases childhood freckles will disappear in later life, they are, as a rule, permanent. Freckles are rarely seen in children under four years of age, and they are most apparent in people between ten and twenty. Freckles are marked in those who have red or sandy hair. The exact cause of their appearance is unknown, though they frequently appear to be hereditary.

When a piece of freckled skin is examined under a microscope, all we can see are small patches of pigment in the lower part of the epidermis (the outer layer of the skin). Freckles are exaggerated by sunlight, heat and X-rays. It is very common to find, after a summer of exposure to sunlight, that the old freckles are more prominent and that many new ones have appeared.

Freckles can be removed, but unless exposure to exciting causes, such as sunlight, is entirely eliminated, their return is certain. This is difficult, if not impossible, for most people. For those who have only a few freckles or whose freckles are not particularly prominent, we strongly advise not doing anything about it. If, however, a temporary removal of these "blemishes" is desired, we can suggest a method of treatment.

IN order to make freckles disappear, it is necessary to cause a peeling of the epidermis and thus remove the cells containing the pigment. For this purpose the following mixture may be tried:

Mercuric Chloride	2 grains
Zink Sulphate	10 grains
Tincture of Benzoin	3 drams
Alcohol	3 drams
Water	3 drams

This should be dabbed on the skin three or four times daily until peeling is produced. One may also moisten a layer of gauze with the solution and apply it to the skin until a mild inflammation of the skin is produced. It should then be taken off and the face rinsed with water.

Another and probably more effective method of treatment is the application of a paste containing salicylic acid alone or in combination with resorcin. This method should be followed only under the supervision of a physician. Many commercial freckle removers are definitely dangerous and should be avoided.

Consumer Briefs

As a regular feature, this department will give information on foods, drugs and cosmetics which make false advertising claims, or are dangerous, defective or adulterated, or which sell for a price entirely disproportionate to the actual cost of the product. NJ (notice of judgment) plus the file number indicates that the information is derived from the Federal Food and Drug Administration; FTC, from the Federal Trade Commission; PR plus date, from a release of a federal agency.

"Quaker Oats"

THE *Quaker Oats Company* has agreed to discontinue its false advertising claims. The company has stated in advertisements that *Quaker Oats* is the "only protective food rich in Vitamin B that combats nervousness and constipation"; that "Vitamin B is oatmeal vitamin"; and a number of other imaginative claims. (FTC 01411)

* * *

Tilden Company

ONE of the largest fines ever imposed in such cases, was recently assessed against the Tilden Company of New Labanon, New York. The Federal Court of New York City fined the company $4,000 because it distributed a great number of drugs and medicines which were inferior in quality. Before buying such products readers should determine whether or not they are made by this company. (PR, Department of Agriculture)

* * *

"Bell-Ans"

A HEARING has been ordered in connection with certain allegedly false claims made for *Bell-Ans*, a preparation widely advertised for indigestion. The Federal Trade Commission charges that *Bell-Ans* will not relieve or cure digestive disturbances and indigestion, and also that the use of this medicine may produce serious results, though the company maintains that it is quite harmless. (FTC, PR 2859)

Edna Wallace Hopper, Inc.

EDNA WALLACE HOPPER, INC., manufacturer of cosmetics and toilet preparations, admits that it has overstepped the bounds of honesty and truthfulness in its advertising claims. Anyone riding the subways in New York has seen Edna's lovely face and form with the usual blurb built up around her *Special Restorative Cream* and *White Youth Pack*. (FTC 1707.)

* * *

Macfadden Again

THE Macfadden Institute of Physical Culture, owned by Bernarr Macfadden, was ordered by the Federal Trade Commission to cease advertising that its correspondence course in physical culture would rid victims of rheumatism, heart trouble and hardening of the arteries. We also suggest to the Federal Trade Commission that they look into a few of Macfadden's publications for advertisements that are both misleading and dishonest. The big muscle and exercise man accepts almost every piece of trash in his advertising columns.

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Gimbel Brothers

GIMBEL BROTHERS, the well-known New York department store, has been found guilty of falsely advertising wine as "1928 Blend." According to the Federal Trade Commission, there was such a small amount of wine of the 1928 vintage in the product that it could not be honestly designated as being of that year's vintage.

Our Doctors Advise:

The doctors of the People's Health Education League, including specialists in almost every field of medicine, will answer readers' questions on health and personal hygiene. No letter will receive attention unless it is signed and accompanied by an addressed, stamped envelope.

Mineral Oil

Chicago, Ill.

DEAR DOCTORS:

I have a criticism to make of HEALTH AND HYGIENE. I find that you are not up to date on much of your information. For example: I received your mimeographed sheets on constipation and in it you recommend mineral oil. Now late findings have proven that mineral oil paralyzes the bowel. This is just one instance. Cod liver oil is also now proven harmful, yet it is recommended in your pages. Your readers expect HEALTH AND HYGIENE to be in advance and in step with all new discoveries even if these mean discarding many physician's pet recommendations. Nevertheless, I am continuing my subscription for the next two years. I consider HEALTH AND HYGIENE valuable enough regardless of the above criticism.—M. B.

Answer—We appreciate your frank comment. If we knew the source of your information, it would be a little easier to understand the basis for your statements. But even without such knowledge we will do our best to correct your impressions.

In the first place, in case your information is gathered from medical reports in the newspapers, we must inform you that many of these reports are incomplete, often incorrect, and often distorted by reporters who are more interested in writing a good story than evaluating the facts. Frequently newspapers will publish reports of new theories as substantiated facts while actually these theories are still unproven or not completely developed.

Doctors of HEALTH AND HYGIENE are, of course, not infallible, and they may occasionally be a month behind in getting wind of some minor new development in medicine. But rest assured that there is nothing of major import that has escaped their attention. Furthermore, a most honest and thorough effort to evaluate the reliability of all new work and to determine whether such work is safe to pass on to the laymen, is always made. For instance, if the information on the dangerous reducing drug, Di-Nitro-Phenol, had been kept from the newspapers and charlatans until its reliability had been carefully tested, many lives would have been saved and much illness avoided. So, our hesitation in disclosing half-baked discoveries to you is for your own safety and protection.

You state that mineral oil paralyzes the intestines. In paralysis of the intestines, the bowels refuse to move. Try this experiment yourself: take two or three tablespoonfuls of mineral oil twice a day, and see whether your bowels refuse to move. We can save your time, however, by telling you offhand that your bowels will move.

You also state that cod liver oil is harmful. This is totally false. Of course, by giving animals tremendous doses we can cause various disorders. But doctors do not prescribe for their patients one-hundredth the dose necessary to cause such effects. Cod liver oil still remains at this writing important and indispensable for the infant.

It is true that where the cause of a disease is unknown, treatment varies and changes and depends largely on the physician's experience. In such circumstances we recommend those measures which through practice have given us the best results. This is the best that can be done if you will realize that in such fields medicine is still imperfect, and that better treatment must await further effective research.

We hope this letter will clear up your misconceptions. We shall be glad to hear from you again if this answer does not completely satisfy your doubts.

* * *

Hay Fever

Troy, N. Y.

DEAR DOCTORS:

I am unemployed and want to know whether I should spend $35 for the "ionization treatment" for seasonal hay fever of the ragweed type. There was a recent article in a newspaper telling how successful this "ionization treatment" was in London in ninety per cent of the cases. Is the treatment worth $35?—P. L.

Answer—The recent newspaper accounts hailing the "wonderful" new treatment for hay fever "recently" discovered in London, is to say the least, grossly exaggerated.

This "ionization treatment" with zinc salts is not at all new. The method was in vogue thirty years ago but there followed a long period during which its usefulness was doubted. About seven years ago it was reintroduced in this country by some nose and throat specialists. Since then a number of articles have been written on the subject which may be summarized as follows:

1. There is no unanimity of opinion as to its value in treating hay fever.

2. The most recent articles indicate that its value in the treatment of seasonal hay fever due to pollen, is almost nil. It affords better relief to perennial hay fever (hay fever occurring all year round and not due to pollens).

3. That the action of the ionized zinc solution is practically identical with the action of strong caustics (like phenol) which had been used previously in the treatment of different types of hay fever.

4. That where relief is obtained (usually in the non-seasonal case) it is not permanent and not alway complete.

5. And finally that it may lead to unpleasant complications, the most frequent of which are:

(a) Anosmia—loss of smell.
(b) Inability to tolerate smoke.
(c) Appearance of asthma following treatment.
(d) Development of neuralgia about the face.

In view of these facts, we advise all those contemplating the use of the ionization method not to do so—not until the issue is first settled between the opposing groups of doctors. By then the method will be fully evaluated. In the meantime the best form of treatment giving relief (to about 80 per cent of hay fever sufferers) but not cure, is the injection method. (See article in the July, 1935, HEALTH AND HYGIENE.)

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Mongolian Idiocy

Warren, Ohio

DEAR DOCTORS:

Please be good enough to give in some detail the causes and characteristics of the Mongoloid type of baby.—C. O.

Answer—First it should be emphasized that Mongolian idiocy has nothing to do with the Mongolian peoples. It is merely an accepted term used to designate a type of idiocy.

Mongolian idiocy is a hopeless condition. Why it happens has not yet been answered by medical science. Frequently two perfectly normal adults become the parents of a Mongolian idiot. Just as any other mal-development or malformation may occur in the process of the development of the fetus, so also some form of degeneration of the brain may take place leading to one or another forms of subnormality or even idiocy.

Regarding the characteristic features of Mongolian idiocy: all Mongolian idiots look alike and frequently they are mistaken for kin. There is a peculiar Mongolian type of face. The eyes are set close together and are slanting. Often there is an extra fold of skin at the inner corners of the eyelids. The head is round and small. At one year of age the circumference of the head is often two inches below the average measurement. The hands are short and thick, especially the fingers. The muscles are poorly developed and there is marked relaxation of the joints. The tongue is usually large and prominent. The child generally drools at the mouth.

Mongolian idiots are very backward in developing. Often they do not hold their heads up until they are a year old; they frequently do not walk before the second or third year. Speech is greatly delayed, and seldom normal; but if they live long enough they eventually talk. They have very little resistance to infections and generally die in infancy or early childhood. It is rare for a Mongolian idiot to survive the age of thirteen. Frequently they succumb to pneumonia or tuberculosis. They are restless, inattentive, and can be taught only with the greatest difficulty. They are generally good natured, are not destructive, and it is seldom necessary to isolate them from normal children.

* * *

Sulphur Dioxide Poisoning

Los Angeles, Cal.

DEAR DOCTORS:

I work in a large refrigeration plant and in repairing the units there is a gas, sulphur dioxide, used to test them. As we workers inhale this gas all day long I would like to know whether it is harmful. The only effect it seems to have is a clogged up feeling in the head which disappears by the next morning.—S. F.

Answer—Sulphur dioxide is a gas with a penetrating sulphur-like odor. Besides its use as a refrigerant, it is found in large quantities wherever sulphide ores, lead, iron, zinc, copper, and so on, are smelted. It is also used for bleaching operations, particularly in paper mills. Exposure to an atmosphere containing twenty parts of sulphur dioxide to one million parts of air will cause violent coughing fits, accompanied by smarting and tearing of the eyes. In larger amounts, a choking sensation is experienced with an inability to take a breath. Such exposure may lead to acute bronchitis and pneumonia. Instances of severe burning of the lining of the bronchial tubes and of the lungs have been reported. Fortunately, such instances are rare.

Where workers are exposed to sulphur dioxide gas in small amounts it has been found that these workers can grow accustomed to fairly high concentrations of the gas without too great discomfort. No real protective tolerance to the poison is developed, however, and numerous ailments result from continued exposure to the gas. Chronic inflammation of the nasal passages and of the throat are commonly found in these workers. Frequently, there

may be deadening of the senses of smell and taste. Although the comon cold is no more frequent among these workers than it among non-exposed workers, colds last twice to three times as long in the exposed worker. Shortness of breath on exertion as well as increased fatigue from work, are common complaints of the affected workers.

To guard against such poisoning it is essential that the escape of the sulphur dioxide be prevented. An adequate system of exhausts and abundant ventilation in the plant must be established to ensure an uncontaminated atmosphere in the workroom. As in all dangerous employment, short working shifts and adequate wage scales do much to cut down the frequency of poisoning. Careful periodic medical supervision is necessary for early detection of effects of poisoning and for the setting up of a proper program for prevention of poisoning.

Trade unions are learning the importance of hazardous employment and are beginning to take an interest in steps to enforce healthful working conditions.

* * *

Circumcision

Somerville, Mass.

DEAR DOCTORS:

Could you enlighten me as to the relative merits, if any, of having a "Mohel" perform circumcision on a new-born baby instead of having a doctor do it. Personally, I feel the doctor is just as capable, but the family insists that in such matters the "Mohel" is better qualified. I would greatly appreciate your opinion in this matter.—R.N.

Answer—It is true that "Mohels" or persons who perform the ritualistic circumcisions have had wide experience in the performance of this operation. However, most of them do not observe a strict aseptic (sterile) technique with the result that not infrequently an infection occurs which may be very serious. Recently two cases came to our attention in which death occurred, one as a result of peritonitis following an infected circumcision wound, the other from hemorrhage. Both these operation were performed by "Mohels." In the long history of ritualistic circumcisions performed by "Mohels" there are many cases on record of tuberculosis and syphilis transmitted to the baby through the practice of sucking on the circumcised organ in order to promoting clotting.

Circumcisions should be performed by qualified physicians and surgeons. The baby should be in good physical condition before he is circumcised. Furthermore, the bleeding and coagulation time of the blood should be determined. No circumcision should be performed unless the bleeding and coagulation time of the blood are within normal limits. Moreover, a baby should weigh at least six pounds before the operation is performed. Finally, under no circumstances should the circumcision be performed if the baby is jaundiced.

Ingrown Toe Nails

Harrisburg, Pa.

DEAR DOCTORS:

Will your please print a few general remarks on ingrown toe nails. My fifteen-year-old son and I have been having them on and off for the past few years. I treat them but they always seem to come back.—T. M.

Answer—If one were to examine the big toe nail or the nail on the thumb which is structurally identical with that of the toe, one would notice the so-called familiar white "moon." This portion, and the portion behind it, which cannot be seen because it is covered by the cuticle and its adjacent tissues, is where the nail begins to grow. The part of the pail or "nail plate" in front of the moon is of a pink color. This is due to the fact that since the nail is attached to the underlying structures or nail bed and is translucent, it will transmit whatever color is sent through it. The color of these tissues is pink because of the small blood vessels (capillaries) present. A little closer observation will reveal ridges or lines running longitudinally through the nail. These lines or ridges indicate the direction of growth of the nail. This explanation is given because of many erroneous ideas concerning the cause and treatment of ingrown nails.

In many instances the cause of ingrown nails is the improper cutting of the nail. Toe nails should be cut straight across with slight rounding of the corners. Cutting the nail at an acute angle at both its corners is the usual start for this painful and sometimes dangerous condition.

The "nail flap," made up of soft tissue, is that portion of the toe which is adjacent to the sides of the nail. This should normally remain in contact with a straight, smooth nail. However, if a sharp point is produced by improper care of the nail, an ill-fitting shoe or sock will cause the nail flap to press against this angulated nail. If pressure continues, the sofe tissue will be penetrated producing severe pain and often infection.

Thus, though improper nail cutting initiates the troubles that arise from ingrown toe nails, it is nevertheless true that the most important factor in this chain of events is the wearing of improperly fitted shoes. The process of growth would tend to straighten out the wrongly cut nail, but it cannot overcome the pressure of tight-fitting, narrow, cramping shoes. For this reason women suffer more from this condition than men. It is well to remember that stockings and socks may also encase the foot too tightly.

Children often get ingrown nails due to an oversight on the part of the parents who allow them to wear socks or stockings which they have outgrown. The pressure from the socks will eventually cause not only ingrown toe nails but also corns since most children are more active than adults.

An ingrown toe nail may be easily treated as soon as the condition is recognized. However, if the nail is neglected quite a different procedure in the treatment becomes necessary. In the acute stage, if no infection is present, the ingrown portion is removed under aseptic conditions. In the chronic state a radical operation is often the only way to affect a permanent cure.

Infections from ingrown toe nails should not be minimized. For people suffering from diabetes, hardening of the arteries, and certain diseases affecting the feet, an ingrown toe nail may prove dangerous. Sufferers from such conditions should have their nails attended to at the first sign of trouble.

There seems to be prevalent among laymen the somewhat erroneous idea that by thinning the center of the nail with a piece of glass or a file the ingrown portion will gradually correct itself. Another such idea is that by cutting a "V" figure at the free edge of the nail, the nail will free itself from embedment. From the description given regarding the process of nail growth, it can be easily seen how ridiculous these ideas are.

In very mild cases, packing the side of the toe nail with a very small piece of cotton or gauze will often prevent what might otherwise become a very painful and annoying conditions.

Foot sufferers are mistaken in thinking they have ingrown nails, when actually there is present a tiny corn at the side of the nail.

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Artificially Colored Oranges

Yonkers, N. Y.

DEAR DOCTORS:

Is the color added to oranges harmful? If the color is only injected in the peel does it also affect the meat?—D. M.

Answer—Many fruits, particularly oranges, are at the present time being treated with gas or dyed a color resembling more closely that of the naturally ripened fruit. The gas treatment consists of exposing the oranges to ethylene gas for several hours. The process changes any green color to a light yellow or yellow color. It does not change the fruit in any other way; that is, it does not increase the sugar content as a natural ripening would. Such a treatment leaves green, sour, unripe fruit still sour and unripe.

Oranges are now appearing on the market stamped with "color added." Such fruit has been immersed in a dye to give it a ripened appearance. This treatment may be harmless, but the process represents a form of deception which consumers should be aware of.

Avoid all fruits which are known to be artificially treated in any way, whether by the ethylene gas method or by coloring. Such fruits have not been naturally ripened and are therefore less digestible than ripened fruit.

Editorial

(*Continued from page 2*)

and health conditions for Southern workers are a menace to the wages, living and health conditions of all American workers whether they be in the North, West or East. Every struggle of the Southern workers to improve their living conditions should be supported by all interested in elementary human needs. The Southern workers are fighting for higher wages so that they can improve their living conditions and enable themselves to pay for a physician's services. Their struggles to obtain civil liberties should be supported so that among other things the workers will have the right to demand adequate public health services and facilities.

The present administration has done very little to safeguard the Southern people's health. Health departments in many localities have been forced to shut down completely or have discharged many of their physicians and nurses. Appropriations for the control of malaria by drainage or screening of swamplands have been pitifully small. The tremendous rise in malaria incidence from 1932 to 1934 is proof enough of that. Vaccination against diphtheria, typhoid and small pox is non-existent in many sections of the South. With the Republican administration in power there is even less chance of getting public health action. The workers of the South in industry and agriculture must be encouraged in organizational activity so that their voices in demand of the fulfilment of a minimum program of health service will be heard. If they fight hard enough they will get it. Inevitably their organized struggles will be sufficient to send representatives of a genuine people's party, a Farmer-Labor Party, to the state capitols and to Washington to help them win their fight for decent living conditions and adequate health service.