LIFE SPAN OF A CHORUS GIRL

Health AND HYGIENE

October 1938

20 cents

LOADED SCALES
Alex Pisciotta

COLITIS
Harold Aaron, M.D.

RENOVATING OUR HEALTH SERVICES
Carl Malmberg

MIRACLE AND FAITH CURES

YOUR MEDICAL MONEY'S WORTH
F. Cashatt Lewis, M.D.

Kathryn Lazell in "Sing Out the News"
(see page 12)

The Popular Health Magazine Written By Doctors

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Due to the New York City trucking strike, which made it impossible for us to employ union truckmen to transport our printed sheets from the printer to the bindery at the time when these sheets were ready, this issue of HEALTH and HYGIENE is appearing several days late.

TO ALL SUBSCRIBERS

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

The trial subscription offer of three issues of Health and Hygiene for 25 cents, announced in the July-August issue, expires on October 1. After this date the price of a three months' trial subscription will be 45 cents.

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Health AND HYGIENE

"Nothing is more important to a nation than the health of its people." — Franklin Delano Roosevelt

THE POPULAR HEALTH MAGAZINE WRITTEN BY DOCTORS

Next Month

IS IT CANCER?—The mere thought of cancer generally creates a feeling of frightening hopelessness. It would be well to learn something about this disease that is feared so much. Much of this fear is nothing more than a phobia. Much of it is real. But not every new growth in the body is cancer. And even if it is, it can often be cured in the early stages. You will be thoroughly enlightened by this article just as we were when we read it.

BIRTH—NORMAL AND ABNORMAL—The article on "Your Baby's Health" in the September issue has brought many letters requesting and urging us to publish an article on birth. Dr. Mark Hornstein has obliged us with one that is illuminating and extremely interesting.

PSYCHING THE JITTERBUGS—What is it that makes the ardent swing music fan behave the way he does when his favorite orchestra goes to town? Is it something in the music, or in the fan, or both? An interesting article on a topic of current interest.

THE F.C.C. INVESTIGATES RADIO—Several months ago the F.C.C. announced an investigation. Since that date nothing has been heard. But in this interim we have been fortunate in getting a private report of the legal department of the F.C.C., which discloses how expertly the ether waves are used to pick the listeners pockets. This one is by Peter Morell.

AND WE CONTINUE "JERRY THE INCORRIGIBLE" who seems to have aroused quite a lot of contraversy among our readers. Then there is "ARE YOU A BICARBONATE SODA ADDICT?" You'll regret it if you are. "SOMETHING IN YOUR EYE" tells you what to do about it, and how.

"PROBLEMS OF THE OVERSEXED" and "TESTING CHILDREN FOR T.B." were kept out of this issue to make room for "SOME CALL IT COLITIS." There are many more interesting features in the November issue.

All for you.

This Month

Any Month

DEAR CHARLIE MCCARTHEY: WE HAVE spent several sleepless nights, trying to figure out what Chase and Sanborn does with the unsold dated coffee that the grocers return. According to their standards of freshness this coffee must be stale, rancid, and unfit for use. Do they destroy it? *How about it, Bergen?*

•

SAMUEL KELLMAN OF DETROIT WRITES us that we are "invaluable," which would have made this rainy morning a little less gloomy if it weren't for the clipping from the Detroit *News* which he enclosed. We quote:

"Choicest of the protests filed Friday with the Board of Tax Review was that sumbitted by J. T. Hadwin, who identified himself as assistant treasurer of the National Utona Co., 153 Elizabeth Street East.

"Hadwin asked the board to cut in half the $2,880 assessment which Kenneth J. McCarren, a member of the Board of Assessors, had placed on the personal property of Hadwin's concern.

"His plea was granted, but only after Hadwin had admitted that the product which his company sells for $5 a bottle costs only 25 cents to manufacture.

"'Utona,' Hadwin told the board, is a medicine advertised to relieve high blood pressure. His testimony proved interesting to Councilman Harry I. Dingeman, chairman of the board, and James A. Burns, secretary of the Board of Assessors.

"The dialog went about like this:

"Dingeman: 'You say you make this stuff for 25 cents a bottle and sell it for $5 a bottle?'

"Hadwin: 'That's right. It's good for high blood pressure.'

"Dingeman: 'Don't you need a partner?'

"Burns: 'If the customer knew it cost only 25 cents a bottle to make, he'd have high blood pressure all right.'

"Hadwin: 'But we have other expenses. It costs a lot for advertising and to print pamphlets and bulletins.

(*Continued on page 22*)

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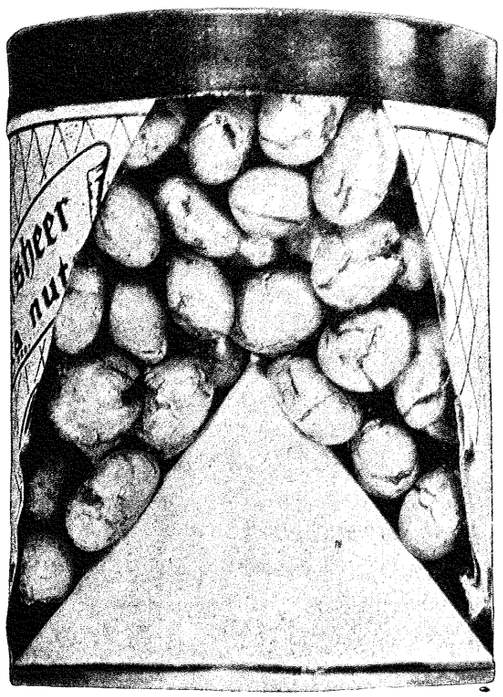
HEALTH and HYGIENE is a non-profit, cooperative organization and does not pay for articles.

Filling stations advertise gasoline at seven or eight gallons for a dollar plus. The number of gallons is usually displayed in letters two or three feet high, the $1 is just as conspicuous, but the 13c or 20c or whatever the amount of the "plus," is in such small letters that you cannot see it until you have driven right up to it.

Face-powder boxes often have false bottoms; cold cream jars have very thick bottoms and sides;



Food and Drug Administration

Some nuts—but quite a lot of air.

the glass used in transparent contatiners is sometimes magnifying glass which makes the objects on the inside look larger than they are.

Some poster advertisements displayed by dry cleaning establishments give you the impression that they will clean all coats for 39c. When you take a fur-collared coat to be cleaned you will be charged a dollar, and if you protest you will be shown that the poster carries in very small letters the qualification that fur-collared coats are "slightly more."

Malted milk vendors in New York City who advertised malted milks for five and ten cents went so far as to put no malted milk whatever into the drinks. The malted milk dispensers had been blocked so that no powder could possibly come out of them.

A shoe dealer advertised a very expensive brand of shoes for $2.98, but when a purchaser went into the store the size requested was never available. If the customer insisted upon that particular brand of shoe, regardless of the size, he was told that he would have to pay a great deal more.

Frozen sea-crawfish tails from South Africa were being sold in New York City as fresh lobster. This deception has been stopped by the bureau of weights and measures.

And so on for an almost endless variety of products. In order to cope with such infractions a large and efficient staff of inspectors is obviously necessary, and New York City has made considerable progress in this respect under Mayor La Guardia's administration. The bureau's personnel has been increased by about 200 per cent, and modern, scientific equipment has been purchased. Many other communities are still as lax about this form of consumer protection as New York once was. The two main needs today are enlightened legislation that will protect the purchaser and funds that will enable efficient enforcement of the laws.

TO PROTECT YOURSELF

What can you as an individual do to protect yourself from these forms of cheating? The following precautions will save you from the more outright forms of consumer swindling:

1. Be wary of containers or packages that are sold in odd weights or sizes such as 3½ ounces, 7 ounces, 15 ounces, and so forth. Demand and purchase only those containers that are put up in uniform sizes or weights such as one-quarter pound, one-half pound, one pint, and so forth.

2. Be on the alert for signs that have small, almost invisible lettering, qualifying an apparent bargain price that is displayed in large letters. Also watch for signs that have "Stewing Meat, 11c lb." in large red letters, and then, pencilled in lightly alongside the "lb.", the figure "½." Such meat actually sells for 22c a pound.

3. Trade with dealers who have accurate and sealed (inspected and approved) scales.

4. In purchasing meats, poultry, and other unpackaged articles which have the weight already marked on them, insist that the article be reweighed in your presence, and pay only for the amount actually shown on the scale.

5. Order commodities by weight and measure. Don't order a "pail of lard," "print of butter," "thirty cents worth of potatoes," "can of oil." You wouldn't think of ordering thirty cents worth of eggs; you always order a dozen.

6. See that all packaged goods have the net weights of contents ....(*Continued on page* 22)

SOME CALL IT COLITIS

HAROLD AARON, M.D.

Many people have induced or aggravated bowel irritation by treating unwisely a disease they may never have had.

"It soon became evident that appendicitis was on its last legs and that a new complaint had to be discovered to meet the general demand. The faculty was up to the mark, a new disease was dumped on the market, a new word was coined—a gold coin indeed: Colitis! It was a neat complaint, safe from the surgeon's knife, always at hand when wanted, suitable to everybody's taste. Nobody knew when it came, nobody knew when it went away.

Many sins have been committed both by doctors and patients in the name of colitis during the early stage of its brilliant career. Even today there is not seldom something vague and unsatisfactory about this diagnosis."

Axel Munthe, in The Story of San Michele.

VAGUE AND UNSATISFACTORY IS PUTTING IT MILDLY. There may have been some excuse for an indiscriminate use of the term "colitis" in the early years of this century, when Dr. Munthe was practicing. With our newer knowledge of bacteriology and mental factors in disease there is no need to invoke the magic word today as frequently as it was invoked then.

Dr. Munthe was apparently very much wrought up over the abuse of the term. To him it was a refuge for careless, unconscientious practitioners who were exploiting the neurotic needs of their patients. Dr. Munthe was one of a number of eminent physicians who practiced in the fashionable section of Paris. He was the darling of the countesses, baronesses, and princesses. When they tired of gambling, eating, loving, and other such disciplines they would flock to a soothsayer or spiritualist. And if a doctor should make a splash, he became the object of their adoration and devotion. "Colitis" was, on the whole, a rather useful term which the ladies could hug in the leisure of which they had so much abundance.

It is interesting that when Dr. Munthe rebelled at such a medical practice and fled to the poor, he no longer used or heard the word. The poor also have neurotic difficulties, but they cannot afford to come to fashionable doctors who will beguile away their anxieties with magic words.

Dr. Munthe's attitude of indignant skepticism was thoroughly justified. He was premature, however, when he said that the complaint was safe from the surgeon's knife. In subsequent years, in the decade when the constipated colon was being operated on, many colons were also cut because of colitis. Unfortunately the colitis was never cured.

Doctors have learned a good deal since that time. The term is used with much more discrimination; and before an operation is performed it must be based upon clear-cut evidence of disease of the colon itself, and not simply upon a recital of nervous symptoms.

NAME UNWARRANTED IN FUNCTIONAL TYPE

This brings us to the causes of colitis. As with constipation, there are two main groups of causes —the organic and the functional. The organic type of colitis may be caused by germs or poisons. Sometimes the germs are known, as, for example, the germs of dysentery or tuberculosis. More often the germ or causative agent is unknown, as in so-called "chronic ulcerative colitis." In this variety of colitis there are well-defined symptoms and signs which point to organic disease of the colon. X-ray examination of the colon and direct inspection with an instrument introduced into the colon will reveal unmistakable evidence of disease of the colon.

In the functional variety of colitis, however, there is no clear-cut evidence of disease of the colon, or the signs and symptoms are so evanescent and intermittent and seem so closely bound up with psychic difficulties of the patient that the designation "colitis" is entirely unwarranted.

Most of those with the nervous type of colitis have been troubled with constipation for many years before they got the colitis. They probably experimented with many varieties of cathartics, ene-

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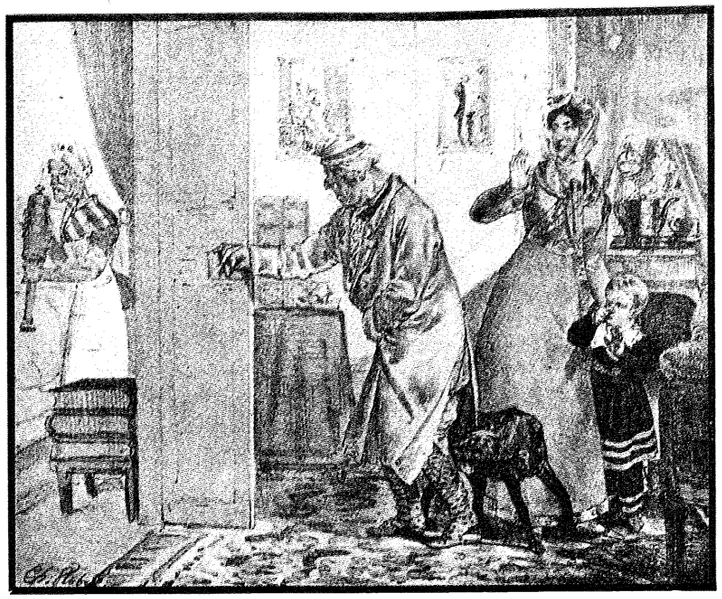
Note: This article is pre-printed, by permission, from the book *Our Common Ailment,* by Harold Aaron, M.D., to be published in the latter part of September by Dodge Publishing Company. *Our Common Ailment,* which will deal mainly with the causes and methods of treatment of constipation, and which will sell at $1.50, will appear under the auspices of Consumers Union of United States.



The ordeal of the enema. An early print showing a victim about to undergo a "colon laundering."

mas, and diets, and finally found some laxative or food which gave them daily "regular" movements. They did not know that their obsession for a daily and regular movement was costing them their health. When they found mucus in the stool, they were sure they had colitis. If they chanced to read some advertisement for a "colon laundry," they would complete the treatment by submitting to colonic irrigations.

The matter of mucus in the stool requires closer examination. For it is upon this finding that the misleading diagnosis of "mucous colitis" is so often made.

The entire digestive tract is lined by a layer of tissue known as mucous membrane. The mouth, the throat, the esophagus, the stomach, small intestine, colon, and rectum are all lined by mucous membrane. The main functions of the mucous membrane are to secrete juices (saliva, stomach juice) and to absorb vital materials from the food. As the name suggests, another function of the membrane is to secrete mucus. The mucus acts as a protective material for the delicate cells which make up the membrane. The mucous membrane of the colon also secretes mucus. In addition to protecting the delicate cells, the mucus also acts as a lubricant to facilitate the passage of waste material through the colon.

It is well known that if a mucous membrane is iritated, more mucus will be secreted, as though the tissue were throwing up more defenses against the irritant. The process is almost identical to the process that goes on when a foreign body irritant enters the eye. Tears are secreted to wash out the irritation. A similar process takes place in the colon.

Suppose, for example, that a true constipation has developed and the stools have become hard and dry. The hard dry stool collects in the pelvic colon or rectum and may act as an irritant to the mucous membrane. Excess mucus is secreted, and the stool becomes covered with a thin layer of it. This facilitates the smooth passage of the stool through the rectum and narrow anal canal. The presence of mucus, therefore, is not a sign of colitis, but rather an indication that the mucous membrane has been irritated and has responded, as any healthy membrane does, by the secretion of mucus.

Suppose that a purgative is taken. The drug as a rule irritates the entire lining of a sensitive colon and mucus is secreted in order to protect the membrane from damage. Consequently, the loose stool which is passed often contains an excess of mucus. Here, too, the mucus is simply an expression of the attempt of the mucous membrane to protect itself from an irritant.

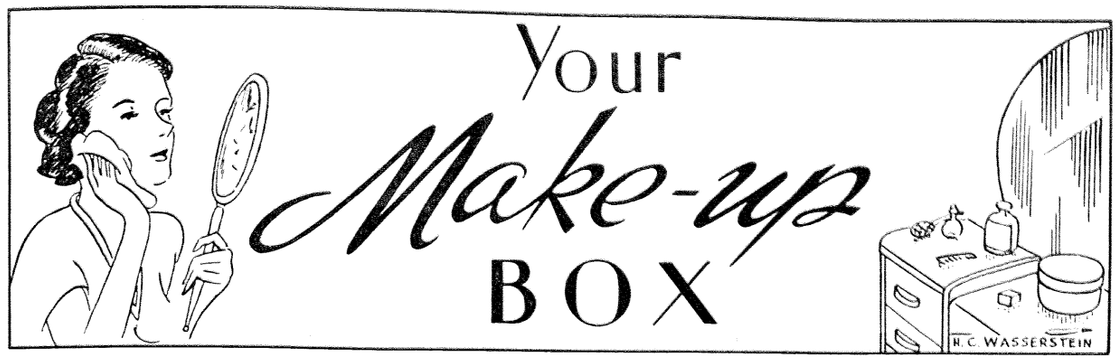
ENEMAS AND COLON LAUNDRIES

Enemas may have the same effect. It is especially those containing irritants such as soapsuds, turpentine, or potassium permanganate that are likely to act as irritants and cause increased secretion of mucus.

Dr. Hurst gives a report of an illuminating case that came to his attention recently.

"A boy of 18 had always had a tendency to constipation and had been continuously dosed by his mother with aperients [laxatives]. His report stated that he had been given an irrigation of 30 pints [in a colon laundry], the treatment lasting 1 hour and 10 minutes. The first 12 pints brought away loose feces but no mucus, but after that a large quantity of jelly mucus was passed continuously until the end of the treatment. That is to say, 12 pints of fluid were required to irritate the healthy mucous membrane of this boy sufficiently to produce excess of mucus, but when once it began to be secreted it naturally continued, and there would still have been mucus present if he had received 100 instead of 30 pints."

That the presence of (*Continued on page* 22)



Your Make-up BOX

MADELINE ROSS

"TO SET OFF THE COMPLEXION WITH all the advantage it can attain, nothing more is requisite than to wash the face with pure water, or if anything further be necessary, it is only the addition of a little soap." That's all the leeway Mackenzie would give the ladies when he wrote his *Ten Thousands Receipts* in 1850. But long before that—in fact almost since the dawn of history—woman has been using other artifices to get her man.

Face powder was one of the earliest. Back in the time of the Roman Empire white lead and chalk was a popular mixture. Lead poisoning was one of the inconveniences one had to put up with for the sake of beauty. Somewhat later the Chinese used a formula which included powdered marble, rice, and borax. Even in Mackenzie's time, while demure maidens were publicly fainting at the thought of painted women, they were secretly raiding the larder for a little starch to take the shine off their noses.

Not many years ago talcum powder and face powder were indentical, and it was hard for women to decide which was the more objectionable, the shine or the ghostly pallor. A little later manufacturers came out with a new color, and the more daring women began to use "flesh" powder, a pink tone which made light-skinned women look well dressed and made brunettes resemble circus clowns. It is only recently that competition forced manufacturers to produce the wide color selection that even the most inexpensive powders have today.

Ingredients have changed at least as much as colors. Even as recently as ten years ago, cases of lead poisoning were reported in the medical journals, originating in face powder containing lead oxide. They don't use lead any more. For one thing, it's too expensive. For another, even thick-skinned manufacturers have found that it doesn't help a firm's reputation to have a series of lawsuits against it. Then there's the matter of performance. If your competitor puts out a product that serves the purpose better, and costs less to make, it's a matter of dollars and cents that unless you do the same you're going to be put out of business.

Then came rice powders. They were by no means perfect, but were nevertheless a great improvement over anything that had been tried before. In fact rice is still the best single substance to use for the purpose. But there were certain disadvantages. On warm days, when the face perspired, the starch would form a sticky paste on the face. Besides absorbing the moisture, it absorbs the grease, thereby tending to dry the skin. Rice powder is an excellent food for bacteria. And the temperature of the human body is ideal for the growth of many of them. So that a pore which had not been properly cleansed of powder would serve as an excellent incubator for invading organisms.

Another undesirable quality was the affinity of the rice powder for hair. This property was very handy when rice was used to powder wigs. But when used on the face it had the quality of making the downy hair which is present on the face stand out clearly.

The question of allergy, which entered in a small degree with rice powder, became more important as another substance, orris root, was added. There are a large number of people whose skins become irritated from the proteins of these substances. Or their sensitivity may manifest itself through various systemic disorders which often resemble hay fever or asthma. At the present time none of the popular brands of face powder contains orris root. And very few contain rice or other starches.

If you want to be certain that the powder you get doesn't contain starch, there is a very simple test whereby you can tell. Dilute some tincture of iodine with an equal quantity of water, and let one drop of the mixture fall on the powder you are testing. If the iodine retains its normal color, the powder is starch-free. If starch is present the iodine will turn the powder a deep blue-violet.

Most of the face powder on the market today is made from a more or less standardized formula, the originality being supplied by the copy writers and the men who set the prices.

To provide coverage—the ability to hide the underlying skin—the manufacturers use a metallic oxide such as zinc or titanium. The adherence—the ability to stay on the skin—is supplied by compounds known as stearates. Talc is added to provide "slip"—otherwise known as smoothness. And a little precipitated chalk is incorporated to provide a medium for dispersing the perfume and coloring matter.

Glamor is added by the perfumer, and the much advertised "breathtakingness" by the officers of the concern, whose salaries account for the high price.

In line with this, the Bureau of Health of the State of Maine did a little research and came out with the interesting information that while the combined cost of the ingredients and containers of six of the best known face powders was only 86 cents, the aggregate retail price of these powders was $7.35.

Until science can discover some special benefit that comes from the haunting moonlit nights in Hawaii, filtered through rose petals and brought to you in a box that the princesses of the Orient might have envied, a face powder from the five-and-ten-cent store is likely to be just as satisfactory as the packaged illusion that costs a dollar or more per box.

Behind the Curtain of the Miracle Cure

The claim "I saw it with my own eyes" is no proof that it happened. Faith and miracle healing explained.

EVERY YEAR MORE THAN HALF A MILLION PFOPLE come from many nations of the earth to a little town in the south of France called Lourdes, in order to drink or bathe in the waters of a spring located in a grotto there. Ever since the Virgin Mary is supposed to have appeared in a vision to a young peasant girl there in 1858, these waters have been said to have miraculous healing properties. Each year hundreds of "authenticated cures" are reported as a result of contact with them.

These miracles represent only a fraction of those reported each year from all corners of the globe by religious healers, Christian Scientists, and cultists of all kinds. Coueism, which swept the country some years ago, was a kind of faith or miracle cure, and chiropractic, though it claims a rational basis for its methods, actually depends upon faith for any apparent benefits that its patients may experience. Lately it has been reported that barren women who journey to Callander, Ontario, and pick up pebbles at the home of the Dionne quintuplets, are forthwith blessed with offspring; one woman is even said to have had triplets.

In many instances we are told that the patients were "hopelessly paralyzed," "given up by doctors," "had only a few months to live," "had been sick from infancy," and so forth, yet they were suddenly and instantaneously cured through faith or through the miraculous power of a particular healer.

What is the truth about these miracle cures? Do they really occur? And, if so, what is the explanation?

THE WISH TO BELIEVE

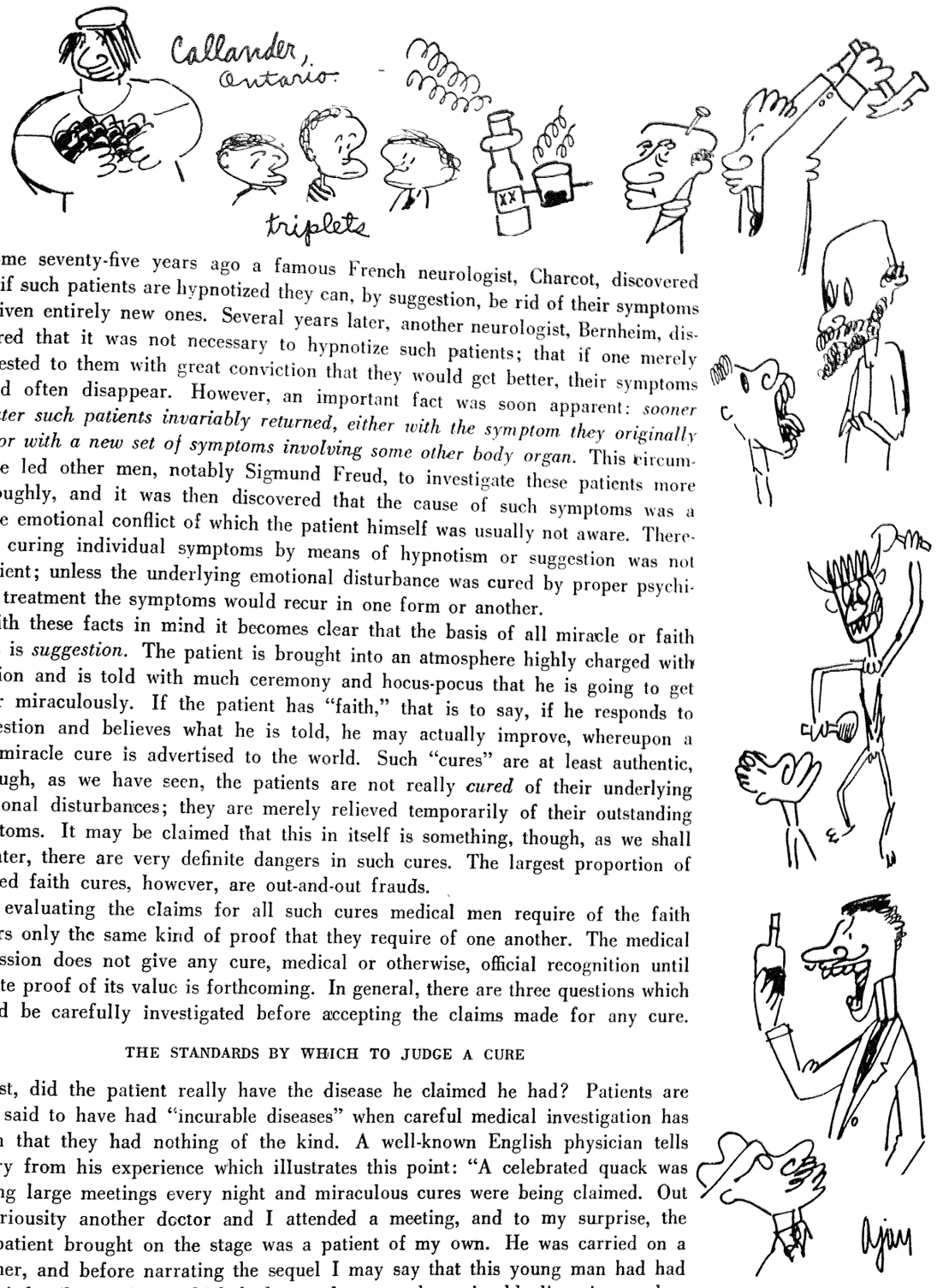
The wish to believe in miracles is widespread and deep-rooted—a vestige, perhaps, of that period in human infancy when "magic" seems real. Every sick person secretly longs for a royal road to health, a fairy draught or magic touchstone that will cure him suddenly of his ailment. Throughout the ages people have sought some miraculous fountain of youth, some secret elixir capable of bestowing eternal life and health. It is not to be wondered at, therefore, that every year the American public spends $125,000,000 on faith healers. As might be expected, the faith-healing cults draw most of their devotees from the ranks of the poor, though the more well-to-do are by no means impervious to their blandishments.

POWER OF SUGGESTION

Miracle cures go back thousands of years in the history of mankind. In ancient times magic and medicine were closely allied. The Greek word "pharmakon" meant not only "drug" but also "magic." Such cures as used to take place in the Greek temples of Aesculapius were probably due chiefly to faith. The primitive medicine man, with his practice of black and white magic, achieved such results as he did on the same basis. Perhaps the most celebrated miracles of healing are those attributed to Jesus of Nazareth. From these have stemmed the countless miracles attributed to the Virgin Mary and the various saints and apostles.

The simple fact is that a certain number of such "cures" are authentic, but they are not miracles. They differ not one whit from hundreds of similar cures being accomplished every day by physicians in all lands—physicians who make no claims to special miraculous powers.

Most authenticated cases of miracle cures are found upon investigation to have been cases of conversion hysteria, that is, forms of emotional disturbance which manifest themselves by physical symptoms. Thus, an arm may appear to be paralyzed, but on examination it is found that the muscles, nerves, blood vessels, and tissues of the arm are perfectly normal, and that *no physical disease is present.* Similarly, a patient may sincerely claim to be blind, yet upon examination the eyes and brain will be found to be perfectly normal; likewise a person may be unable to speak, yet the vocal cords will be found to be free from disease.



Some seventy-five years ago a famous French neurologist, Charcot, discovered that if such patients are hypnotized they can, by suggestion, be rid of their symptoms or given entirely new ones. Several years later, another neurologist, Bernheim, discovered that it was not necessary to hypnotize such patients; that if one merely suggested to them with great conviction that they would get better, their symptoms would often disappear. However, an important fact was soon apparent: *sooner or later such patients invariably returned, either with the symptom they originally had or with a new set of symptoms involving some other body organ.* This circumstance led other men, notably Sigmund Freud, to investigate these patients more thoroughly, and it was then discovered that the cause of such symptoms was a severe emotional conflict of which the patient himself was usually not aware. Therefore, curing individual symptoms by means of hypnotism or suggestion was not sufficient; unless the underlying emotional disturbance was cured by proper psychiatric treatment the symptoms would recur in one form or another.

With these facts in mind it becomes clear that the basis of all miracle or faith cures is *suggestion.* The patient is brought into an atmosphere highly charged with emotion and is told with much ceremony and hocus-pocus that he is going to get better miraculously. If the patient has "faith," that is to say, if he responds to suggestion and believes what he is told, he may actually improve, whereupon a new miracle cure is advertised to the world. Such "cures" are at least authentic, although, as we have seen, the patients are not really *cured* of their underlying emotional disturbances; they are merely relieved temporarily of their outstanding symptoms. It may be claimed that this in itself is something, though, as we shall see later, there are very definite dangers in such cures. The largest proportion of claimed faith cures, however, are out-and-out frauds.

In evaluating the claims for all such cures medical men require of the faith healers only the same kind of proof that they require of one another. The medical profession does not give any cure, medical or otherwise, official recognition until definite proof of its value is forthcoming. In general, there are three questions which should be carefully investigated before accepting the claims made for any cure.

THE STANDARDS BY WHICH TO JUDGE A CURE

First, did the patient really have the disease he claimed he had? Patients are often said to have had "incurable diseases" when careful medical investigation has shown that they had nothing of the kind. A well-known English physician tells a story from his experience which illustrates this point: "A celebrated quack was holding large meetings every night and miraculous cures were being claimed. Out of curiousity another doctor and I attended a meeting, and to my surprise, the first patient brought on the stage was a patient of my own. He was carried on a stretcher, and before narrating the sequel I may say that this young man had had slight infantile paralysis which had caused a scarcely noticeable limp in one leg. As a matter of fact he had walked three miles to come for treatment. The 'doctor' read the notes of the case to the audience: 'X. Y., age —, *paralyzed from infancy,*' and added 'this is a very grave and difficult case. I am doubtful if even I can do any good, but I must do my best.' He then applied a high frequency electric current with many sparks flying, and later with a huge magnet made passes over the recumbent man. Dramatically he exclaimed, 'Get up!' The man slowly rose to his feet. 'Walk!' commanded the 'doctor.' And the patient (*Continued on page* 23)

Analyzing the first section of the National Health Program on which coming legislation will be based.

RENOVATING OUR HEALTH SERVICES

CARL MALMBERG

WHAT SORT OF HEALTH PROTECTION DOES YOUR community provide for you and your fellow citizens? In the year 1936 New York City spent $7.79 per inhabitant for police protection, $3.17 per capita for fire protection, but only 62 cents per capita for health protection. In view of the great importance of the health department in safeguarding the lives of the citizens of a community, this disparity in expenditures would seem too great. True, police and fire departments also protect life, but they are primarily concerned with protecting property. Therein may lie the explanation.

But New York City is relatively liberal in the way it looks after the health of its citizens. There are not many other cities that spend so much per capita on health services, and many allow no more than a few cents per capita for the maintenance of their health departments. Indeed, less than one-third of our cities and counties have a full-time, professional health officer; usually a lay citizen is appointed whose chief activity consists of tacking up quarantine signs *after* some one has been taken sick. Sometimes a physician in private practice devotes *part* of his time to public health work, but such a physician seldom possesses the training needed for the job. Our state health departments are only somewhat better off; not more than half of them are adequately staffed or equipped.

WE HAVE THE NEEDED TECHNIQUE

It is obvious that with such limitations no really adequate preventive health services can be maintained—and prevention must be the keynote of any national attack on disease. Highly efficient preventive techniques have been perfected, but these require trained personnel and modern equipment.

Let us see what the lack of such personnel and equipment has meant to the country in terms of sickness and death from preventable and controllable disease.

Every year 70,000 persons in the United States die of tuberculosis, and for each death it is estimated that there are about five living cases. In any one year there are probably about 420,000 active cases of the disease. These expose more than a million persons yearly to the disease, and thus we maintain a tuberculous and potentially tuberculous population of approximately 1,500,000.

Each year about 518,000 new patients are infected by the germ of syphilis. Doctors see annually 1,037,000 patients with gonorrhea, and there are undoubtedly many more that they do not see. Sixty thousand syphilitic children are born every year. A large proportion of the deaths from diseases of the heart, blood vessels, and nervous system are due to syphilis, and 10 per cent of first admissions to mental hospitals are attributable to this insidious but preventable disease.

PNEUMONIA AND MALARIA CONTROL

Pneumonia claims the lives of 150,000 victims annually. Yet, in spite of known methods of treatment that could easily save more than 25 per cent of these, 29 per cent of our cities of 100,000 population have made *no* provision for such life-saving treatment, and only eight states have undertaken pneumonia control programs.

Malaria still ravages certain sections of the United States in spite of the fact that control measures have been *entirely* successful in wiping it out in other areas.

Half a million people are confined to institutions for the mentally ill. At large among the general population are a somewhat larger number who are psychotic or defective in varying degrees. Besides these, an even larger group are distinctly below normal in intelligence and emotional balance.

Industrial hazards menace to a varying degree the lives and health of the 15,000,000 workers engaged in productive enterprise. Inadequate protective services exist in most of the plants employing 500 or less workers, representing about 62 per cent of the working population.

There are other public health problems before the American people, but those mentioned above have been selected by the President's Interdepartmental Committee as the most pressing and the ones against which definite progress can and must be made *now*.

A start has already been made. Title VI of the Social Security Act made available relatively small sums of money which have already made possible an increase in rural health services. Three million dollars a year has been granted for venereal disease control, and W.P.A. projects have done excellent work in malaria elimination.

But these measures are only a drop in the bucket. The Interdepartmental Committee now proposes that we attack these problems on a really effective scale, and in order to do so they recommend the appropriation of an estimated maximum of $200,000,000 annually. This, in short, is the first step in the administration's National Health Program.

It is proposed that the money be used as follows:

For tuberculosis control—$43,000,000 annually, to be used for case finding, isolation and treatment, and periodic observation of latent or quiescent cases.

For venereal disease control—$50,000,000 annually, to be used in case finding and treatment.

For pneumonia control—$22,000,000 annually, one half to be used for the purchase of serum, the rest for the support of laboratories, nursing, and other field services.

For cancer control—$25,000,000 annually, to be used for diagnosis, treatment, hospital care, and education.

For malaria control—$10,000,000 annually, to be used for mosquito control and the elimination of residual parasites in clinical cases and "carriers."

For mental hygiene—$10,000,000 annually, to be used for supplying needed hospital beds, improved diagnostic and treatment facilities, and guidance of patients not requiring hospital care.

For industrial hygiene—$20,000,000 annually, to be used for the establishment of industrial units in state and local health departments, research, and field work.

The figures given are the estimated amounts necessary from all sources—federal, state, and local—at the time when the programs would reach their maximum intensity. More accurate estimates could undoubtedly be made after the programs had been in operation for a time. It is confidently expected that the cost of maintaining the proposed services would decrease as certain preventable diseases were eradicated or brought under control.

It is proposed that the federal government contribute approximately 50 per cent of the cost of the program in the form of grants-in-aid to the states. The exact division of the cost, however, would depend upon local needs and resources. Control of the activities in each state would remain in the hands of state and local authorities, and the chief function of the federal government would be to act as coordinator of activities, to provide leadership and guidance, and to equalize the financial burden.

The above program has been worked out by experts who are determined to tackle in the most effective way possible the major public health problems of the country. When their proposals are put up to Congress in the coming session there will be some who will balk at the cost. This cost, however, is not comparable to the losses which we now suffer because we have never conscientiously, as a nation, made the best use of our modern-day ability to cope with disease. In the long run a program such as this will save us not only money, but untold human misery as well.

Every citizen who wants to enlist in the nation-wide attack on preventable disease should insist that his Congressman and Senator support this attempt of the administration to come to the aid of our limping public health services.

(Next month: The Maternal and Child Health Program)

THOSE WHO SHOULD KNOW SAY—

"Common, ordinary folks are beginning to get the idea that we know how to do a good deal more than is being done to keep them well and to cure them when they are sick."
DR. THOMAS PARRAN, Surgeon General of the United States.

"There are very large areas in this country where the practice of medicine as at present carried on is medieval." DR. HUGH CABOT, Mayo Clinic.

"As a nation, we are doing vastly less to prevent suffering and to conserve health and vitality than we know how to do through tried and tested methods."
From the Report of the Technical Committee on Medical Care.

THE LIFE SPAN OF A CHORUS GIRL

Why do chorus girls and boys average only five years on the stage before they are through? A glimpse behind the scenes of an industry where glamor is the stock-in-trade.

RUTH RICHMOND

Executive Secretary,
Chorus Equity Association

THE 1939 THEATRICAL SEASON IS ON. SEVERAL more or less responsible producers have announced ten musical plays for production. In the jargon of their press agents they are stupendous, collosal things of musical enchantment that are sure hits. This has made most of chorusland agog with the happy anticipation of once again being able to meet the landlady's threatening glances without little tremors of fear titillating the spinal column; of once again being able to indulge in the luxury of adequate food. Other girls and boys have left jobs as waitresses and clerks, and have flocked to the offices of Chorus Equity (the union for chorus girls and boys.)

The air of the Equity office is filled with exciting chatter and laughter. "The Shuberts are casting several plays." "Max Gordon is already rehearsing." "This is going to be a marvelous season." These are the youngsters. One has studied interpretive dancing since childhood. This being the jitterbug age, the dancing director who casts her, if she's lucky enough to be cast, will expect her to be capable of executing the intricate fast-moving routine in swing time which is the pattern of ensemble dancing today. Another boasts of a beautiful voice. She's sure to be a hit if she only gets a chance. The chances are that she will land in the chorus.

NOT ENOUGH JOBS TO GO AROUND

Those who have experienced several seasons are more subdued and less boastful. They know that the majority of plays scheduled for production never get beyond the planning stage. Musical plays are costly and on that account very few get produced; no matter how you slice it, depression, or recession, it is still with us. Those plays that do reach Broadway may run a night or two and then go the way of all good intentions unrealized.

Soberly these girls are figuring out how to land in the ensemble of a well established impressario, whose chances of success are always better by virtue of the bigger bank-roll he can gamble on advertising and the building of an audience for his attraction. Otherwise it may mean a three-day probationary period without pay, three and one-half weeks rehearsing at $15 per week, $17.50 for the fifth and sixth weeks, and two weeks salary at $35 a week if the show closes before the two-week period is up. These conditions were made possible only after hard fought struggles with the producers, both individually and collectively. Formerly both the girls and boys would rehearse unendingly without pay, were never certain of their pay while the play was running on Broadway, and when on a road tour were often stranded penniless by irresponsible producers, with the alternative of either walking home or raising money in some way to get back to New York.

This makes $157.50 for eight weeks' work. Should the play prove a failure the chances of getting into another production the same season are very slight when you consider that there are 4,500 members in the union and that the most prosperous theatrical season will at the utmost see ten or a dozen musical plays on Broadway. These will each employ an average of 40 girls and boys, which means 400 jobs for which 4,500 persons will scramble.

ROSALIND GORDON

Appearing in "Sing Out the News" by Harold Rome and Charles Friedman.

Murray Korman

The aura of romance that has been built up around the chorus girl in newspapers, magazine articles, and the movies is mostly a myth. Yes, they sometimes do marry young millionaires. And the famous bald-headed row from which the chorus girls are supposed to choose the old man who will shower them with costly gifts is well publicized but mostly non-existent. Being a chorus girl is infinitely much more work than glamour. The intricate routines of modern ensemble dances are difficult. They require a lot of rehearsing. The temper of the director is, to put it mildly, often wanting in graciousness when a girl is a bit slow in catching on to a step. Rehearsals during the rush at the beginning of a season are often carried on in a drafty hall or on the stage of an unoccupied theatre.

It's hard work to retain the shapliness of limb and youthful zest that producers require when the group dancers hold the stage. Singers are also required to look shapely. Careful diet and exercise is the rule of the day.

When on the road, it is a matter of long jumps by bus or train. The theatre in which the show is given is usually of the town "Opera" type with hygienic conditions of dressing rooms, toilets, and so forth, that are hardly conducive to health. The boarding houses in the smaller towns are also something to contend with from the health point of view.

HOPE SPRINGS ETERNAL

If the foregoing makes you wonder why girls become chorus girls, or, why they remain in the theatre, I can only answer that once you have been hypnotized by this hard-hearted enchantress, who gives little and demands much, you remain more than a willing victim, eager to put up with all hardships for the opportunity of courting the elusive, almost non-existent chance to gain stardom. This enchantress chooses her devotees from the prettiest, the most talented, who will remain faithful, no matter—this may sound delirious, but it's true—how much hunger or other privations they suffer on that account. But the usual working life-span of a chorus girl or boy in the theatre is five years. Some may last a little longer, but limbs grow less limber, youthful zest becomes more difficult to stimulate, and inexorably they are cast out. Some do go on to stardom. One of these who is still a dues paying member of Chorus Equity is Joan Crawford.

The majority of the 35,000 who have passed through the offices of the Chorus Equity during the last decade married or became clerks, stenographers, or beauty parlor operators.

However, both Equity and Chorus Equity are trying their utmost to create sane, healthy working conditions in the theatre, and the producers are beginning to cooperate. It won't be long now, we hope, before all people of the theatre will be able to earn a decent livelihood instead of being fed glamor. The improvement that has already been made over the conditions of the past, indicate how much can be done through collective bargaining to improve health and working conditions—even in an industry that is seldom associated with trade unionism in the public's mind.

Editorial

Expanding Public Health Services

IN LAST MONTH'S HEALTH AND HYGIENE Dexter Masters gave a graphic account of the recent National Health Conference in Washington, D. C. Most important of the events at this Conference was the presentation by a committee of experts of a broad five-point program for bringing the health facilities of the nation up to a reasonable degree of adequacy. This program will form the basis for the Roosevelt administration's legislative attack upon the nation's major health problems during the coming session of congress, and therefore it deserves close attention. Certainly every effort will be made by the reactionaries to wreck the health legislation that will be introduced, although with the public aroused and asking for action it is going to be difficult for the reactionaries to succeed.

Every progressive person should familiarize himself with the National Health Conference program, so as to be able to lend intelligent support to the administration in the legislative struggle that is coming. In order that readers of HEALTH AND HYGIENE may have a full understanding of this program we are presenting a series of six articles, each one of which will deal with one major aspect of the program. The first article in this series deals with the need for the expansion of public health facilities and appears on page 10 of this issue.

We recommend these articles to your attention and urge that you do your part in the coming fight to give the American people the health services that they need and that they can secure for themselves.

The A.M.A. Approves

AS THIS ISSUE GOES TO PRESS, news comes from Chicago that the House of Delegates of the American Medical Association in special session has given unanimous approval to that part of National Health Conference program which calls for the expansion of public health facilities.

This would seem to be a new departure from the A.M.A.'s traditional attitude, and we most fervently hope that it is. Certainly it is a tremendous asset to have organized medicine officially on the side of progress on this question. However, before we sing too many hallelujahs we must remember that proof of the need for expanded public health services was so overwhelming that the A.M.A. could hardly have done otherwise and still retain any vestige of the public's respect. In spite of the official pronouncement there will undoubtedly be attempts to limit the government's activity to a minimum. Such attempts must not be permitted to hamper the effectiveness of the program.

While stressing the fact that medical care of the needy should be financed and controlled by local communities and the state, the delegates admitted that "the federal government *may* [italics ours] need to provide funds when the state is unable to meet these emergencies." This is an important admission, although the use of the word "may" does not place sufficient emphasis upon the *necessity* of federal financing if the needy are to be cared for.

As was to be expected, the A.M.A. special session turned thumbs down on compulsory health insurance. In rejecting compulsory health insurance the delegates stated that it would be "a complicated, bureaucratic system which has no place in a democratic state." Such an argument, coming from an organization which is itself controlled by the tightest sort of bureaucracy, will fail to impress those who are concerned with providing *all* the people with a workable plan of protection against the costs of unpredictable illness.

Group Health Insurance

THE DELEGATES ENDORSED hospital service insurance and "cash indemnity insurance policies." The latter is being offered by the A.M.A. as an answer to the needs of persons of the middle-income groups who wish to insure themselves against the cost of prolonged illness or expensive emergency care. One such plan has been put forth by the Kings County (N. Y.) Medical Society, and the mere fact that the annual premium of $24.60 a year does not provide any protection in the case of ailments involving a doctor's fee of less than $10 renders the plan far beyond the means of any but the relatively well-to-do. For persons of moderate means, the group insurance offered by such cooperatives as the Group Health Association in Washington, D. C., and the Cooperative Health Association in New York remains the best solution.

I. T. BROADWIN, M.D.

Jerry, the "Incorrigible"

The second instalment in the series describing the whys and wherefores of juvenile delinquency.

DEAR OF HIS FATHER'S FISTS HAD DRIVEN JERRY to seek shelter for the night on the Hudson River docks. While wandering along Eleventh Avenue he met Ben, a young Negro boy of his own age whom he was now trying to goad into spending the night with him.

"G'wan, you're yellow," Jerry taunted.

Ben shifted the shoe-shine box which was suspended from his shoulder and groped for a reply that would enable him to escape without showing that he was afraid. Ben's father was janitor of the house that Jerry lived in, and Ben knew from experience that he was no match for Jerry in a fight. He tried to appear calm and cool as he asked, "Why should anybody sleep on the cold, hard docks when there's a nice warm bed home?"

"G'wan, you're yellow," Jerry reiterated derisively.

Ben became angry and snapped back, "My pa don't beat me."

"Your old man is like you," Jerry countered, "he ain't got no guts."

"It's you that's afraid," Ben said. "If you wasn't you wouldn't be afraid to stay out alone."

Jerry bristled. "Look here, you no good——"

"Better not say it," said Ben, raising his clenched fists.

A drunken bystander who had been watching them began to egg him on. "Go on, sock him . . ."

"In your hat," Jerry snarled. Here was an adult, made rather helpless by drink, and into Jerry's mind surged those thoughts of murderous revenge that always came to him after his father beat him.

"G'wan, you're scared," the bystander jeered.

Jerry's hands had been busy in a barrel of decayed fruit. He now let fly with perfect aim and the stranger unloosed a torrent of profane abuse to which Jerry replied in kind. A few more well-aimed throws and both boys retreated hastily. After running several blocks they sneaked into a large empty packing case on one of the docks. Ben looked at Jerry and warned, "Better stop tryin' to fight the whole world or somebody, some day, is gonna bang you clear outa this world."

"Whydahell don't they lay off me?" Jerry exclaimed angrily. "You can't do a damn thing without 'em pickin' on you."

Ben did not dare attempt to leave with Jerry in such a frame of mind. He thought of the other kids at home and he became lonesome and just a little scared. To keep up his courage he began to sing a song he had learned from his father:

Children
While we's sleepin'
Hard times creepin'
Right smack down on us.
Gotta make a get-together fuss
Wake up, Children
Wake Up.

"Cut that out," Jerry growled in the darkness, "the watchman'll hear you."

Ben kept silent for a long time. It was the first time he had stayed away from home and he knew that they would all worry about him. Finally, unable to bear the darkness and the silence any longer, he began to sing again:

Children
While we's sittin'
Big Shots gitten
How will we get by?
Gotta make a get-together try
Wake up, Children
Wake Up.

"All right, if you gotta sing, keep it low," Jerry warned. To tell the truth, he rather liked to hear it himself.

Grateful for this concession, Ben went on:

We ain't never gonna get started
If we's gonna let 'em keep us parted
All together we'll be able
Gotta bust that house of Babel.

Children
While we's squabblin'
Big Shots gobblin'
Everything in sight
Gotta make a get-together fight.
Wake up, wake up, Children
Wake Up.*

He was still humming when he dozed off. When

* From the musical review "Harlemtown," by Peter Morell.

he awoke he was startled to find that it was growing light.

He looked at Jerry who was also stirring and muttered woefully, "I sure got a lickin' comin'. You goin' home now?"

"No," said Jerry. "My old man ain't gone to work yet."

"Well, don't ever say ah'm yellow again," said Ben, as he shouldered his box and walked off.

* * *

Jerry's mother had been up since early morning. While preparing breakfast for her husband she had heard him grumble and complain about Jerry, and threaten to "fix" the boy when he next got hold of him. She was relieved when he finally left for work. Alone with her troubled thoughts her anger towards Jerry mounted until she had exhausted every form of punishment she could imagine. Her thoughts then turned to her husband, and she cursed him for his lack of interest in the children. After all, was not Jerry an innocent victim of parental discord?

Her attitude towards Jerry grew more mellow, and she was almost ready to receive him with warmth and sympathy when the door opened silently and he entered. Jerry sensed the atmosphere, grunted a greeting, and asked for breakfast because he had to go to school. In order to avoid any further quarreling she gently urged him to go and "wash." During his breakfast she simply pleaded with him. Jerry began to soften as the natural response of the child seeking its mother overtook him. This feeling, however, was contrary to his pose of a big shot who could take care of himself.

A QUARREL BREAKS OUT

While wavering between bravado and dependence he looked up at his mother and suddenly realized what she was saying. "Why didn't he behave as well as his older sister Charlotte? Everyone in school liked her. Look at his younger brother Charles. Father was nice to him because he obeyed. Look at Eddy next door. He never stayed out late, his mother didn't have to go to school and be made to feel ashamed of herself." A change came over Jerry as he heard these reproaches. Again he felt like an outcast; sister and brother and even the neighbor's child were preferred to him. Again he was left out in the world. No one cared for him. Resentment rose up in him. To be good now merely meant being a "sissy"; it meant giving in to everyone. With bitterness he glanced at his brother and sister who came into the room.

Charles glanced suspiciously at Jerry; he knew what had happened and he had learned that it was best to keep out of his way. It was too late; something in Jerry exploded. He was going to take it out on this goody-goody. In a moment there was a quarrel between the children which wound up in the usual way. Jerry was in the corner, arms before his face, protecting himself from his mother.

That morning she decided to follow the advice given by the school authorities and go to the social service organization for help.

The social worker, Mr. Steele, a kindly young man of about twenty-seven, listened to her story and then informed her that a good deal could be done for Jerry. First he must see him and make friends with him. Then he must find out why the boy behaved as he did. The fact that the boy must be understood was stressed. Questions were asked about the other children. Later the worker assigned to Jerry would visit the home and school and try to help straighten things out.

CAMPING INTERESTS JERRY

Jerry's mother knew that it would not be easy to bring Jerry to the organization. In the afternoon when she broached the subject to him he became frightened, snarled at her, and asked why didn't she leave him alone. He had gone to school that day and promised to behave himself. Only the fact that he might be able to go to camp appealed to him, and this was all that induced him to accompany his mother to the organization.

Mr. Steele at first questioned him about the play activities attractive to boys. They discussed the interesting sights in the city. Jerry had not been to the Zoo; he had not seen the Rodeo but he would be delighted to go. Throughout all the conversation Jerry wanted to speak freely, but actually he spoke in monosyllables and shifted uncomfortably in his seat. When the camp was mentioned he became more interested. He wanted to know all about it. The idea of living in a tent, going on overnight hikes, building camp-fires, and rowing on the lake seemed to arouse an excited interest in him.

During the conversation Jerry saw Ben and other children, boys and girls, coming into the building. He wanted to know why they came there. The social worker answered that many children had problems or rather difficulties of one kind or another.

"What kind of troubles do you mean?" Jerry asked.

Jerry recalled how Ben's mother had scolded him for keeping Ben out all night.

The question indicated (*Continued on page* 24)

WHY DO TEETH DECAY?

Dental caries or decay is man's most common ailment. A resume of what laboratory workers are finding out in this field.

PUT A MAN'S TOOTH IN A DRY CAVE OR GRAVEL bank and it will remain intact for a million years—at least. Leave it in his head and it often decays within a year."

Thus does not writer * state a problem that has puzzled physicians and dentists ever since dentistry became a science. For, in spite of all that science has taught, 95 per cent of the people in the civilized world are afflicted with decaying teeth, and dentists do not know definitely what factors are responsible. All sorts of theories have been advanced, some plausible, others fantastic.

In all the maze of miscellaneous evidence, one fact seems to stand out clearly enough to invest it with considerable significance. This fact is that a surprisingly large number of primitive peoples escape dental decay entirely. But when we try to discover the reason for this fact, we are again stymied. All we know is that primitive tribesmen usually have good teeth and that when they are subjected to civilized modes of living their teeth begin to decay.

All of which makes the problem difficult—but not hopeless. Science often works slowly and important discoveries are frequently the results of the combined labor of many researchers. We feel that it is now possible for HEALTH AND HYGIENE to present its readers with a resumé of the significant research that is being done on the subject of dental decay. As far as we know such a resumé has never been printed in any magazine or book.

In the first place, dental decay or "caries," as it is called in technical language, is a *complex* disease, which may be caused by more than one factor. This should be borne in mind in reviewing the various theories about it.

TWO MAIN SCHOOLS OF THOUGHT

For convenience's sake the schools of thought concerning dental caries may be divided into two main groups: the *local environmental* and the *systemic* schools. The first group believes that conditions within the mouth affect the exposed surfaces of the teeth and are responsible for dental decay. The second group believes that decay is caused by certain disturbances or abnormalities in bodily function.

The local environmental group includes those who place the responsibility for decay upon the action of certain bacteria. The first to expound this theory was Dr. D. W. Miller, originally of Germany and later of this country, who in 1890 announced that bacteria in the mouth attacked food particles adhering to the surfaces of the teeth with the result that lactic acid was formed. This lactic acid dissolved first the lime or calcium in the enamel of the tooth and then the dentin or material underlying the enamel. This process in turn liberated more food for the germs, and thus a vicious cycle was set up.

The germs thus described have recently been isolated and are called *lactobacilli acidophilus*. Bacteriologists tell us that they take many forms, but that they are rarely the same in two months and that many forms may be found in the same mouth.

A characteristic of the lactobacilli is that they produce dental decay only in the presence of sugar or starch. This may account to a considerable degree for the absence of dental caries among the Eskimos—until they are introduced to candy and other articles of the white man's diet. Doctors Waugh and Rosebury, investigating the dental condition of the natives in the Kuskokwim region of Alaska, discovered that these people had remarkably few lactobacilli acidophilus in their mouths and that their teeth did not decay. However, they also found that the missionaries in neighboring regions had introduced the natives to starch and sugar, with the result that the people in these regions got dental disease as well as religion.

Similarly, Bunting and his co-workers found that when half the children in an orphan asylum were deprived of sugar and the rest were given increased amounts of candy, the incidence of caries decreased in those on the sugar-free diet and increased in the others. There is no doubt that sugar plays an important role in dental decay.

This does not, however, tell the whole story. Those who uphold the bacterial theory fail to explain some very important questions. Why does decay attack only certain teeth or certain parts of a tooth? Why does it attack one tooth and not the one next to it when the decay starts in the space between two teeth? What limits the acid formed on a tooth to a definite area? What about the five

* Furnas and Furnas: *Man, Bread and Destiny*. Reynal and Hitchcock, N. Y.

he awoke he was startled to find that it was growing light.

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In the first place, dental decay or "caries," as it is called in technical language, is a *complex* disease, which may be caused by more than one factor. This should be borne in mind in reviewing the various theories about it.

TWO MAIN SCHOOLS OF THOUGHT

For convenience's sake the schools of thought concerning dental caries may be divided into two main groups: the *local environmental* and the *systemic* schools. The first group believes that conditions within the mouth affect the exposed surfaces of the teeth and are responsible for dental decay. The second group believes that decay is caused by certain disturbances or abnormalities in bodily function.

The local environmental group includes those who place the responsibility for decay upon the action of certain bacteria. The first to expound this theory was Dr. D. W. Miller, originally of Germany and later of this country, who in 1890 announced that bacteria in the mouth attacked food particles adhering to the surfaces of the teeth with the result that lactic acid was formed. This lactic acid dissolved first the lime or calcium in the enamel of the tooth and then the dentin or material underlying the enamel. This process in turn liberated more food for the germs, and thus a vicious cycle was set up.

The germs thus described have recently been isolated and are called *lactobacilli acidophilus*. Bacteriologists tell us that they take many forms, but that they are rarely the same in two months and that many forms may be found in the same mouth.

A characteristic of the lactobacilli is that they produce dental decay only in the presence of sugar or starch. This may account to a considerable degree for the absence of dental caries among the Eskimos—until they are introduced to candy and other articles of the white man's diet. Doctors Waugh and Rosebury, investigating the dental condition of the natives in the Kuskokwim region of Alaska, discovered that these people had remarkably few lactobacilli acidophilus in their mouths and that their teeth did not decay. However, they also found that the missionaries in neighboring regions had introduced the natives to starch and sugar, with the result that the people in these regions got dental disease as well as religion.

Similarly, Bunting and his co-workers found that when half the children in an orphan asylum were deprived of sugar and the rest were given increased amounts of candy, the incidence of caries decreased in those on the sugar-free diet and increased in the others. There is no doubt that sugar plays an important role in dental decay.

This does not, however, tell the whole story. Those who uphold the bacterial theory fail to explain some very important questions. Why does decay attack only certain teeth or certain parts of a tooth? Why does it attack one tooth and not the one next to it when the decay starts in the space between two teeth? What limits the acid formed on a tooth to a definite area? What about the five

* Furnas and Furnas: *Man, Bread and Destiny*. Reynal and Hitchcock, N. Y.

in his own mind; the avidity with which he tracks down every clue. He may read all the literature that has ever been written on the subject, but it may be that none of the writers has ever seen a case exactly like the one before him. In some respects, at least, it is his own uncharted mystery.

With the diagnosis finally established, the rest of the way is plain sailing, as far as the doctor's responsibility is concerned. He may rest on his oars, to a certain extent, and follow precedent, for treatment is the most stereotyped phase of the practice of medicine. Variations in accepted modes of treatment are necessarily cautious and gradual. You may hear such fervent recommendations as "Why don't you go to Dr. So-and-So and ask for some of that medicine for Johnny like he gave my Mary? That will fix him, I know."

Whether it would fix Johnny depends, of course, upon whether Johnny's ailment is kin to Mary's. No doctor has pet miracles of his own, in boxes and bottles, that are not known to the rest of the profession. If he is an up-to-date doctor the drugs he gives for certain cases are probably the same as are given by ninety-nine other doctors out of a hundred. If your doctor makes a diagnosis of malaria, for example, he does not try out a little potassium iodide or one or two of the barbiturates, in the hope of distinguishing himself by a new idea in treatment while you go on with your chills and ague. He gives you quinine, as every other doctor in the world would do. What individual distinction there has been in his service to you has been in the speed and accuracy of his diagnosis. The rest is laid out for him by precept.

I do not mean to say that great developments in methods of treatment are not occurring constantly. What I mean to point out is that no one doctor is apt to feel justified in going off on a tangent of his own in matters of treatment. The safety of the patient requires that modes of treatment have a rational basis—if not of precedent, then of animal experimentation or some other safeguard.

So, when your doctor tells you whether there is anything wrong with you, and if so, what, he has already performed for you his cardinal service. It entails fully as much responsibility, and frequently more work, to say to a patient, "No, you do not have tuberculosis," for example, as it does to tell him that he does have it. It is the diagnosis that is most important; the prescription is secondary.

Who's Who on Our Advisory Board?

Bachrach

FRANCES STERN

FRANCES STERN WAS BORN IN BOSTON in 1873. She is a graduate of the Garland Kindergarten Training School, and was a special student in the Massachusetts Institute of Technology. In 1908, Miss Stern became secretary to Mrs. Ellen H. Richards, of the Massachusetts Institute of Technology, Department of Sanitary Chemistry, and under that influence found the direction which her life should take.

Miss Stern's experience in social service has been extensive: co-director of the Louisa M. Alcott Club (a children's center for health education), 1895-1913; instructive visiting housekeeper for the Boston Tuberculosis Association and the Boston Provident Association, 1911-1912; industrial health inspector of the Massachusetts State Board of Labor and Industries, 1912-1915; member of the Home Economics Division of the Federal Food Conservation Committee, Washington, D. C., 1916-1917; extension worker of the United States Department of Agriculture in the field of food for the industrial worker, 1917-1918; with the American Red Cross in Paris, 1918, and head worker of Pour l'enfance et la famille par l'aide sociale, Paris, 1919-1921. Under her supervision the first Food Clinic ever to be organized was opened at the Boston Dispensary in 1918, and has since served as a model to institutions all over the world in the field of outpatient dietetics and health education. Students and visitors come to the clinic from all parts of the civilized world.

Miss Stern is now chief of the Food Clinic of the Boston Dispensary, assistant in Medicine, Tufts Medical School, former instructor in dental pediatrics, Tufts Dental School, special instructor in dietetics in social service, Simmons College and School of Social Work, and Teachers College, Framingham, Massachusetts. She was recently presented with an honorary Master of Arts degree by Tufts College.

She is the co-author with Gertrude T. Spitz of *Food for the Worker*, and with Mary Pfaffman of *Food and Your Body; Talks with Children*, and has contributed many bulletins and articles dealing with the organization of food clinics and food treatment for the outpatient. Her most recent book, *Applied Dietetics*, published by Williams and Wilkins, presents the principles underlying the planning of a normal or therapeutic diet, environmental conditions influencing the effectiveness of the diet, methods and materials helpful in the education of the patient, many tables and charts to simplify computation of a diet, a series of dietary outlines, and typical diets and menus.

Questions and Answers

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

Contagiousness of T.B.

Hackensack, N. J.

DEAR DOCTORS:

My brother has a girl friend who has tuberculosis and whose mother says it is arrested. Can you tell me how contagious tuberculosis is? He seems to fear contracting it.—R. J.

Answer—When a person with pulmonary tuberculosis has a "positive" sputum, that is, sputum containing the germs of the disease, those who are in intimate contact with him, known as "contacts," are in danger of contracting tuberculosis. When the patient with positive sputum coughs, spits, or even talks forcefully, he sprays his surroundings with the germs or tubercle bacilli. This causes what is known as droplet infection. Contacts who are thus infected will contract the disease if they cannot resist the infection.

If the sputum is negative, that is, free from tubercle bacilli, this danger of contagion does not exist. One must, however, be certain that the sputum is negative. This can be determined only by repeated and exhaustive laboratory tests.

For these reasons, all contacts should be thoroughly examined. The examination should include fluoroscopic and X-ray examinations and such other tests as the doctor may consider necessary. It may be necessary to repeat the examination from time to time, and the contact may have to remain under observation for a lengthy period. Sometimes a contact will imagine himself to be infected. If his imagination is lively enough he will develop more or less characteristic symptoms, depending upon how much he already knows or thinks he knows about the disease. This sort of thing happens not infrequently in medical school classes as the students learn about different illnesses, and it is, of course, a mental problem. If the contact has been found free from tuberculosis after thorough examination he should feel assured and be at ease.

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Alcoholism Treatment

Detroit, Mich.

DEAR DOCTORS:

Will you kindly let me know if the *Samaritan Treatment* for alcoholism is safe and if it *is* a cure. Money is scarce, and it would be quite a sacrifice to collect the $175 asked if the results are not as promised. I am enclosing some of the *Samaritan Treatment* advertising matter.—D. S.

Answer—Any treatment that claims to cure alcoholism in "little more than two days" is a fake. The sobering-up process may not take much more time, but anyone who is familiar with the sprees of an alcohol addict knows very well that sobering up doesn't mean cure, although the addict himself may think so. The excessive use of alcohol is a symptom of a deep-rooted emotional maladjustment, involving the entire personality of the drinker. It is absurd to claim that a few days of hocus-pocus will re-make a personality.

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Calcium for Hay Fever

Woodside, Long Island, N. Y.

DEAR DOCTORS:

Is the administration of calcium and vitamin D likely to be of any benefit to a person with hay fever?—D. K.

Answer—Calcium has been used and advised in allergic disease since 1896. There have been many investigations concerning the concentration of calcium in the blood in allergic disease and the consensus of opinion has always been that there is no variation in the amount of calcium in the blood. In 1930, two well-known allergists gave very large doses of calcium both by mouth and by injection to ten allergic individuals without any amelioration of symptoms; their treatment was continued for one month.

Vitamin D aids the absorption of calcium in the body and that is probably why it is sometimes advised. While we find no references in journals to the use of vitamin D, we know of patients who have taken large doses of vitamin D without any relief from symptoms.

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Nature Cure Camp

Brooklyn, N. Y.

DEAR DOCTORS:

Can you give me any information about Camp Hygieology in Montrose, N. Y.? It is operated by a Dr. Anderson.—L. P.

Answer—The Anderson who runs Camp Hygieology is not a physician but a "Naturopath." Recently a physician and a friend of one of the doctors of HEALTH AND HYGIENE visited the camp. Apart from the various erroneous ideas on diet put into practice by Anderson, the doctor witnessed a typical and deplorable case of what such ideas can do to a patient. There was a woman there with a severe stomach ulcer who had been in several hospitals but had refused operation. She listened to her friends' advice and went to Camp Hygieology. Anderson starved her for two weeks (ulcer sufferers need to have plenty of nourishment) during which

time she had an attack of bleeding of the stomach. Anderson told her that the bleeding was a good thing because the "poisons" were leaving the body by way of the blood. The stomach ulcer sufferer who bleeds should be in a hospital under expert medical care, because if the bleeding continues transfusions, and perhaps operation, will be necessary to save the patient's life.

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Pollen Filters

Philadelphia, Penn.

DEAR DOCTORS:

Will you please tell me what think of the *Allergy Electric Mask* which is advertised as offering protection against hay fever?—B. L.

Answer—The *Allergy Electric Mask*, highly praised in large advertisements in the press, has received little support from the medical profession—and rightly so. It has not proved its worth.

Preliminary studies (not yet published) by the Council on Physical Therapy of the American Medical Association show "that the filter will remove some of the pollen breathed through the nose and mouth, but the evidence does not indicate that sufficient pollen is removed to effect relief from the symptoms of hay fever."

In the first place, the evidence indicates that the filter paper is the best part of the device. The electric angle has been overrated. The electric charge of the mask is too weak to bring about much precipitation of the pollen. A greater charge would make the mask useless because of possible electric shock.

Secondly, regardless of how perfect a pollen filter may be it cannot work well unless the eyes are covered. The membranes lining the eyeball and eyelids absorb pollen as well as those of the nose and mouth.

As for the very small filters which fit into the nose, no reliable evidence has been presented to show their worth. The irritating action of a foreign body in a nose already irritated and itchy due to pollen, makes the use of such filters irrational. With these, too, the mouth and eyes are unprotected and pollen is absorbed in sufficient quantities to cause symptoms of hay fever, asthma, or both.

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Hand Irritation

Washington, D. C.

DEAR DOCTORS:

A friend of mine who works in a shoe factory is having considerable trouble with his hands. He uses a solution to wash off the glue from the bottom of the shoes and it seems that this solution also attacks the skin. Can you tell me what this solution is and what he can do to counteract this condition?—H. S.

Answer—The solution used to wash glue from the bottom of shoes might be any one of a large number of different chemicals. Each type of glue requires a different solution, so it would be practically impossible to guess what it might be in a particular case. The best method of protecting the hands in such a case is by wearing rubber gloves. One must be sure, however, that the solution used to clean off the glue will not also dissolve the rubber of the gloves. Smearing the hands thinly with ordinary vaseline sometimes offers protection. If neither of these measures can be used, a thorough washing of the hands with a mild soap and warm water after work, followed by the rubbing-in of lanolin, may result in some relief.

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ANY MONTH

(*Continued from page* 1)

And we send out six letters to every person who inquires about it. The letters cost about a nickel apiece.'

"Burns: 'You ought to sell it off a wagon.'

"Dingeman: 'Has anybody ever complained about your medicine?'

"Hadwin: 'Well, the pure food and drug people had us appear before them once, but they couldn't find anything injurious in our product so they couldn't prevent us from selling it. And we appeared before the Federal Trade Commission and the postal authorities, too. The Government didn't exactly give us the green light; the Government never does. They cited us for obtaining money under false pretenses, but never issued an order against us.

"McCarren: 'Of course, we had assumed that medicine selling at $5 a bottle should be worth $2 to $3 a bottle and that's how we assessed the stock of this company. Then the company also has some furniture and machinery.'

"Hadwin: 'But the medicine costs only 25 cents a bottle, including the bottle. Our assessment should be cut to at least $1,450.'

"Dingeman: 'Have you any objections to that figure, Mr. McCarren?'

"McCarren: 'No, I guess not, in view of the testimony.'

"Dingeman: 'We'll accept the figure of 1,450. That's all, Mr. Hadwin.'"

LOADED SCALES

(*Continued from page* 4)

printed or stamped on the container. Net weight means the actual weight of the contents. Don't be deceived by placing the package on a scale and guessing at the net weight; the weight of the container is sometimes more than the food inside.

7. Be careful of the merchant who undersells his competitor. He pays the wholesaler just as much for his goods as the other man. Someone gets stung. Is it you?

8. Why telephone your order to the grocer or butcher and thereby take a chance? If you do telephone you must take extra precaution to make sure you are not being defrauded.

9. Weigh your purchases after you get them home. If you bring home a dozen eggs or oranges, the chances are that you count them. What is the difference if you lose an egg worth four cents or an ounce of butter worth four cents?

10. Don't be too ready to condemn a tradesman or a clerk. A mistake may be an honest one. On the other hand, be cautious.

If you feel that you are being cheated in any way you should immediately notify your local bureau of weights and measures. This bureau exists to protect you, and if it is doing its job properly it will investigate promptly to see if your suspicions are warranted.

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COLITIS

(*Continued from page* 6)

mucus in the stool is no indication of the existence of colitis can be further proven by a direct inspection of the colon with an insrument known as the sigmoidoscope. The mucous membrane will appear soft and of normal color, despite the fact that a good deal of mucus may have been passed.

When irritating, indigestible food residues reach the colon they also can cause an excessive secretion of mucus in a person with a sensitive colon. An excess of mucus may also be present even when no catharic, enema, or roughage has been taken. It is likely to occur in those with irritable colons, in the person with a nervous hypersensitive bowel. Here, too, the mucus is not a sign of inflammation, or colitis. It is simply an individual idiosyncracy occurring in a person of nervous temperament.

In a few instances an excessive secrection of mucus may be due to hypersensitivity to a specific food. There are many foods which can do this and it may be necessary to submit to a carefully worked out diet in order to determine whether food sensitivity is responsible for the appearance of mucus.

When mucus is accompanied by the appearance of pus or blood it is likely that a true colitis, or inflammation of the colon, is present. A physician's care is then imperative.

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MIRACLE CURES

(*Continued from page* 9)

walked across the stage with his usual slight limp. The cheers of the audience nearly took the roof off. It is interesting to note that the quack told no lie, but the audience seeing the patient carried on a stretcher naturally concluded that the paralysis was *total* paralysis and that the man had been miraculously cured. The danger of such cases is that people will say 'you can say what you like, but with my own eyes I have seen a man, paralyzed from infancy, get up and walk.'"

The second question to ask is: Was the disease really cured? Not infrequently a patient or an onlooker may, under the stress of emotion, deceive himself into thinking a cure has occurred, while sober investigation will reveal the sad fact that no miracle has taken place. Thus, a patient whose joints are so stiffened by arthritis that he cannot walk without difficulty and pain may attend a healing mission or miracle shrine and be so emotionally affected by the atmosphere of the place and the stories of the wonderful cures performed that he will leap to his feet in a frenzy and be hailed as a miraculous recovery. The fact is simply that under the stress of profound excitement he has tapped hidden reserves of energy which enable him temporarily to overcome his disability. By the next morning he will have relapsed into his former state and ask to have his crutches returned to him—a request, incidentally, which is usually refused by the "healers" since they need such trophies as "proofs" of their successes.

Not all faith cures, however, are accomplished with such dramatic suddenness. The late Sir William Osler, one of the great physicians of all time, tells of a patient who suffered from cancer of the stomach but who gained weight for many weeks after being visited by an optimistic consultant of the faith healer type. No doubt the renewed hope of recovery caused by the practitioner's optimism stimulated both the patient's appetite and powers of digestion for a time. Such a case would undoubtedly be claimed as a miracle by a faith healer who did not take the trouble to follow up his case to its ultimate end.

The third question to ask before accepting a cure as valid is: Would the patient have recovered anyway? Every doctor knows that there are certain diseases which are self-limited and from which the patient will recover regardless of whether anything is done for him or not. Dr. Howard W. Haggard, a leading physiologist, states in his book, *Devils, Drugs, and Doctors*, that "diseases may be divided into three classes: first, those which are entirely mental; second, those which are physical but tend to cure themselves; third, those which are physical but do not tend to cure themselves. Eighty to ninety per cent of all diseases belong to the first two classes. . . . The trained physician picks out from his patients the ten or twenty per cent for whom his treatment may be life-saving. Under the ministrations of a faith healer these patients would die. But even if they did, the faith healer's result would still be eighty or ninety per cent effective." The person who goes to a faith healer and then gets better seldom stops to think that he might have shown as much improvement if he had never seen the healer.

Moreover, there are many conditions in which so-called "spontaneous remissions" occur. That is, the symptoms suddenly disappear for no apparent reason, and the patient seems to be better for months or years, only to have the condition return in the end.

Thus, we see that we must be very careful about evaluating the claims made for so-called "cures." It is a common fallacy to assume that if a patient recovers after some particular experience, the recovery must have been due to that experience. This, of course, is not necessarily so. It would be just as logical to say that because a patient happened to recover from an illness just after the appearance of the full moon, the moon must have been responsible for the recovery.

The faith healers' claims that they have cured patients who have been "given up by doctors" should not be accepted without finding out the particulars of the case. Patients who claim to be "given up by the doctors" are usually highly neurotic individuals who make a practice of shopping from doctor to doctor, without giving any one of them an opportunity adequately to study and treat the problem. In most instances it is the patient who has given up the doctor rather than the doctor who has despaired of helping the patient. Such patients are *looking* for miracles, and it is not at all surprising that the pretentious claims and emotionally surcharged approach of the quack is more apt to affect them than the scientific approach of the physician.

There is no doubt that confidence in the doctor's ability to help is an important factor in favoring the patient's recovery from an illness. The relief from anxiety and the surcease from restlessness which such confidence affords gives a patient a better chance of recovering than if he were anxious, apprehensive, and restless. No physician questions the value of "faith" in the doctor as an aid to the patient's recovery, but such faith must be harnessed to knowledge, not to ignorance. Modern medicine utilizes insofar as it can effectively and legitimately do so the psychological mechanism of the faith cure, but it does not exaggerate the possibilities of this mechanism.

The futility and danger of any method of treatment which is not based on accurate diagnosis and scientific knowledge cannot be overemphasized. The danger in miracle cures and faith healing lies in the fact that many people who are suffering from serious diseases place their faith in these methods of healing and thereby neglect to secure

the scientific treatment that might save their lives. Only recently the newspapers carried stories of the death of a New Jersey boy whose parents refused to have him seen by a doctor during an attack of acute appendicitis. While the boy lay screaming in agony his parents prayed at his bedside, convinced that their faith would bring about a cure. By the time the neighbors, aroused by the screams, called the police and a doctor was obtained, the infection had already progressed to a point where cure was hopeless. Such instances could be multiplied many times, though of course many of the victims of such ignorance suffer from diseases which are just as fatal though not necessarily so sudden in climax or so painful as an inflamed and ruptured appendix.

Nowadays when we have such effective scientific weapons as early surgery for cancer or acute appendicitis, antitoxin for diphtheria, quinine for malaria, salvarsan for syphilis, delay is often a matter of life and death. Nevertheless, faith healers without any pretense to medical knowledge and without the ability to diagnose these conditions often undertake the grave responsibility of treating them—with disastrous consequences for the patient and the community.

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JERRY "THE INCORRIGIBLE"

(*Continued from page* 16)

that he wanted to tell Mr. Steele what his own troubles were, and the social worker replied, "You know what troubles some children have at home and in school. It need not be serious, but if they come in and talk these things over they often find that these difficulties are due to misunderstandings that can be straightened out."

Jerry, who had been thoughtfully looking at the floor, raised his head slowly and asked, "Do you mean that some of these kids play hookey?"

"Well, you see," Mr. Steele said, "all children at one time or another think of staying away from school. It certainly seems to be and often is more fun to be out playing than staying in school. Many children do play hookey, some more frequently than others. Some do it only once or a few times. But when a fellow does it often there must be some reason for it. It doesn't mean that the fellow is bad. There must be something bothering him, something that makes him unhappy, and he shows his dissatisfaction with himself and others by playing hookey."

When Mr. Steele asked when he could see him again Jerry said somewhat reluctantly that he would come back a few days later. The next day the social worker visited the home while Jerry was in school. The small and crowded apartment was on the top floor of a five-story tenement. The place itself was neat and clean. It had such little fineries as a limited pocket-book could afford, curtains, pictures, and a few pieces of living room furniture shut off in a separate room. The mother became more confidential and told Mr. Steele of other things that worried her very much, things that she had never told anyone before. Jerry played with his sexual parts, even before her and the children, and he had tried to force sexual attention on his brother and sister. She did not know where he could have learned such things. As he listened, the social worker thought of the crowded sleeping quarters, the lack of privacy, the lack of understanding on the parents' part of the natural unfolding of the normal child's natural sexual drives. How often in discussing the sexual interests of the child he had pointed out that the sexual interests of the child are not abnormal but that the way parents meet these expressions of the child often creates abnormal problems.

Mr. Steele's sympathetic interest led the mother to further confessions about her husband. He was so inconsiderate. He wanted to use her sexually, but he did not feel it necessary to be nice to her and say nice things to her. How then could she feel that way towards him? Often she refused him and he became angry and abused her. Perhaps the children heard these quarrels at night; the apartment was so small and at times one or the other of the boys slept in their room.

The social worker promised her that he would go to the school and try to straighten things out with the principal and the teacher. Here he made some progress. It was agreed that Jerry was merely acting in school as he did at home, and that if the adult in school were to act in a different manner from the adults at home, some change might be brought about. Suppose Jerry were made a monitor, suppose he was praised for the nice things he did and not criticized for his misbehaviors? Wouldn't Jerry feel that adults could be friends and would not that bring about some change in him?

Jerry's father was seen a few days later. He did not seem to be particularly concerned about Jerry except for the annoyance he caused. It seemed to Mr. Steele that it would be a difficult matter, at least for a time, to get the father to understand that he had an interest in the boy other than being satisfied or dissatisfied with his behavior. How was the worker to get the parents, the father in particular, to realize that Jerry was like a growing plant that had to be tended, that one did not issue orders to a growing plant and expect it to obey? Every child had problems; problems did not mean that there was anything wrong with the child. The way the parents handled the child and responded to its behavior determined whether the normal problems became abnormal ones.

Despite the unenthusiastic promises of the father, Mr. Steele hoped that he would be more patient with the boy, that he would spend more time with him and take an interest in his affairs, that he would take him to places of interest, and, in short, become his friend.

In school, Jerry soon lost his monitorship because of misbehavior. Instead of letting Jerry keep the monitorship and discussing his misbehavior with him, as Mr. Steele wanted her to do, the teacher took the easiest way out. The rush of work, the crowded class, made it impossible for her to handle such a delicate problem with patience.

Jerry's father had failed to keep his promise. He had no interest in the boy. One ray of hope remained, however. Perhaps the boy's experience at the camp to which the organization was planning to send him would help him out of his difficulties. Perhaps in a new environment, with new adults, with a regular program, with supervised activities, something might be awakened in Jerry which his present environment was not able to arouse.

(*To be continued*)

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The magazine HEALTH AND HYGIENE cuts through this gloomy fog of fraud like a fiery sword. That is its avowed purpose and its monthly function. Fraud must go! HEALTH AND HYGIENE and its very capable staff distinguishes monthly between those products and methods devised for profit and those made for genuine human use. Of course, that is the basis of the general fraud—the profit-getting of unscrupulous men and concerns, many of them wearing a traditional mantle of respectability. That is why tradition itself is often attacked by the editors of this magazine. In short, anything which militates against the health and welfare of the masses of people is the subject of attack by HEALTH AND HYGIENE.

This is a clever magazine, a useful monthly guide, a little lighted hill (without dramatic exaggeration) in a gloomy world. For these reasons may it continue to do its good useful work for years to come; and may you, gentle reader and friend, continue to give it your unstinted support.

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