

VITALITY

A MAGAZINE OF HEALTH

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Medicine in the Movies

By A. Budden, D. C., N. D.

Some time ago one of the largest of the moving picture production companies indicated that they were about to film a story, super-colossal, of course, which would forever end quackery in the healing arts.

The proposed film was to be entitled, "Your Life Is In Their Hands". Technical advisors were called in and in due course it was revealed that Dr. Maurice Fishbien, front man for the American Medical Association, would inspire and practically direct this opus.

The public was immediately aroused. It is said that thousands of letters, telegrams, and cables poured into the office of Warner Bros. protesting against the proposed venture. The elimination of quackery, it was agreed, needed to be done in the worst way. It seemed clear, however, that Dr. Fishbien was not the proper person to direct such a drive. After all, it was said, when one is deeply interested in selling one brand of healing, one may be open to suspicion in attempting to criticize and ridicule other brands. "Quackery" may also be any attempt to treat disease by means other than one's own. At least, it has too often been interpreted that way.

In the meantime, an able journalist, Mr. Cash Asher, at that time employed by the National Chiropractic Association, wrote and published a book which had by singular coincidence the same title as the proposed film. This was the last blow. It looked as if the super-colossal would have to fade out. The direct hostility of a large section of the public was all too apparent. It became decidedly not box office.

Nothing daunted, they soon introduced subtler and more effective methods. Movie fans gradually became aware of the steady infiltration of programs with medical subjects. Romance was used to obscure and distort some of the great moments in medical history, while heart-throbs and test tubes provided a motif for fictional narrative usually neither entertaining nor instructive.

The tropics were ransacked for locals upon which to project heroic adventures in the search for fabulous serums. Surgical theaters of astonishing proportions and streamlining, formed the focal point for such surgery as was never seen outside of Hollywood.

So great was the work of the entertainment mills along this line that one never knew what to expect next. The title of the films gave no clue to the story. One might find one's self, after

a long days work, attempting to relax to the bright-eyed heroics of God-like youths in search of Black Widow spiders, Rocky Mountain fever or Bubonic Plague, whereas one has been led to expect a good whodunit.

Presently this tide ebbed and we now seem to have entered the era of bare-faced commercial plugging. The writer, for instance, while dozing in his favorite movie house, was suddenly brought upstanding by a voice announcing, "There is only one remedy that will surely cure the double pneumonia this child has and that is Sulfanilamide!" It was the voice of the simple country doctor so frequently met with in movie dramas, baggy pants, untidy hair, briar pipe and all. He was holding the limp form of a child in his arms upon whose palid face he gazed with despairing eyes, for, like so many country doctors of filmdom, he had no sulfanilamide. Strange how forgetful these rural medics are.

So it appeared that the child must die and the audience be reduced to tears unless: 1. the hero donned a parka and snow shoes and mushed some hundreds of miles; 2. the bridge, which had at that very moment been washed out, was repaired; 3. the heroine was able to get in touch with her boy friends, a medical specialist who lived in New York. Anyway, it was sulfanilamides or death.

Now this is the nastiest kind of commercial plugging. Sulfanilamide is decidedly not the only remedy for pneumonia. Hydrotherapy, spinal adjustment, electro or light therapy, all have splendid results to their credit in the war against this disease. The drug is, in fact, one of the most dangerous of all the modalities at the service of the modern doctor, urban or rural; highly toxic, it may, itself, prove to be the agent of death.

The reader will recall many other such incidents. Every day throughout this broad land similar messages are being flung from off the silver screen. Sulfanilamide and aspirin, aspirin and sulfanilamide is the burden of this refrain of commercialism run rampant.

Mr. Hays is, no doubt, unaware of this, but the public is beginning to sense it. The direct attempt to destroy other systems of healing, which seem to have been contemplated in the film, "Your Life Is In Their Hands" was thwarted by public pressure. This latest attempt to automatically condition the mind of the movie goers to demand dangerous drugs can also be halted. Competent medical

authorities, speaking through the official journal of the American Medical Association, are also alarmed. They say, "Patients, because of their lack of appreciation of the possible toxic manifestations of this group of drugs, demand that the drug be administered to them."

The propaganda is already working. It should be stopped. Either those responsible for such tricks of salesmanship should be compelled to state that a certain film is being used for the purpose of boosting the sale of drugs, or the blatant advertising of remedies often approaching the status of nostrums should be suppressed. Better get to work on this and drop a line of protest to the producer who thus offends the canons of good taste. The theater is for amusement—it must not be permitted to become a drug salesman's rostrum.

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Diet and Health

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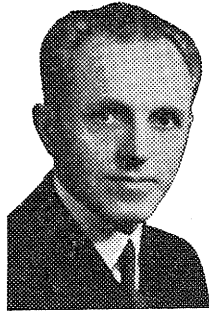
The last twenty years of research in the field of nutrition, particularly Vitamin research, has brought about a revolution in the diet treatment of human ailments. Diseases formerly beyond medical aid are now amendable to successful treatment with the addition to the diet of the proper amount and variety of Vitamins and organic minerals. No one should despair of relief and possible cure until they have given Vitamin and Mineral therapy and other nutritional requirements a thorough trial. Many amazing cures have been made with the help of a truly complete diet.

What are Vitamins? They are organic food substances which are absolutely essential in human nutrition. No one can live in health or recuperate from disease without at least a minimum of Vitamins in the diet. The amount of Vitamins in foods and the amounts used in the body are small indeed yet they are vitally necessary; without them body functioning becomes impossible.

The name "Vitamin" was given to these biologic food substances in 1912 by Dr. Casimir Funk, Sc. D., Ph. D. Since that time dozen of the ablest scientists in the world's best equipped laboratories have carried on tens of thousands of experiments to determine the role that Vitamins play in human and animal nutrition. So we now have before us a new world in which better health is possible, in which resistance to disease can be increased to a remarkable degree and in which the average person will have a far better chance for a long and happy life.

Dr. Funk speaks of "Bouyant Health," as being different from ordinary health and this difference depends on Vitamin intake. Those of us who understand how and where to secure foods rich in Vitamins and who know how to prepare and use these foods are in a position to enjoy "Bouyant Health," rather than ordinary health. Low states of health and constant weakness are closely related to Vitamin and, or mineral deficiency.

Millions have repeated the ancient adage, "Knowledge is Power". How true this is when one considers that a knowledge of modern nutrition can give one "Bouyant Health" instead of ordinary health, or ill health. Surely such knowledge is priceless to each individual. Have you any Vitamin or mineral deficiency? I wonder! Better take an interest in the health and life giving science of nutrition. It will pay big dividends in vibrant



health and freedom from disease.

The average citizen and very many physicians still contend that an ordinary diet provides all of the nourishment necessary for good health. Such is not the case. In fact such a contention is far from the truth. The ordinary diet is deficient in many respects. Nutritional deficiency is widespread throughout the nation. Such an opinion will not help one in case they suffer from Vitamin or mineral food factors. Nature cares nothing at all for erroneous opinion. Nature's laws are always rigidly enforced.

A minimum intake of Vitamins simply prevents certain pronounced dietary diseases, but does not produce good health and leaves one far short of the goal of "Bouyant Health." So often we hear of "protective foods", which are no more or less than foods containing sufficient Vitamins and minerals for complete nutrition. Protective foods protect us from many illnesses and often grave diseases. One should keep in mind that no form of treatment, or drug, or operation however valuable in other respects, can overcome an illness due to nutritional deficiency; only a corrected diet can do this. Without question, advanced methods of treatment such as we moderns enjoy are of incalculable value and all of us should avail ourselves of them in time of need, yet we should not neglect the ever present need for the vital food factors which construct and maintain the body.

Many foods of today are grown on starved soil. Starved foods from starved soil will starve the person who depends on them for strength. Figuratively speak-

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DIET AND HEALTH

(Continued from Page 3)

ing, plants are anemic and weak when denied proper soil food. Soil controls have definitely proven that healthy or sick vegetable life can be produced at will. If you are eating starved foods from starved soils, then you must look to your food intake and make such correction as is necessary to assure you of complete nutrition. You may need to eat more in quantity in order to assure your body of adequate amounts of the protective elements. Or, you may need to select more carefully so that protective foods will predominate in the diet. Some future time will provide us with a government control of soil nutrition so that starved foods will not be available to starve the citizens.

The president of one of our greatest universities was of the opinion that any nation which would take health as its ultimate goal would become the most powerful nation in all history, provided of course that political and commercial interests were forbidden any form of interference. Well I can imagine the health resulting from such a program but am absolutely unable to visualize the absence of politicians and greedy commercial interests. There is no use in waiting for this suggested "Health Utopia", just plunge into the health program all by yourself and reap the benefits that are sure to be yours.

Within the week, Finland has asked for large supplies of Vitamin tablets. Finnish authorities know that starvation proceeds in Finland from Vitamin deficiency. It is known that the German government feeds its hard driven men with Vitamin concentrates in order that each man may stand up under the terrific strain of the modern attack system. Long ago the Japanese government was forced to change the diet of its men in the army and navy to prevent widespread disease. Good control was established with a diet higher in protective foods. Are you getting the protective food factors you need? After all you are a soldier in the civil army and you need good health just as much as does the soldier in the regular armed forces.

Science finds that a minimum amount of Vitamins and minerals are required in the diet, the amount depending on age, weight, work, rate of metabolism and many other factors. The purpose of this series of articles will be to help you to recognize Vitamin and mineral deficiency symptoms as well to select and prepare foods for overcoming these symptoms. Many of the lack, or minus symptoms are quite pronounced, others are less apparent and not so easily recognized, except by one who has had considerable experience and education in this

new science of biochemistry.

Is it necessary to take Vitamin and mineral concentrates? The answer to this depends on the extent of the nutritional deficiency and the urgency of the case, and often it depends on whether the patient has funds with which to purchase the concentrates. The use of concentrates is unquestionably justified in a great many instances especially when the individual concerned does not put forth the effort to secure natural foods rich in Vitamins and minerals, or neglects the proper preparation of the foods.

Many persons due to constitutional weakness, or prolonged illness simply lack the ability to assimilate the needed food factors even when adequate food is provided. In such cases, preparation of the food becomes exceedingly important in health building. Of late years the water part of food has been extracted by machines and used for drinking purposes with moderately good results. However the water part of vegetables lacks some of the most important food elements, which can be found only in the pulp and fibre of the food. Obviously if one is to obtain all of the Vitamins and minerals, the pulp and fibre should also be liquefied in order than all of the Vitamins and minerals will be released for assimilation and the finely divided cellulose retained as a form of non-irritating bulk for promoting natural bowel action. Maximum benefits can be obtained from using foods as Nature made them.

Foods that have been completely liquefied can be taken in the raw state in most instances and yield a large amount of the protective elements than would the same food in a cooked form. We have little trouble in persuading folks to eat cooked foods, in fact most of us eat too generously of cooked foods, therefor, it is indeed important that raw foods be

made as a palatable as possible, and they can be made even more tasty and of better flavor than cooked food with the proper equipment and skill. From time to time I will offer suggestions in future articles on food combinations and their preparation.

All of us need complete and well balanced nutrition. Many of us need special diets. Often we should make changes in the diet according to the knowledge provided by nutrition science, then we will be assured of better health and greater resistance to disease as well as a long and happy life. And now the question arises as to the relation of diet to beauty. Well beauty is the result of health and health in a great measure the result of eating. We are made of what we eat. We can make health, or beauty, or strength. We can and should become our own "Health Engineer." So here's to your health.

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An American Malady

By J. W. Nobel

Sufferers from this distressing complaint, more commonly known as piles—and all too many doctors—frequently regard the trouble as entirely local; and therefore apply purely local remedies which may range anywhere from ointments, to injections, to surgery. Not that some of these local measures are not sometimes very helpful, but that the assumption that piles are a purely local phenomenon is a sadly mistaken one. Let's put it another way—hemorrhoids are a localized symptom (effect) of the fact that the body as a whole is not being properly cared for, or that there is something wrong elsewhere. In other words, piles do not cause themselves; they are the result of antecedent causes. And, since their prevention and their correction both depend upon removing their causes, it is not only wise but necessary that we first consider what some of their causes may be. And this, in turn, requires that we know at least something of what a pile really is.

Piles are swellings, distentions, tumors of the veins in the anus—a good deal like the kindred engorgements of the veins in the legs known as varicose veins. Perhaps we might say that hemorrhoids are varicosities of the hemorrhoidal vein and its contributing venules. If they be situated outside of the anal sphincter ("puckering string"), they are known as **external** hemorrhoids. But if they are beyond the sphincter and within the anal orifice, they are known as **internal** hemorrhoids. Either type may bleed—even to the production of anemia; either type may be very painful; either type may contain relatively hard masses of clotted blood.

The causes of piles are various. They may be caused by too much sitting, or too prolonged standing, by too heavy straining, (either in lifting or at stool), by prostrate trouble in men and womb trouble in women, and by constipation, dietary imbalance and other general debilitating conditions in both. Dietary factors are: lack of the essential vitamins and minerals, lack of sufficient non-irritating bulk in the foods, and too much protein (especially meats). The general debilitating influences might well include excessive nervous strain, focal infections, and, in some cases, the general infections, particularly where the victim of the general acute infection tries to get up and pursue his usual activities before he has regained his normal strength and vitality. Alcoholism and tobaccoism are also claimed by some authorities to be frequent causative fac-

tors.

Constipation is one of the most frequent causes—and results—of hemorrhoids. Not only do the same dietary and other factors which cause constipation also tend to produce piles, but the accumulation and pressure of fecal (waste) residues in the rectum tend to block the return flow of the venous blood and so cause congestion, and, eventually, varicosities in the hemorrhoidal veins. And the presence of piles, with the pain they cause upon or after bowel movement, does, in turn, tend to cause constipation by causing the patient to put off moving the bowels as long as possible. A typical case of the "vicious circle."

The prevention of hemorrhoids is, then, largely a matter of looking after the health of the body as a whole. Avoid, if you can, prolonged standing, strenuous lifting and correctible constipation, and (if you are a male) prostrate trouble, and (if you are a female) correctible womb trouble. I say "correctible" because—in most instances—constipation can be corrected, prostatic trouble can be corrected, and womb trouble can be corrected by natural methods about which your drugless physician is competent to advise you if you need help. (Note:—pregnancy is a special condition in which the advice and help of a competent drugless obstetrician may be of the greatest importance to the expectant mother.)

The proper treatment of already existing hemorrhoids is a matter about which I shall have more to say in subsequent articles. Here, I wish to point out only that piles tend to appear and worsen as general ill-health appears and worsens, and to disappear as general health improves and becomes normal. And to emphasize that, once hemorrhoids have come, their successful elimination depends upon the wise administration of both local and general (or constitutional) methods. Later, I shall have more to say about local treatment, that is, treatment directed purely to the piles themselves. But here, I want to say a little bit about constitutional remedies, about the remedying of those other conditions, already alluded to, which might be called contributory factors. And I want to discuss a thing or two that—whether he consults a doctor or not—depend upon the victim.

Avoid sitting too much, standing too long or lifting too much; if you must sit or stand a lot, balance it up by walking a lot and lying down whenever opportunity permits you to stretch out,

especially if you can elevate the legs and hips to a greater height than the chest and head. This gives gravity a chance to drain the congestion out of the anal veins and, hence, the piles. Avoid constipation, not by taking laxatives, physics or purgatives, or even mineral oils which may themselves be very harmful; not by frequent enemas; but by eating plenty of fruits and vegetables, by drinking fruit or vegetable juices and plenty of water, and by such other procedures as your drugless physician may suggest. Be sure, also, that you eat enough of the foods that are sufficiently rich in the necessary vitamins and minerals, both to prevent constipation and to keep the blood vessels healthy. For the blood vessels, like the intestines and all the other tissues of the body, are dependent upon adequate nutrition, and the greatest nutritional deficiencies, as has been amply demonstrated, are likely to be precisely deficiencies in the vitamin and mineral intake. (People of any means at all are not likely to lack carbohydrates, fats or proteins—in fact they are likely to eat a super-abundance of them—but they frequently do not get a sufficient amount of the indispensable mineral salts and vitamins.) If you are a woman and have female trouble, get it corrected. If you are a man and have prostatic trouble, have it looked after. And in either case, before you resort to unnecessary drugs or mutilating surgery, consult a competent drugless physician. And do not—under any circumstances do not—neglect focal infections, whether of the sinuses, the tonsils, the teeth, the gall-bladder, the appendix, the sex organs, the bowel, or the rectum itself. In short, do not neglect any condition that may be undermining your general health.

These conditions having been attended to, it is then time to institute purely local treatment, if necessary. And what this local treatment should be I shall, from time to time, try to state in succeeding issues of VITALITY in the light of my own—and I mean to say this in all due modesty—professional experience in the handling of this all-too-common ailment.

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Is It All In Your Head?

The question is not a facetious one. It has no reference to the "imaginary" ailments—about which I shall have more to say from time to time. Neither does it hint at emotional maladjustment, mental disease, brain disease, "lame brain", "wrong thinking" (whatever that may mean), ignorance and the bad health habits that flow from it, or even malingering—at least not for the purpose of this article. Here, it has to do only with such simple physical—not to say material—considerations as how your head can poison you, including your head itself, by its harboring of focal infections.

Now focal infection means merely an infection that is focused, focalized or localized in a relatively small spot like the root of a tooth, the tonsils or the sinuses rather than in a larger area as in tuberculosis of the lungs, or in the body as a whole, as in scarlet fever. Focal infections of the head seldom cause death directly; they frequently cause no local pains; and they sometimes exist over comparatively long periods of time without any apparent serious harm to the body—or mind. (I add "mind" because it has been found in some of the country's best institutions for nervous and mental diseases that a certain percentage of their inmates have been returned to normal life following the elimination of focal infections.) On the other hand, such focal infections frequently do cause a considerable range and variety of other ailments—some of them merely painful, like neuritis; others crippling, like arthritis; and some of them life-taking, or life-shortening, like heart disease.

Focal infections produce their painful, crippling or lethal effects in either or both of two ways. The invading organisms, the germs, themselves may break through into the circulating fluids (blood and lymph) and find lodgement, set up housekeeping and raise astronomically numerous families which live on and destroy essential tissues in heart, kidneys or joints. Or, the toxins (poisons) manufactured by these germs may find their way through the blood and lymph to nerves, muscles and other tissues in which they set up painful, crippling or destructive inflammations.

Obviously, the sooner these focal infections are discovered and eliminated, the better. The means used must naturally vary with the locus of the infections:—infected teeth may have to be extracted; but you can't extract a sinus; and it is not always necessary to remove the tonsils. In any case, you pretty near-

ly have to rely upon the competence and honesty of the dentist or doctor you go to. And this means that you had better go to the best that you can find; you really can't afford less. For here, as in all other situations requiring the services of a dentist or a doctor, anything less than good is not only bad economy but worse hygiene. How often do we find some "poor devil" suffering the torments of the damned because of faulty extractions or bad surgery of the sinuses or tonsils! Residual infections that a competent man would have obviated—and what a toll they take!

But suppose we leave dental infections to the dentist and the oral surgeon in whose field they properly belong, and see what can be done about the other focal infections of the head—and throat, if you like to think of the tonsils as being in the throat rather than the head.

Fortunately, here, as in so many other branches of the art of healing, science has been giving us some vastly improved methods of treatment. For instance, many of the best nose and throat specialists rarely operate on the sinuses now, except as a last resort, because they have found more effective and less destructive and expensive ways of eradicating sinus infections in most cases. Consider the high percentage of sinus cases now cleared up by such non-mutilating procedures as irrigation, hypotency vitamin feeding, and the competent administration of the various electrical modalities, in which fields the writer—if he may say so without being immodest—has been something of a pioneer. True, we still have occasional sinus cases that, usually because proper

treatment has not been instituted early enough, have to be operated upon; but their number is rapidly dwindling; and they may soon become, as a result of earlier diagnosis and earlier and better treatment, almost as rare as the proverbial "hen's teeth". It is a matter of pride with the drugless professions that they have consistently led the way in this field. And it is gratifying evidence of the laity's appreciation that more and more of those who know of the agony, expense and frequently unsatisfactory results of the older methods are seeking out those doctors skilled in the newer ones.

In the case of infected tonsils it is often possible, as I have already indicated, to eliminate the infection without removal of the tonsils. This is, for reasons which we shall try to discuss in

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IS IT ALL IN YOUR HEAD?

(Continued from Page 6)

a subsequent article, especially desirable in the case of children. But in those cases—and they are alas! all too numerous and all too frequently unsuspected—where the tonsils should be removed, it is no longer necessary to run the risks of surgery, such as hemorrhage, anesthetic pneumonia or lung abscess, with its attendant expense, its frequently required hospitalization, its interruption of one's regular activities, and the resultant loss of income. For there is an alternative, and, in the minds of many doctors and many patients, a newer and better way—the electrical way, called "electrocoagulation".

Having employed electrocoagulation for about fourteen years in my own practice, and having removed hundreds of tonsils without a single fatality, I should perhaps have some qualification for speaking rather positively about the procedure and its superiority over other forms of tonsillectomy. The procedure itself is, in the hands of a skilled operator, very simple. What happens is that you sit in a comfortable chair; enough local anesthetic is swabbed on to numb the tonsil; an electrical instrument is inserted into the tonsil; the current is turned on for two or three seconds, thus coagulating the tissue much as the white of an egg is coagulated in hot water. The instrument is then withdrawn and reinserted in another spot, as many insertions being made as consistent with the comfort of the patient. There has, in most cases, been little or no discomfort, and no bleeding. The patient then goes on about his business as though nothing had happened, though there will sometimes be a little after-soreness. Only rarely is this soreness enough to interfere with eating, sleeping or any other normal activity. Meanwhile, the other tonsil is similarly treated in five days or a week; and then the treatments are alternated from one tonsil to the other about every seven days, so that in the course of from four to six treatments on each side the tonsils are completely and cleanly removed; and the patient will have suffered no interference with his regular pursuits or pleasures. But so nice a result does require a skilled and conscientious operator, one who knows both his technique and the anatomy of the tonsils and who will be careful and thorough.

As for safety, it is easy to see that, granting that the operation is done as it should be, there is practically no danger whatever. And, in addition, there is the very rapid recovery, experienced by the vast preponderance of patients whose systemic ailments (like neuritis, arthritis,

iritis and a number of other troubles) are due to their tonsillar infection. As you doubtless know, it sometimes takes from six weeks to six months, or even longer, to recover from such illnesses after the old-fashioned tonsillectomy. But under the coagulation method, as most patients who have had it done can testify, there is sometimes an almost instant relief from such distressing systemic ailments. This is thought by many, including the writer, to be due to the creation, by the same electrical heat which destroys the tonsil, of an autogenous vaccine, which, upon being absorbed by the blood and lymph, begins immediately to counteract the poisons and undo their harmful systemic effects.

Considering its bloodlessness, its painlessness, its safety, its quick result and all of its many other advantages to the patient, it is no wonder that informed people, especially those of considerable responsibility, are turning in ever-increasing numbers to this vastly superior method of removing infected tonsils.

A QUESTION AND ANSWER COLUMN

It is one of the functions of a health magazine to arouse questions in the minds of its readers and then to answer them informatively when asked. VITALITY hopes to fulfill this function in an efficient and satisfactory manner because it has, besides its editorial board of specialists in their different fields, the

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privilege of drawing upon not yet represented on the editorial board. On top of that, this magazine can always refer its especially knotty problems to the staff of the Western States College, or to its associated Clinic, or to the Health Research Foundation.

The reader is therefore invited to submit any health question which may be perplexing him, with the understanding that:—first, his identity will in no case be revealed; second, his questions will be referred to the particular specialist or specialists most competent to answer them; third, questions of general interest will be answered in VITALITY'S "Questions and Answers Department"; fourth, questions of a specifically personal nature will be answered by direct personal letter; and fifth, in no case will the asking or answering of questions put the inquirer under any financial obligation, except that those asking questions requiring a direct personal letter in reply should enclose a stamped, self-addressed envelope.

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Why a People's Health Magazine

In presenting this first issue of VITALITY we feel that the reader has a right to know not only its aims and purposes but at least something about the reasons for its publication—as well as the character of the persons behind it. Actually, of course, all of these factors are interrelated. For worthwhile magazines do not come into existence without good reason; they do have definite aims and purposes; and both the reason for their existence and their aims and purposes are definitely related to the characters of those who publish them.

Perhaps the inside facts behind the launching of VITALITY can best be given by relating, in condensed form, a recent discussion had by the men who are now its editorial board with the head of a successful business, whose experience—typical of that of many another person—inspired him to make the following remarks.

You drugless doctors are neglecting your plain duty to the public at two very important points. One is that at large how to keep well. Sure! I know you are telling your individual patients. And what you are telling them is very excellent—as I have ample reason to know, both from personal experience and from investigation. But that is not enough. Your duty is far greater than that. You owe it—and I mean you do owe it—to all the people to make your health knowledge accessible, not only to your patients, but even to those who may never seek the services of a drugless doctor. But instead, you have left this job almost wholly in the hands of your medical competitors.

Your second default is that you are not letting the public at large know how successfully they can be treated by drugless methods when they are sick. To be sure, some of you do advertise; and, to the extent that your advertising does tell honestly what drugless methods can

do—that is well and good. But this again is not enough. For it is primarily personal advertising and must therefore, if it is to pay its way, emphasize what the doctor who pays the bills can do rather than what drugless methods can do. You can't blame the advertising doctor for that; he couldn't do otherwise; and, besides, fair and honest advertising does help all of you. It was particularly helpful in introducing your work to the people when your methods were in their developmental stage. But now that your work has been so highly perfected and standardized, you must go farther.

You must develop writers who can write acceptably for the newspapers and magazines. True, a few magazines do carry articles by drugless writers. But there ought to be many more. And so far as newspapers are concerned, I know of but one metropolitan daily—The Los Angeles Times—which regularly publishes the articles of a drugless doctor. Dr. Lovell's column in that paper must have done a tremendous amount of good not, only for its lay readers, but for drugless therapy and drugless doctors wherever the paper is read. More newspapers will run more articles by drugless doctors when you can prove that you have drugless doctors who can write acceptably. And your present best way to prove that is to establish a magazine of your own that can stand fair comparison with the best popular organs put out by your medical competitors.

Anyway, you need an educational organ of your own. You would still need it even if your writers had access to all of the newspapers and magazines. And the public needs it and will welcome it. If you doubt that, just start one—and make it so good that every drugless doctor will want his patients to read it and every patient will want to tell other people about it—and then see what happens! But you must—and never forget this—always put the public interest, the public welfare, first. If you do that, you won't need to worry about the welfare of your profession. For, if the people at large once come to understand the virtues of drugless therapy, your welfare as a profession and as individual members of that profession will be assured.

I stress the right of the people to know what drugless methods can do for them, because I know from bitter personal experience just what it can cost the layman to remain ignorant of what natural methods can do for him. Just think of the time, money and agony that I could have saved—and there must be multitudes of others like me—if I had known! Born with the help of a "regular", treated throughout childhood by the "regulars", I never thought to seek help from any but a "regular". Consequently, when, as an adult, I suffered from a persistent and distressing malady, it never occurred to me that my failure to get well might be due to any fault of the "regular" system. It was simply that I hadn't found the right doctor. And so, in my ignorance and prejudice, I stumbled, quite literally from one "regular" to another. Until, finally, I permitted a friend to take me to his drugless doctor.

Of course the fellow got me well, and taught me how to help myself stay well. More than that, he cured me of my prejudice. You see, I thought he was a wizard, certainly an exception among drugless doctors—and I still think he is pretty darn good. But he assured me that, because the scientific knowledge which had enabled him to help me was now pretty well standardized and therefore the common possession of all of the better drugless physicians, I could have gotten equally good results from any of a number of other drugless doctors. He then explained that drugless doctors had by law to pass the same examination in the "basic sciences" of anatomy, physiology, pathology, chemistry and hygiene and sanitation as did physicians and surgeons. And beyond that, he assured me, the drugless professions themselves, ably assisted by Dr. Budden of the Western States College, had repeatedly

sought the enactment of laws raising the standards required of drugless physicians in their curative sciences and therapeutic techniques. He also informed me that the Western States College had gone still further and actually required its graduates to take months more of training than the law demanded; and that, on top of all this, the College frequently put on post-graduate courses to enable those already in practice to keep abreast of the rapid developments in the various sciences necessary to the art of drugless healing.

Most people do not know these facts. They ought to know them. It is your duty to tell them.

And so—well, here's VITALITY!

Democracy in Action

By the time you read this, one of democracy's most cherished—and potentially most effective—instrumentalities, the legislative assembly, will be in operation in many different states. Passing new laws, modifying some existing laws and repealing others, these legislative bodies will, in any event, be subject to the usual amount of criticism—hostile and otherwise—which Americans justifiably regard as one of their basic rights under their representative form of government. It might therefore be a wholesome exercise of both our democratic rights and our democratic duties to give a little thought about how to make this particular instrument of democracy function most satisfactorily. For the fault is ours if we don't.

Our first necessity is to realize that our legislators—whether Senators or Representatives—are representatives, both in the sense that we have delegated to them the authority to act in our behalf for the duration of the legislative session and in the sense that, springing from the various walks of life followed by the rest of us, they are representative of the rest of us. This is to say that, as farmer, worker, lawyer, doctor or what-not else, your legislator—at least up until the time of his election—is animated by the same motives, guided by the same circumstances and played upon by the same forces as others from his particular walk of life. He is in most instances neither more selfish nor more unselfish, more honest nor more dishonest, more intelligent nor more ignorant, more prejudiced nor less so than the average person of that group from which he sprang. How he behaves after election depends a good deal, as it would for most of us, upon what pressures and influences he is subjected to; and also upon those purposes which impelled him to seek office in the first place.

As to the motives that prompt men to run for the legislature, long experience has led me to believe that, notwithstanding an occasional sorry example to the contrary, the vast majority of these men are not animated primarily by the purely selfish motive of illicit financial gain. In other words, to say that, because some legislators have been bribe-takers, therefore all legislators can be both as absurd and unfair as

it is ridiculous and romantic to say that, because some legislators have dark eyes, wavy hair and resonant voices, therefore all legislators must be similarly endowed. It is the type of "basket-thinking" which leads to so much silly confusion, and so often frustrates the effective functioning of democratic government. For, obviously, democratic government does require for its most fruitful operation not only a clear understanding of issues but a realistic appraisal of men.

The simple truth is that when, in America, men seek a public office they are, in addition to their other motives activated by two fundamental desires. One is: to serve to the best of their ability that particular social or economic group they represent and whose necessities they feel they understand. The other, and perhaps more important, is: to serve to the best of their ability the interests of the people as a whole. That these two interests may sometimes conflict is obvious; that legislators may be animated by additional motives is also apparent; but to argue that these motives all simmer down to monetary gain and that all legislators are therefore corrupt is to contend that we ourselves, if elected to office, should also be corrupt, and to sustain Hitler and Mussolini in one of their most caustic and sweeping indictments of democracy. The plain fact is that legislators are more often influenced by personal friendship for the proponents or opponents of a given measure, guided by misinformation, incomplete information or no information at all about the actual effects of proposed legislation, activated by ambition for a continuing and enlarging political career, motivated by the wish for personal political advertising and self-aggrandizement, or animated, inspired or impelled by a score of other aspirations than the desire for direct financial emoluments.

As to the pressures and influences that legislators are subjected to, they are inevitable under political democracy. Indeed it would not be political democracy without them. Government by the will of the majority with full protection of the equal rights of minorities would be meaningless if minorities did not have the right to appear before those to whom had been delegated the temporary authority to make and unmake laws for the common governance, and to protest the passage of laws which might infringe their rights, and urge the enactment of laws to safeguard and, consistently with the equal rights of others, extend them. Individuals and groups, representing minorities, must, therefore and do seek to influence legislators to vote in the interests of their particular minorities. If it sometimes happens that such groups use questionable or reprehensible forms of pressure; if it sometimes happens that they have selfish interests to further or special privileges to gain; if it sometimes happens that legislators, because of the lack of adequate counter-pressure or for any other reason, yield to such groups—these things do not deny or

refute the essential rightness of the democratic principle. The correction of these evils is ultimately within the power of the people themselves. And one of the best preventives to the passage of special privilege laws in behalf of any particular group is that other groups whose common rights might be jeopardized shall petition the legislators, protesting the passage of such laws. And the obvious meaning of this is that the voters must not dismiss their interest in law-making with the casting of their ballots for their law-makers. They must follow through and not only keep informed on what the legislature is doing but inform it as to what they want it to do. Perhaps a large order for a people that has been in the habit of electing its representatives and then trusting them to fulfill its wishes without further effort to keep its wishes alive in their minds.

But it must be done if democracy is to serve its high purposes. Unless we, the people, are willing thus to look out for our own rights, we have little justification for squawking when others, more alert to their own interests, attempt to gain special privilege, and then express our dissatisfaction by charges of bribery and corruption.

Now I do not mean to say that groups seeking special privilege never offer cash bribes, or that no legislator ever took one. But for the last quarter century I have attended practically every session of the legislature, appearing before committees and working with many individual legislators in the attempt to see that no laws were passed abridging or abolishing medical freedom—the right of the individual to employ the physician of his choice from whatever school of healing that physician might come, and the corollary right of all the different schools of healing to exist. And I can recall but one instance in which a legislator cold-bloodedly asked cash for his vote, and but few others in which it was even insinuated that a bribe might be acceptable. Most legislators I have known would have been bitterly indignant if offered a bribe.

What, in my experience, most effectively moves the great majority of legislators is the conviction that what they are asked to do sustains or furthers the common welfare or does not conflict with it. This conviction is best fostered by two procedures. One is for those who are either proposing or protesting the passage of a law to show by clear, honest and reasonable explanation that their cause is just and fair. The other is for those who are most directly interested to show that their cause has the approval of the voters at large by inducing as many others as possible to express their approbation by wire, by letter or by personal contact with the legislators from their own districts. If these are also forms of pressure, they are at least legitimate—and often effective—forms in this democracy of ours.

One example—and I use it because, having been

a personal experience, it is still vivid in my mind—must serve to illustrate. During the 1927 session, certain medical politicians (to be carefully contradistinguished from the rank and file of that profession, who, I have always thought, did not approve) introduced a bill designed to give the medical profession a virtual monopoly on the art of healing by legally exterminating Chiropractors, Naturopaths and Optometrists, and even Christian Scientists, and so making it impossible for the people to go to any but a medical doctor or a surgeon. A particularly bitter struggle ensued in which we of the non-medical professions not only defended our own rights to professional existence but the rights of the people to medical freedom. Not only did we ourselves expose to the legislators the special privilege and monopolistic nature of the bill and its essential denial of the right of the people to employ the physicians of their own choice, but we enlisted the active support of vast numbers of freedom-loving citizens of the state in defense of their own rights.

The results were a complete vindication of what has been said above. For not only did the legislators so modify the proposed medical act as to render it innocuous to both the non-medical professions and the people, but they granted desirable amendments to the Chiropractic and Optometric laws and gave the Naturopaths an entirely new, and very liberal, law. Whereupon the medical lobbyists began alleging that the non-medical professions had corrupted the legislators with “pots of gold”; whereas the simple truth was that our available funds could have been more accurately measured by the thimbleful and were spent, not on bribing—or even attempting to bribe—legislators, but for long-distance calls, telegrams and other means of arousing the people to the peril to their cherished medical freedom. And, while we are at it, three other facts should in all fairness be recorded:—first, that a number of legislators who never employed any but a medical doctor voted against medical monopoly because they felt that other people had a right to employ non-medical doctors if they wished, and so, such other doctors had a right to be here to answer the call; second, that some of the most outstanding medical doctors and surgeons urged the legislature not to pass the monopolistic bill; and, third, that the Christian Scientists, having already (thru their very able representative, the late Theodore Burkhardt) secured their own exemption from the harsh provisions of the proposed bill, continued their fight to have its unfair and monopolistic features deleted. Mr. Burkhardt's argument was a classical example of genuine Americanism at its very best. Said he, in response to a question about how the by-then-amended bill suited him and his followers:—“Well—we Christian Scientists aim to be good Americans; and we don't ask any privilege for ourselves that we do not ask equally for others; we therefore ask that you so modify this measure as to insure both the rights of

other schools of healing and the freedom of the people."

These cogitations and reminiscences are now presented not merely because the medical lobbyists (again as contradistinguished from the medical profession) will soon, possibly by the time you read this, be pestering the legislators to pass laws favoring the school of healing they profess to represent and crippling if not exterminating competing schools; not merely because the non-medical professions may, therefore, need your help to protect their existence and your rights; but also because such thoughts and recollections may indicate to the reader how democracy may be made to work, and inspire him to see that it does work—in every field. It is a sound example of how a particular minority in fighting for its own rights also fights for the rights of the people, and thereby earns the support of the people. And it also

illustrates how another minority in fighting only for its own **special privilege** challenges the rights of the rights of the people and incurs their hostility.

Now, we should be concluding on a false note if we left the impression that every legislator was either ignorant of, or indifferent to, the general welfare, and could only act in the common interests when pressed and prodded so to do. For the plain fact is that, quite to the contrary, many legislators are fully as alert to the general interest as the average voter—if not more so—and just as anxious to serve it. Personal experience is again pertinent:—I remember no single session of the legislature in which, as has already been acknowledged, a certain percentage of legislators, who, themselves, never employed any but a medical or surgical doctor, failed to vote for the right of others to employ other kinds of doctors—or, in short, failed to vote for medical freedom.

Why Fear the Menopause?

The word menopause is derived from the Greek words: men—month, and pausis—cessation. It means the permanent cessation of the menses or monthly periods. The more common term is "change of life". The term menopause is really used in two senses. It is applied in reference to the complete cessation of the menses, and is also used to designate the time covering the complete change of life, any where from a few months to three or more years. Race, climate, mode of living and a number of other influences undoubtedly have some bearing on the time of the menopause. But among healthy women of the white race, who lead a normal sexual life and who have borne children, the vast majority pass through this change during their forties. Girls who start to menstruate from eleven to thirteen are apt to continue until past fifty while those who begin at fourteen or fifteen or even later are apt to go into the menopause in the late thirties or early forties. Menopause cases have been reported as early as thirty and as late as sixty years but women who have enjoyed a reasonable degree of health are justified in anticipating the onset of the change anywhere from forty-two to fifty-five years. Certain elements of individuality may exert considerable control in this as in many other phases of life. There is no positive rule to indicate how heavy every human being should be in relation to height; no definite pulsations per minute for all hearts and no certain point of blood pressure that can be considered normal for everybody. We conform in the main to certain general laws, but

are far from being standardized to any general pattern.

The menopause looms before many women as a prolonged nightmare. They look forward to this even with fear and apprehension, considering it a crisis in their lives that will involve dreaded nights and days as well, that may drag over a number of years.

Numerous women however, whom we have known, went through the change without difficulty. There were really no disturbing symptoms. Some irregularity in the intervals of the menses, or in the quantity or quality of the blood lost, was the first suggestion of the approaching menopause. Just a gradual slowing up of the menstrual flow over a period of a few months until it finally stopped. That undoubtedly is Nature's way.

These women had lived in a reasonably normal way and were enjoying good health in both body and mind. The menopause is merely a readjustment of a woman's body from the years of fertility to a stage of infertility. There is a moderate change in the circulation and a gradual decrease in the size of the organs concerned with childbirth. Hence a stopping in the monthly loss of blood.

In ill health or disease many things can happen, too many to enumerate them all here. Women who have not enjoyed good health and who have never trained become hysterical and imagine themselves in tremendous difficulty. Neurotic women suffer most of all, often becoming flighty, with the emotions running riot, extremely irritable and weep easily.

Probably the most classic symptom is flushes of the face or body and heat flashes. The face or part of the body, or perhaps the entire body becomes red and hot and soon a partial or general perspiration breaks out which may be followed by a chilliness. These flushes may vary greatly in frequency as well as duration. They may occur once in several days or several times in one day. Other common symptoms, any one or all of which may be experienced by women at this period are: nervous irritability, mental depression, headaches, ear noises, dizziness, palpitation and backaches. In some cases even when the periods have become very irregular the flow may become very profuse. If at any time it should approach hemorrhage proportions an examination should be made to rule out the possibility of pathologic causes such as polypoid growths, fibroids or even cancer.

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WHY FEAR THE MENOPAUSE?

(Continuer from Page 11)

One of the cruelest things however, that can happen to a woman, is for her to acquire the belief that the menopause causes cancer. The idea is absolutely false. But it is true that cancer is more often found in women during the menopause than before that period, but this is due to the coincidental fact that we always find much more cancer around the age of fifty than ten to twenty years earlier.

Why—if some women can pass through this period with slight or no discomfort, do others find it such a serious and troublesome event?

As mentioned above, the answer seems to pivot around Health—which is the normal functioning of every organ and tissue of the body.

What are these women who have not cultivated health of body and mind to do when these menopause symptoms strike them? To all women—I would say: consult with your drugless physician. In addition to whatever treatment you may need for relief, he will instruct you in correct natural information about gentle exercises, about keeping the intestines clean, about drinking abundantly of water, about good ventilation and getting out in the open air for walks every day and about correct eating. It is very important to eat freely of fresh fruits and fresh vegetables, and equally important to cut down or better still cut out for a time all meats, pastries and stimulants. For your starch use chiefly baked potatoes and whole wheat bread; for sweets eat the sugary fruits, raisins, prunes, dates, figs and ripe bananas, and persimmons in season.

For protein have milk, eggs, cheese and a very slight amount of meat. Fish is a very good protein, especially from the sea.

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Take Care of Your Feet

By Dr. Harry V. Reeves
Chiropractic Orthopedic Specialist

The weak-foot, sometimes known as flat or splay-foot is caused by definite physical conditions. Although their name is legion the following may be mentioned: Ill-fitting shoes and stockings, bad habits of walking and standing; getting about too soon after a severe illness; standing all day on hard floors; carrying heavy burdens, pregnancy, overwork, fatigue and local injury.

In order to understand the mechanics of weak-foot a glance at the normal member is in order. The function of the foot is two-fold. First of all, it serves as a passive support of the weight of the body; secondly it acts as a lever to raise and propel it forward.

It is constructed to do these things perfectly. It permits elasticity under pressure and is capable of change of position under strain. These capabilities protect it from injury.

All of the above activity is made possible by the action and interaction of 26 bones and 28 articulations. Working together, these permit 126 movements every time a step is taken. Is it so strange that this delicate mechanism may develop trouble if improperly used?

Weak-foot makes itself felt at first because of fatigue and strain to muscles working at a disadvantage. Presently if nothing is done to prevent it, overstrain appears and real injury to the mechanism of the foot develops. Thus a child may have weak-foot, in fact it is very common in early years, but disability will not show up until adolescence, when the weight and strain on the foot increases. The continuous over-use from occupation and those social activities which engage the attention of young adults causes feet, even fairly normal in structure, to break down.

Then we must consider those who develop what is called toeing-out. These are those who usually, because of their daily work are compelled to stand in one place for considerable lengths of time. This is really worse than the strain of over-walking because it tends to restrict the many motions of which the bones and ligaments are capable. The feet become less flexible and presently deformed. Barbers and sales people may be mentioned as being particularly liable to this difficulty.

There are circumstances under which ordinary use may become overstrain. One may be weak from an exhausting illness or pregnancy. Naturally this weak-

ness is felt by the feet as well as the rest of the body. It is at this time also that improper attitudes may further weaken the foot. Then again there may be local injury or disease to the feet themselves. All of these facts must be taken into consideration if one's pedal health is to be properly cared for.

Pain does not appear until there is injury and growing deformity. One may have, as we have stated above, flat-foot, or weak-foot for a long time before the trouble becomes painfully apparent.

The disorder generally makes itself felt at first by a sensation of weakness. There is a feeling of discomfort, of tiredness and strain about the inner side of the foot and ankle. In women it usually takes the form of pain in the knee, hip or lower back. After standing for a long time there may be a dull ache in the calf of the leg. Over-exertion may produce a momentary pain radiating from the point of weakness. Thus the beginning of the trouble is generally dated from a long walk or some other form of over work.

Presently "accommodation" occurs. One wants to "save one's feet". Walking is no longer a pleasure, it is better to ride. One sits down where one was wont to step around briskly. The feet have lost their "spring".

There is a pain or sensitiveness in the heel. This is because that portion of the foot is jarred in walking and great strain is put upon the ligaments of the bottom of the foot.

A hunt begins for comfortable shoes. The ordinary lasts won't just do. Generally the shoes are not at fault. It is that the weak-foot in use changes its shape. The shoe that was comfortable in the morning compresses the foot painfully at night. Thus come corns, callouses, bunions, enlarged toe joints and

other deformities. The feet are cold and moist, there is congestion and increased perspiration. The circulation is impaired.

Actual pain is felt as a rule only when the foot is in use. Temporary rest from work will give temporary ease. In damp weather also the trouble is generally worse and this together with the above symptoms often gives rise to an incorrect (self) diagnosis of rheumatism. One refers to one's trouble as, weak ankle, sprain, gout or rheumatics.

The weakened foot can no longer save itself from injury. It suffers from what may be likened to a succession of slight sprains. It is then that swelling and sensitiveness may appear. There will also likely be muscular spasm, rigidity and pain when the foot is moved.

It now becomes more difficult to accommodate to inequalities of surface, so that one dreads to cross a rough pavement for every such place or every misstep causes discomfort.

This condition does not improve, in fact it gets worse. Stiffness after rest increases until there is a tendency to stagger or limp for several minutes on arising in the morning, or after resting for some time. It becomes difficult to remove one's shoes at night while an ordinary nightly rest is disturbed by discomfort in the feet and cramps in the legs. The case may even be mistaken for a serious disease of the nervous system because of the weakness, awkwardness and even mental depression which may be noticeable. Weak or flat-foot while it at its best constitutes a serious annoyance and often compels one to desist from one's employment, may at its worst lead to total disability.

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Babies Without Pain

By M. Pendroy, N. D., B. T. A.

In a recent issue of a popular woman's magazine whose readers number into the millions, I read with interest a supposedly authoritative article on the generations of search spent in seeking safe and complete relief from pain in childbirth. Most disappointing conclusions were drawn and the fact was unmistakably proven (apparently) a few years ago when Sweden, noted for safe obstetrics, sent an expert woman obstetrician to this country to find out the success this country's doctors had attained in that respect.

The Swedish lady visited some twenty-three of the best lying-in hospitals in the United States, saw all (?) methods in action, then returned to her native land to report that none of it could be recommended as safe enough for Swedish mothers and babies. A rather sweeping indictment.

One reason for our Swedish friend's devastating report on American methods was the simple fact that no two hospitals visited, used the same method or combination of methods, which to the shrewd obstetrician she is, looked highly suspicious. There should not be twenty-three ways of solving one problem, and I suppose she was afraid of becoming muddled or perhaps she might have visited twenty-three more of our "best" lying-in hospitals. There are quite a few hospitals in these United States, too!

Right here let us point an error our Swedish friend is guilty of, which may be likened to the occasion some years ago when a prominent Englishman visited this country for a few weeks, remaining in New York City the whole time, then returned to England to write a book on the United States.

Our visitor from Sweden visited only twenty-three of the "best" lying-in hospitals, and of course, these were large prententious institutions that for economic and other more vicious reasons refuse to allow drugless physicians to practice within their walls, (although the majority receive considerable public funds). She apparently forgot the country doctor, and he too, belongs to the orthodox school of medicine. It is indeed regrettable our friends did not stray from the orthodox medical pathway a sufficient time to observe at least a few deliveries by competent drugless physicians. It may even have saved the blanket indictment issued against this country's obstetrical methods.

Perhaps the reason for her inability to

find and prove a safe and complete relief from childbirth pain, is the same reason the orthodox medical field is unable to do so. They insist on treating pregnancy as a serious pathological condition. Being firmly convinced of this, they now proceed to treat it as they are taught to treat all pathology . . . by the use of drugs, which the body endeavors to throw off with all possible haste.

In reality, pregnancy and the inevitable childbirth that follows is a perfectly normal event in the patterns of life. To consider it otherwise is a foolish effort to alter facts, and they do not alter, regardless of the letters attached to a doctor's nameplate. When the medicine men of this country and of the world awoken to that simple knowledge, we shall expect strides of progress from them.

It is not my intention in this article to convey the idea that drugless methods are entirely painless. It is my desire to point out to the reader the reasonable explanation of why drugless obstetrical methods are practiced by competent drugless physicians attain a higher degree of safety . . . with the lowest mortality rate . . . and a minimum of pain. A large order, isn't it?

Let us compare the two methods in safety. Medicine's uncertainty on this point rests on the simple fact that whatever is strong enough to destroy labor pains, or wipe out the memory of them afterward, usually has "unhappy" (serious) effects on mother or child—particularly the child. There are two reasons for this. First, the damaging action of the drugs used, secondly, the inability of the natural expulsion forces provided by nature in every woman are inhibited, altered, or suspended. This necessitates the all too frequent use of forcep (forche) or episiotomy, (cutting), or both. This procedure often mutilates mother and child, and is quite often responsible for the "unfortunate" occurrence of spastic paralysis in children.

How does the drugless physician do without the same procedure? Simply, but quite tediously, by constant care and treatment throughout the term of pregnancy. By frequent manipulation, the drugless obstetrician with his knowledge of Syndesmology, (joints) and neurology, (nervous system) maintains a flexibility of the joints and a tonicity, (life) of the muscles, he prepares the mother to enable her to fit herself to the conditions of childbirth. By diet and general care the mother's well-being and that of her

child is carefully safeguarded. She enters the delivery room in good mind and strong body. The use of subterfuges and nostrums becomes not only useless, but harmful.

It is interesting to note at this point, that only in the past few weeks, a prominent medical writer has admitted that his profession has just learned that the Sacro-Iliac joint is actually a joint, and subject to all the characteristics of joints, motion, sprains, strains, subluxations (partial dislocation), etc.; they even admit the Osteopaths and later, Goldthwaite (prominent medical writer) were the first to discover the actual existence of this joint as such, and its importance in everyday life. It is mentioned here because it is important in childbirth. It is the joint between the spinal column and the large hip bones on either side.

We wonder where the medical profession has been these last few centuries! The old Bohemians knew, and were adjusting this articulation centuries ago, and there is not a drugless physician in this country who has not effectively treated "cricks" in the back, so-called Lumbago

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BABIES WITHOUT PAIN

(Continued from Page 14)

and Sciatica and numerous other related ailments, simply by proper manipulation of this one important joint!

This constant care throughout the period of pregnancy enables your drugless physician to keep a careful check on the size of the developing new life, and on the health of the mother. The dreaded albuminuria that finally gives evidence of its well established existence in urinalysis reports indicative of destructive action in the kidneys long after the process had set in, becomes evident to the drugless physician in its initial stages and steps taken to prevent its reaching the pathological stage that changes this phenomenon of childbirth from a "physiological" to a "pathological" state.

To do this requires an expert knowledge of Body Mechanics, (structural build in its relation to the laws of gravity) a study long established in the curriculum of education of your drugless physician.

Space does not permit a discussion and comparison of all the difference in the handling of obstetrical cases in this issue. We shall discuss it further in a later issue. The purpose of this article is to relieve the gloomy picture our gloomy Swedish friend painted . . . that we have no safe and sane obstetrical methods in this country. It points out the utter incompleteness of any report in this field that does not include a chapter on drugless methods as practiced by drugless physicians. There are hundreds of good obstetricians with M. D. on their doors, who are practicing more and more without the use of drugs in confinement cases. Of course they must remain silent or face the wrath of the politically powerful A. M. A. that has proven itself so powerful it has successfully quashed an indictment brought by the Federal Government in Washington, D. C., under the guise of an "indefinite postponement."

CONVENTION NOTICE!

By Dr. H. H. Judd, C. P.

The mid-year Symposium of the Oregon Association of Chiropractic Physicians will be held at the Research Foundation Building, Southeast 11th and Clay Streets in Portland on January 24, 25, and 26.

Mr. Robinson of the Portland Chamber of Commerce will speak Saturday afternoon on securing the National Convention for 1942.

For additional information contact Dr. H. H. Judd.

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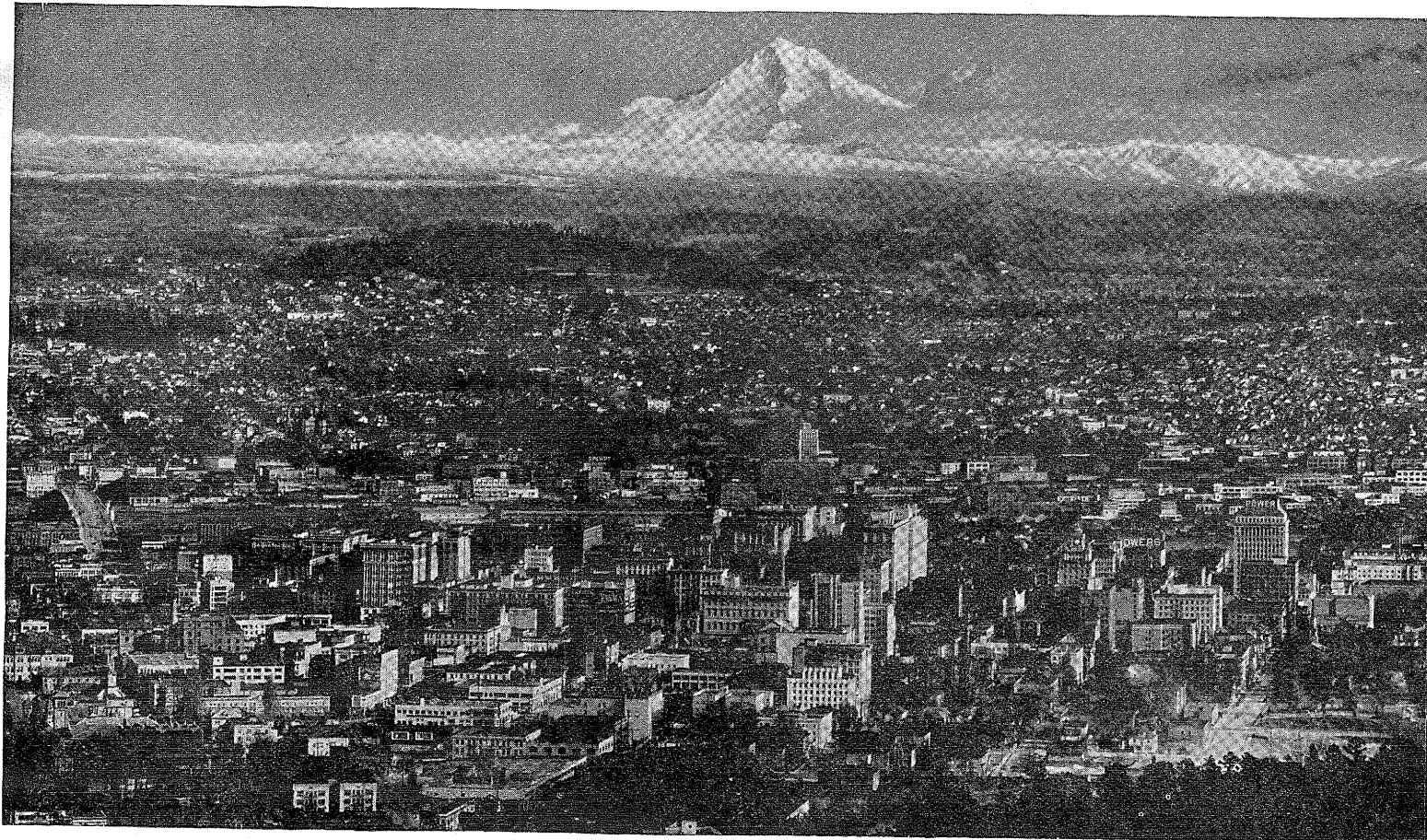
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