

him racially, has elsewhere merely heaped evil on evil. With its consort, commercialism, it has piled the banker on the credit-merchant and begot the cracker an army of new masters. Widening opportunity for a moment in the beginning, it has now all but closed it up. Spawning towns and shifting the center of social gravity, it has introduced and made well-nigh universal the vicious wrong of absentee landlordism. And in rolling up relatively immense wealth at the top, it has infinitely broadened the social gulf.

All of which means eventually that the cracker has been increasingly despised. Only the politicians treat him to the old easy manner now. For the rest, the treatment meted out to him daily assimilates itself more and more closely to that meted out to the black man.

Does he fail wholly to see this? Of course he doesn't. It has been eating into him for years, making him bitter and sullen. But there is nothing he can do about it. For at the end of every possible road lies this implacable fact: to succeed in

revolt he must join forces with the Negro. And rather than do that, he prefers to starve and to rot.

Accordingly, the cracker goes on steadily tumbling down the slope into degeneracy, waxing ever more shiftless, and perforce discharging his energies, in so far as they are not squeezed out of him, in the old channels—in striving at once to console and to amuse himself, to achieve dignity and value, by playing the hell of a fellow. In dancing and fiddling when his ministers will let him, in fantastic religion, in hard drinking and hard fighting and hard loving, but above all in violence—above all, in violence toward the Negro. And perforce, too, the ennui, the bitterness, the viciousness, bred in him by the always-narrowing conditions of his life, pour over to the elaboration of this pattern, to making him at his worst a dangerous neurotic, a hair-trigger killer, a man-burner, a pig quite capable of incest—in brief, everything that William Faulkner and Erskine Caldwell have made him out to be, and perhaps something more.

The Truth About Foot Remedies

BY JEROME W. EPHRAIM

NATURE, according to the biologists, intended mankind to walk barefoot on the soft ground. Whether the biologists actually can claim to have inside information as to nature's intentions may be a debatable question, but it is fairly clear that feet are better adapted to free movement on soft earth than walking, heavily encased in leather, on hard pavements. Yet we have to walk on hard pavements whether we like it or not. The Indian moccasin is fine for the Indian in open country. It gives full play to his toes and

his arches; he walks correctly, that is, naturally, and rarely has to worry about bunions and flat feet. But it is no panacea for the town dweller; it would actually prove harmful. We have to wear shoes. But we do not have to say goodbye to common sense.

The foot is a remarkable structure. It is not merely something to stand on, not merely the terminal part of the leg—it is actually an organ of the body with highly complicated duties. Any rational consideration of foot ailments or foot remedies must

begin with this fact in mind. We are not dealing with a relatively inert object but with an artfully contrived mechanism consisting of twenty-six bones arranged in arches and piers and supported by numerous ligaments, tendons and muscles. Such a mechanism, affording both stability and resilience, deserves — but usually does not get — good treatment.

The human foot will take a considerable amount of punishment. An ingenious statistician has figured out that during the course of a day an average pair of feet will be called upon to lift, merely in the act of walking, a million pounds. Even for a sedentary individual of fairly light weight, this lifting will amount to more than one hundred tons for each foot. Now consider that the vast majority of the population grossly mistreats its feet (principally by wearing faulty or ill-fitting shoes), and the surprising thing is not that our feet frequently protest, but that we are able to get any service out of them at all. These pedal extremities are remarkably patient and long-suffering. Even a Chinese lady of the foot-binding era could hobble around a little; and American women in their short vamps can actually walk after a fashion.

Nevertheless, for all its strength, the foot is a delicate mechanism and likely to be resentful of long-continued abuse. Practically all foot ailments that people generally complain about are in fact due to such abuse. Some conditions (as of clubbing) are of course congenital; some reflect disturbances of the general body economy; but by and large, if our feet hurt us, we have only ourselves to blame. And in the majority of cases it is only through our own intelligent and persistent effort that we can effect a cure. Actually a cure is nearly always possible, but most people go on suffering for years rather than make the effort. Being vain, lazy and inclined to

believe in miraculous healing (like the rest of the human race), the average foot sufferer prefers to experiment with salves, plasters, lotions, braces, arch supports, corrective appliances and orthopedic shoes, instead of getting down to fundamentals. Yet artificial aids at best can in most cases give only temporary alleviation; often they aggravate the condition they are intended to relieve. The rigid arch support, for example, is merely a crutch and, instead of assisting the foot to recover its normal function, will in the long run tend to weaken it and to bring other troubles in its train. Again corn plasters, callus cures and the like are useless so long as the friction and pressure which cause the growth are not removed.

The first consideration, and by far the most important, is proper shoes. Nothing is likely to do any good as long as the victim persists in wearing shoes that distort or cramp the feet. What we require is a good sturdy shoe, giving ample room for the toes and with soles sufficiently thick to provide protection against the shock of constant treading on hard, unyielding surfaces.

Must shoes be orthopedic? Not, if by orthopedic is meant trick shoes with reinforced shanks, special supports or other curative gadgets. These should be avoided by people with normal feet; their possible usefulness, or otherwise, for persons with abnormal feet will be considered subsequently. But there are two important points that should be observed: the inner edge of the sole should be straight or nearly so, and heels should be low. There is no secret about these prescriptions; they are recommended by every orthopedic specialist, yet they are nearly always conspicuous by their avoidance, especially in women's shoes; and even in men's shoes, while the heels may be fairly low, the

inner edge of the sole usually curves toward the center of the foot, crowding the toes and forcing the great toe out of its natural position.

When the ligaments and muscles weaken or lose their tone, the arches sag and foot troubles begin. One of the commonest of these afflictions is flatfoot or weakening of the longitudinal arch, often easily recognizable by the shuffling gait, run-over shoes and the out-turning toes of the victim. The tendency may also be observed by placing the wet foot on a piece of dark colored paper; due to the uplifting effect of the longitudinal arch, the normal footprint is narrow in the middle, wide at the extremities; whereas the flat foot gives a characteristic print of full width, reproducing nearly the entire under surface from heel to toe. This provides a rough-and-ready diagnosis and is by no means final, even when taken on a foot-printing device in a shoe store. Some arches are naturally low yet are not a source of discomfort; some, though apparently high, exhibit flatfoot symptoms.

In the main, however, the footprint is a useful means of estimating the condition of the foot and the progress of treatment, if and when it is undertaken. Such treatment consists mainly in correcting the walking posture, daily massage, and persistent exercises to strengthen the muscles of the calf and foot. Chances of recovery are excellent, provided the patient carries out the treatment to the fullest extent—which he rarely does. Instead he falls back on an arch support as a crutch. While this is in every way objectionable, it is quite permissible and often desirable to use a felt pad for temporary relief and support while the muscles are regaining their strength. But it must not be overlooked that the muscles are the only agents capable of restoring the arches, hence the

uselessness of rigid appliances and the paramount importance of exercise. A foot is as strong as its muscular power. If the muscles are weak, the feet are weak. If the muscles are strong, the feet are strong. The strength of the muscles depends upon the amount of exercise which they are given.

Flattening of the metatarsal arch over the ball of the foot is also common—and painful. It afflicts women much more frequently than men, very probably owing to the greater distortion to which the average woman's foot is subjected. High heels throw the weight forward onto the ball of the foot, then the sole of the shoe, being thin and unsubstantial, bends upwards at the sides, encouraging the arch to drop, with resulting pain, calluses, and swelling. Other factors may play a part, but this is a fairly typical picture. Temporary relief is sometimes obtained by placing a small circular piece of padding under the ball of the foot or by bandaging the foot with elastic webbing or tape just back of the arch, but the only sensible treatment is sensible shoes plus appropriate systematic exercise. When temporary support as well as exercise is required, it is usually preferable to choose a shoe with a fairly rigid shank; avoidance of insubstantial, curving soles is also quite obviously desirable. If excessively high heels have been persistently worn, the addict will probably have to taper off by coming down gradually to lower levels; otherwise the shortened muscles at back of leg will protest against the sudden change to which they have not become accommodated.

Corns, calluses and bunions are commonly symptoms of poorly designed, ill-fitting shoes; they are merely the evidence of nature's effort to protect the foot from friction and pressure. External corns are layers of dead skin possessing a core, but no root. In the comforting words of a spe-

cialist (Dr. Philip Lewin), "they yield to good chiropody and well-fitting shoes." An expert can safely cut them, but this is probably too risky for home treatment, due to the possibility of infection. They are sometimes amenable to salicylic acid (caution: use with care!), the chief ingredient of ordinary corn cures and plasters. An oval pad with cut-out center is useful in relieving pressure. Soft corns, which are sometimes confused with athlete's foot, occur between the toes where two skin surfaces come together in the presence of moisture and warmth. They are caused by crowding the toes; sometimes result from a depressed metatarsal arch. The toes should be separated with some appropriate material, e.g., lambs' wool, and kept clean and dry. Like corns, callosities on other parts of the foot are the result of recurrent pressure or irritation. As already noticed, a callus under the ball of the foot is a sign of a weakened arch. The treatment begins with sensible footwear. Callus plasters sometimes assist in softening and removing the hard top layers. In the case of bunions, there is usually both a thickened epidermis and a swollen inflamed toe joint which corresponds to housemaid's knee. It is usually caused by the great toe being pushed out of position by narrow or pointed shoes. Any means of relieving the pressure will help.

Athlete's foot, or ringworm, is one of the few foot ailments in which the shoes are not presumptively to blame. It is a skin disease, an infection pure and simple and, incidentally, has nothing to do with athletics, except that it is frequently acquired by walking on moist, infected surfaces in the vicinity of shower baths and swimming pools. The causative agent is a fungus which is highly resistant and difficult to eradicate. Most popular remedies are very nearly worthless. Prophylaxis is better than

attempts to cure. Foot coverings should be worn at beaches and similar places. Dr. Bernard Fantus also recommends as a prophylactic measure bathing the feet in a 10% solution of sodium thiosulphate, or, alternatively, the use of a dusting powder consisting of 20% sodium thiosulphate (the hypo of the photographer's art) and 80% boric acid. At some gymnasiums and swimming pools bathers are required to immerse their feet in a 0.5% sodium hypochlorite solution. Curative measures, once the disease has been acquired, should be referred to a physician. Whitfield's ointment is a standard remedy, frequently prescribed, but the condition may require more energetic treatment; exfoliation of the epidermis may be necessary. Unless precautions are taken, reinfection from shoes or stockings is likely to occur.

General foot hygiene should properly begin with the selection of one's ancestors, as heredity would appear to be an important factor in causing malformation or predisposition to certain types of weakness. Again the intrauterine life, especially any unusual position of the foot, may be responsible for some cases of deformity. The adult, alas, cannot turn back the clock, but there is this moral to be drawn: children's feet should be carefully and competently inspected both at birth and at later intervals for abnormalities, which are best treated at the earliest possible age.¹ It should be borne in mind, also, that general health and foot health often have reciprocal relations. Thus focal infections, rheumatic arthritis or obesity may be factors in causing flatfoot or other trouble; on the other hand, foot ailments of any nature are

¹ Remarkable success is often attained, even in seemingly hopeless cases. An infant Byron of today probably would not have to go through life with a clubfoot. Serious deformities may require plastic surgery or other interference under anaesthetic. Sometimes a plaster cast or similar means to immobilize the foot is necessary.

a strong deterrent to normal activities and exercise, hence a potent source of bodily disorders. Most people in sedentary occupations do not walk enough; their feet hurt them, or perhaps they have never learned how to walk. Children, anyway, should be taught how to stand, how to walk (they will tend to assume a correct natural posture unless mistaught). The so-called army position of standing with toes out is incorrect; the feet should be parallel or slightly inverted, and this applies to walking as well. Walking is one of the very best forms of foot exercise; here is the prescription, "come down on the heels, tilt the weight to the outer borders of the feet, and come up on the toes with a spring." If you prefer to dance, that is good also; and so is skating.

Sufficient has been said about ill-fitting shoes. Many authorities likewise warn against tight, pointed or otherwise restricting socks and hose. Garters that impede circulation should also be avoided, if you wish to be kind to your feet and legs; they may cause varicose veins and chilblains. To avoid ingrowing toenails, trim nails straight across, not rounding.

Tired feet are greatly benefited by foot baths, night and morning, and frequent massage. There is no point in buying a special foot soap, as soap is a poor vehicle for medication; use a pure mild toilet soap. Orthopedic specialists sometimes recommend contrast baths which consist in placing the feet alternately in warm and cool water, about a minute in each for a period of ten minutes. The purpose of massage is not to rub the skin but to invigorate underlying tissues by means of a rotary movement, using the tips of the thumb and forefingers. Cold cream may be applied, if desired, or a suitable analgesic ointment. Flannel dressings, dipped in a hot solution of Epsom salts, are an old-time home rem-

edy that will often relieve pain. These measures will accomplish all that any foot balm or lotion can do.

Excessive perspiration of the feet may be a sign that medical advice is required, especially if the condition does not respond to simple treatment. Foot powders are useful, but zinc stearate or borated talcum, in fact almost any soothing powder, will serve the purpose equally well. Such a powder, plus hot foot baths, is all that is needed in mild cases. Chlorine preparations, available as chloramine or under proprietary names, if properly diluted, will act as harmless, effective deodorants. Perspiration suppressors should not be used unless the foot is free from fissures or inflamed areas, as they are likely to be irritating. The instant variety, sold for cosmetic purposes, is perhaps as good as any commercial bromodosis or hyperhidrosis lotion. These are astringents, usually containing aluminum chloride.

Literature.—There is a considerable amount both of specialist literature and commercial tracts, but comparatively few authoritative treatises for the layman. A useful, inexpensive little book is *Posture and Hygiene of the Feet* (one of the National Health Series) by Philip Lewin, M.D. of the Northwestern University Medical School (Funk and Wagnalls, 1929). Recently Capt. S. P. Fairweather, a British medico, published a monograph advocating heel-less shoes as a sovereign remedy for foot ills. For a brief discussion of arch supports see the *Journal of the American Medical Association*, 82:295 (Abraham Gottlieb, M.D.); for Athlete's Foot, consult *Treatment in General Practice* by H. Beckman, M.D. (W. B. Saunders, 1930, reprinted 1934) or *Cook County Hospital Therapy* edited by Bernard Fantus, M.D. (*Journal of the American Medical Association*).

THE LIBRARY

BY LAURENCE STALLINGS

"To Hold the Laws and Draw the Hearts of Men."

HINDENBURG, by Emil Ludwig. \$3.50.
6½ x 9¾; 576 pp. Philadelphia, Pa.: *The John C. Winston Company*.

MARLBOROUGH, HIS LIFE AND TIMES. (Vols. III & IV) by the Rt. Hon. Winston Churchill. 2 vols. \$12. 6¼ x 9¾; 364 + 296 pp. New York: *Charles Scribner's Sons*.

HINDENBURG, like most defeated captains, will take his beating from the historians, though the blows will be lightened by the plea that he was the gonfalon, not the sword, of German war-power. He will not escape deep censure, however, for his legend has not the shining quality of Hannibal's or Lee's—two losers who found themselves elevated to the Pantheon minus only the vulgar garlands of martial success. Hindenburg will also be punished by the analysts for defects of character, though he was thrust paradoxically into greatness because of his steadfastness. Lastly, Hindenburg will be censured by the philosophers for his change of front. The summation of the man's defects will include these three grave counts: that as a warlord he lost the greatest of wars; that as a monarchist he became chief executive of a republic; and lastly, that as a landed gentleman he bequeathed his patent of leadership to an evangelical artisan named Hitler.

Against these counts may be cited one glorious deed. Deserted by his monarch Wilhelm II, abandoned by his Reich, and soundly beaten by his adversary, Foch, he remained with his armies to lead them

in perfect order back into a homeland where he might reasonably expect to be assassinated. Painfully, the stern old man shepherded his flock. In the great mass of legendary deeds it is his singular shining actuality. It was the one great test lying well within his powers which was presented to him; but the history of 1914-18 shows that courage and resolution, and duty performed single-heartedly were not enough.

Herr Ludwig, who is a journalist and a hero-worshiper, will give better historians and sounder critics many avenues of approach in his new, hastily written work. Hindenburg, he says early in his book, "lacked the main ingredients for creative activity". The thing is not so clear and so fascinating as Ludwig's other best-sellers, such as his *Napoleon* and his *Goethe*, two books which added nothing to the knowledge we own about these great men, representing them in familiar lineaments with a vigorous, bracing journalism.

A definite biography of Hindenburg—the present work is a sparkling, embittered tract—would present the history of the German Reich since the great Frederick. As a cadet, Hindenburg had witnessed Bismarck's easy victory over Denmark. As a *leutnant* he had shared in the brilliant humiliation of Austria. As a representative of his regiment he had witnessed the French degradation at Versailles. The intervening years before the great conflict found him a retired major-