REVIEW OF REVIEWS

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SANITATION IN THE GOOD OLD DAYS

The following extracts from the *New York Medical Times* will give an idea of what sanitary conditions were in Europe during the seventeenth and eighteenth centuries:

"In the case of the Puritan-Calvinist Dutch it was good form to wash one's hands frequently, one's feet very seldom, one's head never. The washing of his feet was so extraordinary an event in the life of Pepys that he marked it down in his diary as having occurred on May 30, 1663. A great event in 1649 was the coming to Paris of a Russian Prince to have his teeth cleaned."

"The kings of France had no bathrooms or washstands, and seldom washed at all. In 1870 a student in the theological school of Leipzig University was not allowed to pass his examinations for the doctor's degree because of his modernism, which consisted in washing his whole body; it was whispered that the miscreant actually took baths. A Belgian medical authority, in the eighteenth century, advised that if bathing is too difficult an undertaking, people ought to put on clean linen at least once every six weeks. It will be seen from the foregoing that we are in an advanced state of sanitary evolution to-day and that there is no reason for pessimism regarding the matter of public hygiene."

MEAT INSPECTION IN THE UNITED STATES

The *Journal of the American Medical Association* for October 30, 1925, brings an interesting article by Dr. W. H. Lipman, of Chicago, on meat inspection as a public-health measure. Dr. Lipman says that only about 60 per cent of the meat consumed in the United States is subject to thorough inspection by the U. S. Department of Agriculture, according to the meat inspection law of 1906, which gives the Secretary of Agriculture the power to formulate regulations governing the antemorten and postmorten inspection of food animals, and the sanitary manufacture of meat products, in cases where these meats and *meat products* enter into interstate or foreign commerce; but which gives the Department of Agriculture no jurisdiction over meats that are sold and consumed in the state in which the animals are slaughtered.

"The remaining forty per cent of the meat," says Dr. Lipman, "receives little or no inspection, because, while there are a number

of state and municipal inspection laws, they are not thoroughly enforced." Then he goes on to say "The fact that only one-half the meats consumed in this country receive adequate inspection can at once be seen to constitute an important problem of public health."

Of 79,966,913 animals given antemorten inspection by the United States Department of Agriculture during the fiscal year 1923–1924, 4,228 were condemned, and of 79,814,060 given postmorten inspection 342,539 animals were condemned and 1,355,394 parts were condemned. These condemnations were made because of thirty-five different causes, chief among which is tuberculosis, which was responsible for approximately one-half the condemnations.

"The inspection work done by the U. S. Department of Agriculture," says Dr. Lipman, "is excellent." He believes that provision should be made for the inspection of all meats consumed, that the consumer should be well acquainted with the extent, function and sanitary benefit of meat inspection, and that he should be taught to insist on meats that bear the stamp of the United States Department of Agriculture, reading "U. S. Inspected and Passed", as this stamp is a guarantee that the meat comes from a healthy animal, and that it was prepared under sanitary conditions and contains nothing of an injurious nature."

SCHOOL HEALTH EXAMINATIONS

Dr. Carl E. Buck, of the Health Department of Detroit, Michigan, writes in the *American Journal of Public Health* about school health examinations, and greatly emphasizes the importance of using the teacher as an aid in school-health work, including the health examination. In many States of the Union the teachers are, by law, made responsible for weighing and measuring the children under their instruction and for testing their vision and hearing. Other communities, like the city of Detroit, have tried the teacher-inspection plan on a purely voluntary basis. Detroit is now entering upon its fifth year of the voluntary teacher-inspection program, and results have been rather encouraging.

At the beginning of each school year a meeting is held of the representatives of the Board of Education and the Department of Health with the school principals of the city. Principals are asked to send in the names of schools wishing to participate in the health work for the coming year. Having obtained this list, the work is carried out as follows: Arrangements are made with the individual

schools for lectures and demonstrations of methods of inspection. All teachers are supplied with copies of a pamphlet of "Instructions to Teachers on the Health Inspection of School Children", at least a week in advance of the date set for lectures and demonstrations. The pamphlet, in addition to discussing the individual points for which inspection is asked, contains cuts of a few of the more important physical defects and describes the code of symbols to be used in marking. The code is the same as that used by the physicians.

The lecture consists of a short ten-or-fifteen-minute talk, given by a member of the school department, pointing out the educational advantages of the program, followed by a demonstration of methods of inspecting given by one of the physicians from the Department of Health. The demonstration lasts about an hour. Children are, of course, used for purposes of demonstration. Teachers are asked to come forward and try the method which has just been described. This enables the physician to point out the correctness of the teacher's technique. The points for which inspection is asked include tonsils, mouth, breathing, teeth, skin, anemia, thyroid, cervical glands and orthopedic conditions; in fact, everything for which medical examination is asked except heart, lungs and nervous condition, and even here the teacher is requested to make note of any condition which she knows or suspects. The inspection by the teachers is usually completed within a week of the demonstration and the physicians visit the school as soon thereafter as possible to examine those children whom the teachers have referred to them as possibly having defects.

The success of such a plan in Detroit is shown by the following facts: "Without any increase in medical personnel, the number of physical defects brought to light by the school medical inspectors has increased from 46,006 in 1921 when only five schools were included in the teacher health-inspection program, to 81,155 in 1924, when 117 schools were included."

CARBON TETRACHLORIDE IN UNCINARIASIS

Wildman and Betts, of the U. S. Navy, gives out the following rules for the administration of Carbon tetrachloride in the treatment of hookworm disease (*United States Naval Medical Bulletin* for September and October, 1925):

"1. Be sure that the drug is chemically pure and given on an empty stomach.
"2. Do not give more than 3 c.c. to a full grown adult.
"3. Grade the dosage to some extent in relation to body weight, and
"4. Administer magnesium sulphate simultaneously with the drug."

Of 406 cases given one dose of 2 c.c. of carbon tetrachloride, 351, or 86.4 per cent, were reported negative for hookworm ova. Of 177 cases given one dose of 3 c.c. of carbon tetrachloride 171, or 96.6 per cent, were negative for hookworm ova.

They conclude that carbon-tetrachloride treatment for hookworm infection, if properly carried out, "is essentially harmless to an otherwise healthy host and gives a higher percentage of cures at much less inconvenience to the patient than any other form of treatment."