



Features

Chroniques

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Self-help medical advice was popular in the 1930s, too

Mark Clarfield, MD

In Brief

SELF-HELP BOOKS PROLIFERATE TODAY, but the concept of helping oneself in health matters is certainly not a modern phenomenon, Dr. Mark Clarfield notes. He recently studied a self-help booklet from 1936, *What to do until the doctor comes*, in which he found not only some sound advice but also some harmless suggestions, useless treatments and dangerous remedies.

En bref

LES OUVRAGES AUTODIDACTIQUES PROLIFÈRENT AUJOURD'HUI, mais le concept de l'autodidactisme dans le domaine de la santé n'est certainement pas un phénomène contemporain, souligne le D^r Mark Clarfield. Il a étudié récemment une brochure autodidactique de 1936, *What to do until the doctor comes*, où il a trouvé non seulement de bons conseils, mais aussi des suggestions inoffensives, des traitements inutiles et des remèdes dangereux.

Self-help is a laudable concept, but it requires useful information and guidelines. Nowhere is this truer than in the health care field, where there is a near-insatiable appetite for such knowledge. Today the shelves of bookstores groan with volumes on everything from avoidance of anaphylaxis to the treatment of zoonoses.

This interest is not new. Self-help material was also popular in the past, when professional medical help was not always taken for granted because of uneven distribution of physicians and the high cost of their services. I have proof of this in a small pamphlet, a 48-page booklet called *What to do until the doctor comes*. It was published in 1936 and sponsored by the Mutual Benefit Health and Accident Association.

Although the \$1 pamphlet deals with almost 60 problems ranging from “artificial respiration” to “wound,” it does not claim to be more than it is: the forward warns that it “is not under any circumstances meant to take the place of your doctor.”

Some of its advice is still useful today, but much of it is either wrong (and harmless) or wrong (and downright dangerous). Some suggestions are funny, while others indicate the different preoccupations of the past. In the 1930s, there appears to have been a therapeutic obsession with enemas and purges.

The booklet begins with sensible instructions for first aid following a fracture: “Simply fix the limb so that no movement can occur between the broken ends.” This is followed by a brief description of how to use common household materials to make splints.

The pamphlet points out that diarrhea in children affects “artificially fed babies” most, but also attributes its causes to “changes in the weather, especially a sudden fall or rise of temperature in spring and autumn.”

The reader dealing with a victim of electric shock is clearly advised that “if the patient is still in contact with the wire, great care must be exercised to protect oneself.” The pamphlet suggests that the rescuer “pry the patient off with a dry stick.” As for advice about postshock therapy after a successful rescue, a mustard plaster should be placed over the heart, with the lucky survivor being offered some “strong black coffee.”



Other less dramatic advice for treatment of an ingrown toenail would easily fit into today's texts, and I particularly appreciated the straightforward instruction to "discard tight shoes."

Medical staff today would be wise to follow the advice on bed sores, which the pamphlet accurately says "are due to sustained pressure over small areas, causing death of the part and separation by sloughing." Another point, also true today, is that "prevention is the desideratum, and is secured by . . . constant relief of pressure by slightly changing the position of the patient."

Unfortunately, the booklet then strays into invalid instructions by suggesting that "preparation of the skin by hardening with spirit lotions, the use of dusting powders and [worst of all!] gentle friction to encourage the circulation of the part."

Other proffered advice is even more wrongheaded. Childhood convulsions, especially for the 2- to 4-month-old artificially fed infant, are attributed to "indigestion and colic due to its inability to assimilate cow's milk." The remedy suggested was "to employ a suitable wet nurse."

Or consider this approach to dog bite: "To get the poison from the wound, encourage bleeding. Cauterize with red-hot nail iron."

I found a short paragraph on "raw meat juice" particularly interesting: "Take a pound of good lean juicy meat, free from fat, mince finely, and let it stand in a quarter of a pint of cold water for an hour. Strain and press through fine muslin. This raw meat juice is said to be the most strengthening and easily digested animal food, but is invaluable for children."

E. coli, here we come!

Some suggestions border on the useless. This is the advice offered for a nosebleed: "Make the patient stand erect, with arms raised above the head. Bathe the face, douching it with iced water. Put a small ice bag on the bridge of the nose and on the nape of the neck. Gently inhale through the bleeding nostril."

Another suggestion concerns the "biliousness" that "is often associated with defective eyesight and is frequently due to constipation." The pamphlet says to "treat the eyesight and constipation and the biliousness should disappear."

Other evidence of an overt obsession with bowel function (and another odd coupling of constipation with the eyes) concerns the suggested treatment for a sty: "It is so very commonly associated with chronic constipation and

general ill-health that these must be treated at the same time." The therapy? "Cod liver oil should be given to children who suffer from eye troubles."

Despite our progress in the 60 years since the booklet was published, we still have not found a cure for the common cold. Still, our thoughts on the etiology have changed somewhat. "Colds are due to disturbance between heat production and heat loss of the body, usually excessive loss of heat alone, which results in a condition of inflammation being set up in some part(s) of the body. Which part will be affected is largely an accident; it is not necessarily the part

most exposed. Some people seem to be peculiarly susceptible to cold in the ear; others to colds on the chest, bladder, kidneys, etc."

Given the general public sentiment about alcohol during the 1930s, I was fascinated to find frequent recommendations to use it "for medicinal purposes." Following a snake bite or the bite of a rabid dog, as well as in the case of faintness, it was suggested that patients be given "stimulants in the form of whiskey." After the successful application of artificial respiration in the case of drowning, "as soon as a few breaths are taken naturally, place a teaspoonful of weak brandy and water at the back of the tongue." In the case of adult diarrhea, in addition to egg albumin and clear soup, "a little brandy may be added."

The booklet was presented to Canadians "with the Compliments of Mutual Insurance Agency — Special Representatives for Mutual Benefit Health and Accident Association". This company was the Canadian branch plant of what would later become known as Mutual of Omaha, a company incorporated in Nebraska in 1909. Its founder was Dr. C. C. Criss, a physician who worked his way through medical school by selling health and accident insurance policies.

In December 1934, sensing a lucrative market, the company entered Canada and opened its head office in Toronto. By the end of 1941, Mutual's Canadian operation was writing more health and accident business than any other insurer.

This little pamphlet, obviously published as a public-relations ploy and as a form of indirect advertisement, makes for interesting reading. It not only takes us back in time but also provides a sense of what medicine was like in the years just before medical knowledge exploded — both for patients and physicians — in the second half of this century. ?

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