REVIEW OF REVIEWS

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SCHOOL HEALTH WORK

The Division of Physical Education and Hygiene of the United States Bureau of Education has issued an interesting bulletin entitled *Progress and Prospect in School Health Work.* This bulletin gives the results of an inquiry made by the Bureau of Education among the schools of the United States, for the purpose of determining "present efforts and ways and means put forth for health work in schools." This *questionnaire* was sent to superintendents "not only in city schools but in villages and in rural regions throughout the United States."

In a general way, the questionnaire covered (1) Administration of various forms of health work, (2) Physical examinations, (3) Correction of physical defects, (4) Physical training, (5) Health education, (6) Provision for hot lunch.

According to the response given to this *questionnaire,* medical inspection in most of the larger cities is under the Department of Education, while in some it is under the Department of Health. and in a few it is under joint control.

School physicians and nurses are employed by over 80 per cent of all cities having a population of more than 30,000. These physicians and nurses are employed and paid in most cities by the Department of Education. Dentists are employed in the same proportion.

General physical examinations of the school children are given annually in most cities; on request in some, and annually and on request in others. In some cities, weighing and measuring of the children, as well as the examination of the *eyes* and *ears,* orthopedic examinations and mental tests are given by the teacher.

Health education is conducted by the regular teacher and nurse in most cities; by health teachers in others, and by the regular teachers alone in many of the smaller cities.

One of the interesting deductions from this report is the relation that seems to exist between physical defects and the quality of the pupils' work. The following table gives an idea of the percentage of failures among school children who were normal as compared with

those having poor vision or bad teeth. "Average" means "average grade", while "median" stands for "median grade".

Effect of Physical Defects on Pupils' Scholarship

Subjects	Number in class	Having poor vision		Having bad teeth		Physically fit	
		Average	Median	Average	Medium	Average	Median
1	2	3	4	5	6	7	8
Modern history	23	82	81	83	83	85	85
Plane geometry	25	68	69	79	80	83	85
Plane geometry, 2d	26	81	80	78	80	84	90
Common arithmetic	17	71	75	58	50	78	75
Solid geometry	21	77	82	86	90	83	85
Total	112	76	77	77	77	83	83

NOTE.—Ninety-two per cent of the failures in the ninth grade for the second semester were made by pupils having physical defects. Eighty-seven per cent of the failures in the tenth grade were made by pupils having physical defects.

QUACKERY AND PUBLIC HEALTH

The following is an extract of an editorial from *The American Journal of Public Health* for December 1925, entitled "Religion, Pseudo-Religion, Science and Public Health."

"Never in the history of the world,"—reads this editorial—"has there been a time when people were more ready to run after quackery in medicine, and the very wonders of discoveries such as radio make many otherwise rational people inclined to believe such preposterous statements as are put out by various cults, such as 'New Thoughts' and the 'E. R. A.'

"Why does superstition make a stranger appeal today than it did a half century ago? Why do men and women leave scientific medicine and go to charlatans? The scientific mind which trusts in reason is a recent acquisition—as compared with the antiquity of the race—born but yesterday; its place in our mental make-up is insecure; it is exacting and mankind is mentally lazy. The recent trials in fundamentalisms, all show that our liberties are in danger. Public health cannot survive the death or the suppression of the fundamental sciences. It has been plainly shown that even in a court of justice the scientists will not be allowed to have their say and to present the irrefutable evidence on which their beliefs are founded.

"Public health officials, especially if they are also practitioners of medicine, come into contact with large numbers of people. Each individual should be a missionary. He should be well posted on current literature—such books, for example, as have been written by Osborn in this country and Thompson in England. People are anxious to know and to learn, but magic appeals to the average mind more than does reason. Let us stress the wonders of medicine. Is there any romance more full of holding interest than the discovery of the malarial parasite, the discovery of the agency of the mosquito in carrying yellow fever, the cleaning up of the Isthmus of Panama, and the making habitable of tropical countries in which the white man had never been able to live? Does romance offer anything more thrilling than the search for quinine, or the plant which gives chaulmoogra

oil? Is there anything in fiction as marvelous as the relation between the mosquito and the parasites of malaria and yellow fever? Do we ourselves appreciate these things, and if so, are we familiar enough with the story to tell it in an interesting way to laymen?''

BACILLUS WELCHII IN PERNICIOUS ANEMIA

The Nation's Health for December 1925 brings a note on the production of a blood condition very similar to pernicious anemia in monkeys with *Bacillus welchii* toxin by Morton C. Kahn and John C. Torrey.

''Several strains of *B. welchii* isolated and tested as regards toxin production were successively passed through pigeons and rabbits and a filtrate prepared which when injected in 0.75 to 1 cc. amounts in a pigeon's breast would cause death within eighteen hours.''

Monkeys treated with this toxin developed blood changes strongly suggestive of pernicious anemia. After twenty days an immunity to the toxin appeared, but for a time the picture of the anemia remained completely typical. Similar work in rabbits proved this picture to be a specific effect of *B. welchii.* The work, in the opinion of the authors, justifies a test of possible therapeutic value of *B. welchii* antitoxin in pernicious anemia.

SHIPPING OF SPECIMENS FOR ISOLATION OF TYPHOID BACILLI

Wade, Kelly and Giblin, of the Minnesota Department of Health, recommend the shipping of specimens of feces for the isolation of typhoid bacilli, in a glycerine-saline solution. The advantages of this over untreated specimens are an increase in the number of successful isolations and ability to use a larger amount of the specimen for examination.

For the shipping of the specimens of feces, they use a double mailing can containing 2-ounce wide-mouthed bottles (one for feces and one for urine), the feces bottle containing 30 c. c. glycerine-saline solution, 2 collapsible waxed-paper boxes, $4\frac{3}{4}'' \times 4'' \times 4''$, and a paper teaspoon with the necessary directions and data card. The patient is directed (1) to take castor oil or other mild cathartic or laxative, (2) to pass feces directly into one of the paper boxes and urine into the other, (3) to transfer one spoonful of feces to the bottle marked ''feces'' and thoroughly emulsify if firm, (4) to pour sufficient urine into the bottle marked ''urine'' to make bottle three-quarter full, (5) to mail bottles to Division of Preventable Diseases and destroy paper boxes, contents, and spoon in a safe manner.